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EXTENSION GRANTED TO NOVEMBER 15, 2012

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No 1545-0047

A F	or the	2011 calendar year, or tax year beginning and	ending					
Bo	heck if	C Name of organization		D Employer identific	ation number			
	Addres change	NEW MEXICO COMMUNITY FOUNDATION		<u> </u>				
	Name change	Doing Business As		85-03	311210			
\vdash]Initial retum ∏Termin		Room/suite	E Telephone number	320-6860			
X	⊸ated]Amend _return		<u> </u>	G Gross receipts \$ 22,332,140.				
	Applica			H(a) Is this a group return				
	pendin			for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No			
		empt status: X 501(c)(3) 501(c) ()	or 527	1	ist. (see instructions)			
		e: > WWW.NMCF.ORG	T	H(c) Group exemption				
	orm of	organization	L Year	of formation 1983 M	State of legal domicile NM			
		Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$	NEW ME	XICO COMMUNI	ITY			
Activities & Governance		FOUNDATION (NMCF) IS A STATEWIDE ENDOWMEN	NT BUI	LDING AND G	RANT-MAKING			
aru a	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	10			
ಷ		Number of independent voting members of the governing body (Part VI, line 1b)		4	10			
ties		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	19			
ξį	ŀ	Total number of volunteers (estimate if necessary)		6	773.			
Ac	1	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34	-	7a 7b	0.			
<u>ল</u>		Net unrelated business taxable income from Form 990-1, line 34		Prior Year	Current Year			
AUG ROVER 2013	8	Contributions and grants (Part VIII, line 1h)		7,241,470.	7,816,598.			
, E	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) RECEIVED	867,043.	296,989.				
2	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,133,909.	882,458.			
<u> </u>	11 (Other revenue (Part VIII, column (A), இத் 5, 6d, ရှင, 9c,ฏ மிக்கி 1 (e),		72,266.	48,120.			
₹.	12	Total revenue · add lines 8 through 1 Amust equal Part VIII, column (A) line 12)		9,314,688.	9,044,165.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3), T		5,781,838.	8,752,768.			
<u> </u>	1	Benefits paid to or for members (Part IX, columb 74)/lime 4)	<u> </u>	0.	0.			
28		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,124,587. 41,063.	950,895.			
ECANNED	l.	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 109, 25	58	41,003.				
TO TO	1	Total fundraising expenses (Part IX, column (D), line 25) 109, 2: Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	50• -	2,890,706.	1,454,415.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,838,194.	11,158,078.			
	19	Revenue less expenses. Subtract line 18 from line 12		<1,523,506.	> <2,113,913.>			
Net Assets or Fund Balances			Ве	eginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		27,790,592.	22,132,404.			
at As	21	Total liabilities (Part X, line 26)		8,022,142.	6,160,317.			
		Net assets or fund balances. Subtract line 21 from line 20		19,768,450.	15,972,087.			
	art II	Signature Block			 			
		ities of perjury, I declare that I have examined this return including accompanying schedule			/ knowledge and belief, it is			
true	, correc	t, and complete Declaration of preparer (4ther than officer) is based on all information of wh	iicii prepare		38 2013			
Sig	n	Signature of officer		Date	20,000			
Her		JENNIFER PARKS, PRESIDENT AND CEO						
	_	Type or print name and title		•				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	đ	ROBERT A. DEPASQUALE	لعل	06-27-13 self-employe				
	parer	Firm's name PULAKOS CPAS, PC		Firm's EIN	85-0219147			
Use	Only	Firm's address 5921 JEFFERSON STREET NE			EAE \ 220 1500			
		ALBUQUERQUE, NM 87109		Phone no	505)338–1500			
		RS discuss this return with the preparer shown above? (see instructions) 3-12 LHA For Paperwork Reduction Act Notice, see the separate instructions			X Yes No Form 990 (2011)			
1320	01-01-2 S	EE SCHEDULE O FOR ORGANIZATION MISSION S'		ENT CONTINUA				

	1990 (2011) NEW MEXICO COMMUNITY FOUNDATION	85-0311210 Page 2
Par	rt 朋 Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission: THE NEW MEXICO COMMUNITY FOUNDATION IS A STATEWIDE ENDOW	WMENT BUILDING
	AND GRANT-MAKING ORGANIZATION THAT SERVES AND INVESTS IN	N NEW MEXICO'S
	COMMUNITIES AND THEIR GREATEST ASSETPEOPLE. AS A STEW	NARD OF
	COMMUNITY RESOURCES, WE SUPPORT A QUALITY OF LIFE THAT F	REFLECTS THE
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
Ū	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	magazired by expenses
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g	
	****	grants and anocations to
4a	others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$ 5,021,427. Including grants of \$ 4,340,550.) (Revenue NEW MEXICO COMMUNITY FOUNDATION POOLS RESOURCES TO SUPPORT OF SUPP	
	MOST UNDERSERVED COMMUNITIES, STRENGTHEN NEW MEXICO'S NO	ONPROFITS, AND
	GROW PHILANTHROPY ESPECIALLY IN RURAL NEW MEXICO. NI	MCF CONNECTS
	DONORS TO VALUABLE PROJECTS AND VULNERABLE COMMUNITIES A	AND WORKS TO BE
	RESPONSIVE TO CURRENT, AND OFTEN URGENT, COMMUNITY NEEDS	S. NMCF
	INITIATED AND RAN PHILANTHROPIC PROGRAMS AND ACTIVITIES	THAT ADDRESSED
	ISSUES THAT RANGED FROM RURAL ECONOMIES, TO PROMOTING NA	ATIVE
	LEADERSHIP, TO ENSURING EQUALITY FOR WOMEN AND FAMILIES	. NMCF DID THIS
	BY BUILDING RELATIONSHIPS WITH COMMUNITY LEADERS, NONPRO	
	AND THEIR FINANCIAL ADVISORS TO CREATE GREATER OPPORTUN	-
	PROSPERITY IN NEW MEXICO. THROUGH THESE PARTNERSHIPS,	WE AWARDED
-	GRANTS TO DEVELOP NEW INITIATIVES OR SUPPORT EXISTING PR	ROGRAMS. IN
4b	(Code) (Expenses \$ 4,931,456 · including grants of \$ 4,412,218 ·) (Revenue	ues 296,989.)
	FUND MANAGEMENT: NMCF MANAGES ENDOWED AND NON-PERMANENT	
	NON-PROFIT AGENCY, SCHOLARSHIP, DESIGNATED, COMMUNITY AI	DVISED AND FIELD
	OF INTEREST FUNDS, WHICH ADDRESS A WIDE RANGE OF ISSUES	
	ARTS AND CULTURE; RURAL DEVELOPMENT; NATIVE PHILANTHROPY	
	ENTREPRENEURSHIP; WOMEN, CHILDREN AND FAMILIES; ENVIRON	
	PROTECTION; COMMUNITY LEADERSHIP; CIVIC ENGAGEMENT; AND	
	WELLNESS. IN 2011, NMCF MADE GRANTS OF \$2.7 MILLION FR	
	ADVISED, DESIGNATED, COMMUNITY ADVISED, AND FIELD OF IN	
	AND \$1.5 MILLION IN GRANTS WAS PAID TO OVER 600 SCHOLARS	
	· · · · · · · · · · · · · · · · · · ·	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ue \$
		· · · · ·
4d	Other program services (Describe in Schedule O.)	

132002 02-09-12

SEE SCHEDULE O FOR CONTINUATION(S) 2

including grants of \$ 9,952,883.

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
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? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	Х	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	_	х
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	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Х	
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	Х	
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		X
a	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			Х
е	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
	Schedule D, Parts XI, XII, and XIII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-	İ	v
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		X
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		<u></u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	}	х
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l
	complete Schedule G, Part III	19_	<u> </u>	X
20a	, , , , , , , , , , , , , , , , , , , ,	20a	ļ	X
<u>ь</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь	L	1

Par	t IV Checklist of Required Schedules (continued)			<u>ago .</u>
<u> </u>		· ·	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			1
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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	}	Х
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	Х	İ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
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		X
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	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		l	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			ĺ
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
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		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	ŀ		
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l v
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	
34	Was the organization related to any tax-exempt or taxable entity?		1	X
25-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	256		х
36	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	<u> </u>
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "You " complete School to B. Port V. Inc. 2.	20		X
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	 	 ^ -
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
	and that is assiss as a particiship for localia income tax purposes: ii res, complete scriedule ii, rait vi	_ 3/	Į.	

Form 990 (2011)

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Form 990 (2011)

	990 (2011). NEW MEXICO COMMUNITY FOUNDATION 85-0311	<u>210</u>	P	age 5
Par	t V 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
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 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	ļ	 -
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		X
	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?	7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_	ŀ	J
e		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		├ ^
9		7g		-
		7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			x
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ļ	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		•	Х
a	,	9a		X
ь 10	•	9b	 	 ^
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	†		
· ·				
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
•	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		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	·		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
_	Note. See the instructions for additional information the organization must report on Schedule O.			1
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	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	T	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

132005 01-23-12

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI		_			X
Sect	tion A. Governing Body and Management					
			<u>-</u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10)		
	If there are material differences in voting rights among members of the governing body, or if the governing			7		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
ь	Enter the number of voting members included in line 1a, above, who are independent	1ь	10)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other	1		
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assignificant	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following	"		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,	1		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	e filing the form?	11a	X	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		•	12a	X	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," de	scribe	İ		
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?		•	14	ļ	X
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			} _		
а	The organization's CEO, Executive Director, or top management official			15a	X	
Ь	Other officers or key employees of the organization	•		15b	X	
18-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	4	ukt			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements and the second of the second o	ient w	πna	1.0	v	
L	taxable entity during the year?			16a	X	
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatioi	ı's	405	X	
Sec	exempt status with respect to such arrangements?			16b	_ A	<u> </u>
<u>360</u> 17	List the states with which a copy of this Form 990 is required to be filed ►NM			• •		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Scot)	on 501(a)(3)a anh i	overlet		
	for public inspection. Indicate how you made these available. Check all that apply	(Oect	on so r(c)(s)s only)	avallat	אונ	
	X Own website X Another's website X Upon request					
19	<u> </u>	กร์ไรล	of interest malian -	٠ د د د د د د د د د د د د د د د د د د	2012	
17	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co statements available to the public during the tax year.	mict (o mierest policy, a	iu iina	icial	
20	State the name, physical address, and telephone number of the person who possesses the books are	d	orde of the acces	ntion. B		
	JENNIFER PARKS - 505-820-6860	io reci	a da di ule organiz	auon. •	_	
	502 W CORDOVA RD STE 1, SANTA FE, NM 87505					
13200 01-23-	12			Form	ດດດ	/2011

Form 990 (2011) · 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 (Ď), (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 (A)		(B) (C)						(D)	(E)	(F)
Name and Title	Average	ر		Pos	rtion			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than	h an	compensation	compensation	amount of
	week	├─	cer an	dad I	recto	ector/trustee)		from	from related	other
	(describe	Individual trustee or director				L		the	organizations	compensation
	hours for related	8	22			Safe		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ast	Institutional frustee		8	in Dec		(17 25 10005 1111000)		and related
	ın Schedule	gal	trtion	5	Key employee	oyee CC	≥			organizations
	O)	힐	lust	Officer	Key	Highest compensated employee	Form			
(1) BOB BIGLER			ļ							
DIRECTOR	1.00	X	<u> </u>		<u></u>	<u> </u>		0.	0.	0.
(2) PATRICIA MCBRIDE	1				ļ		İ			
DIRECTOR	1.00	X		_		ļ	ļ	0.	0.	- 0 -
(3) TONY MONFILETTO	1 22	,		ļ						_
DIRECTOR	1.00	X			<u> </u>	┡		0.	0.	0.
(4) BARBARA POLEY	1 00	,	1				1			0
DIRECTOR	1.00	X				1		0.	0.	0.
(5) MATHEW JARAMILLO	1 00	J								^
DIRECTOR	1.00	X			_	-	\vdash	0.	0.	0.
(6) TERESA I. LEGER DE FERNANDEZ	1.00	X						0.	0.	0.
DIRECTOR (7) ROBERT VALDEZ	1.00	^	 		\vdash	\vdash		0.	0.	<u> </u>
DIRECTOR	1.00	X	1				}	0.	0.	0.
(8) BRUCE BLEAKMAN, CPA	1.00		1		_		 			
DIRECTOR, TREASURER	2.00	x		X				0.	0.	0.
(9) TED OLIN HARRISON		 	T			t	1			
DIRECTOR, SECRETARY	1.00	X		X			l	0.	0.	0.
(10) JAY ROSENBLUM						†	T			
DIRECTOR, CHAIRMAN	4.00	X		Х				0.	0.	0.
(11) JENNIPER PARKS								1		
PRESIDENT AND CEO	40.00			X			İ	137,578.	0.	34,994
						<u> </u>	_			
			<u> </u>			┖				
		<u> </u>	<u> </u>	ऻ_		<u>_</u>	<u> </u>			
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		<u>L_</u>	<u> </u>	Ļ	<u> </u>	1	1	1		l

Form 990 (2011)

Form 990 (2011)

t di	Section A. Officers, Directors, Tr		nplo	oyee			High	est	1					
	(A)	(B) Average			Pos	C) itior	1		(D)	(E)		_	(F)	
	Name and title	hours per		not c	check	more	than is bot							
		week					or/trus		from	from related			other	Oi.
		(describe	actor					the	organizations			pensa		
		hours for related	individual trustae or director	8			Highest compensated employee		organization	(W-2/1099-MIS	C)		om the	
		organizations	agge a	institutional trustae		8	mper		(W-2/1099-MISC)			_	anızat d relat	
		ın Schedule	dual	Etion	5	Кеу етріоуее	S S S	تق					anızatı	
		0)	힐	眶	Office.	Ş.	돌통	臣						
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													-	
1 b	Sub-total						▶		137,578.		0.	_ 3	4,9	
	Total from continuation sheets to Part V	II, Section A	-						0.		0.			
	Total (add lines 1b and 1c)						<u> </u>	_	137,578.		0.	34,994		
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bov	e) w	no r	eceived more than \$100	0,000 of reportabl	е			1
	compensation from the organization												Yes	No
3	Did the organization list any former officer	dırector, or tr	uste	e. ke	ev er	olam	ovee	. or	highest compensated e	molovee on				
	line 1a? If "Yes," complete Schedule J for s				,							3	į .	Х
4	For any individual listed on line 1a, is the s	um of reportab	le c	omp	ens	atio	n an	d ot	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete :	Sch	edul	e J i	for such individual			4	X	
5	Did any person listed on line 1a receive or	·-					•	relat	ted organization or indiv	idual for services				
Can	rendered to the organization? If "Yes," con	nplete Schedul	e J i	for s	uch	per	son					5		X
	tion B. Independent Contractors		400						hat received more than	\$100,000 of oom				
1	Complete this table for your five highest co the organization. Report compensation for										pens	ation	irom	
	(A)	the dateridar y	Cai	CITO	iiig (77111	01 11		(B)	year.			C)	
	Name and business	address	N	ON:	E				Description of	services	С		nsatio	n
												_		
		·												
2	Total number of independent contractors	-	not l	ımıte	ed to		_	stec	d above) who received r	nore than				
	\$100,000 of compensation from the organ	ızatıon 🕨					0							

Statement of Revenue Part VIII (D) (B) (C) Revenue excluded from Related or Unrelated Total revenue exempt function business tax under sections 512, revenue revenue 513, or 514 1 a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events 1d d Related organizations 921,514. e Government grants (contributions) 1e f All other contributions, gifts, grants, and ,89⁵,084 similar amounts not included above 30,565 g Noncash contributions included in lines 1a-1f \$ 7,816,598 h Total. Add lines 1a-1f Business Code 296,989 296,989 2 a GRANT AND FUND MANAGEM 813211 Program Service Revenue f All other program service revenue 296,989 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 303,606. 303,606. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 13865973 854. assets other than inventory b Less: cost or other basis 13285975 2,000 and sales expenses 579,998. <1,146 c Gain or (loss) <1,146.>579,998. 578,852. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 535 Part IV, line 18 Ο. b Less: direct expenses 535. 535. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 900099 45,666. 45,416. 250. MISC. INCOME 1,919 b PASSTHROUGH INCOME K-1 900099 1,919. d All other revenue 47,585. e Total. Add lines 11a-11d ... \triangleright 9,044,165. 342,405. 773. 884,389. Total revenue. See instructions Form 990 (2011) Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	Check if Schedule O contains a respon	(A)	_ (B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	0.750.760	0 750 760		
	organizations in the United States See Part IV, line 21	8,752,768.	8,752,768.		,, , , , , , , , , , , , , , , , , , ,
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				1 111.' 1.'1.'1' ' ' ' ' ' ' ' ' ' ' ' ' '
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	150 550	5.4 00.5	106 100	10 555
	trustees, and key employees	170,572.	51,825.	106,192.	12,555
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	500 506	100 000	264 656	
7	Other salaries and wages	590,796.	186,339.	364,676.	39,781
8	Pension plan accruals and contributions (include	40		00.000	
	section 401(k) and section 403(b) employer contributions)	48,573.	16,451.	28,862.	3,260
9	Other employee benefits	86,994.	21,331.	57,613.	8,050
10	Payroll taxes	53,960.	10,045.	40,348.	3,567
1	Fees for services (non-employees):				
а	Management	218,112.	218,112.		
þ	Legal	1,787.		1,787.	
C	Accounting	29,853.	4,500.	25,353.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	528,544.	332,316.	171,949.	24,279
2	Advertising and promotion	33,805.	29,071.	2,418.	2,316
3	Office expenses	58,380.	1,543.	50,980.	5 , 857
14	Information technology	45,010.	28,738.	16,272.	
15	Royalties				
16	Occupancy	76,750.	8,879.	67,871.	
17	Travel	46,229.	12,065.	28,305.	5,859
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,479.	12,245.	3,234.	
20	Interest _ [
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,151.		1,151.	
23	Insurance	19,675.	684.	18,976.	15
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O)				
а	PLEDGE WRITE-OFF	127,963.	127,963.	0.	0
ь	NON NMCF PROJECT DISBUR	105,091.	105,391.	<300.>	0
С	TELEPHONE	59,616.	9,050.	48,425.	2,141
d	DUES AND SUBSCRIPTIONS	24,322.	1,813.	21,459.	1,050
e	All other expenses	62,648.	21,754.	40,366.	528
25	Total functional expenses. Add lines 1 through 24e	11,158,078.	9,952,883.	1,095,937.	109,258
26	Joint costs. Complete this line only if the organization	,	,,	,,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				
	II lollowing 50P 30P2 [Pl3C 330P720]		·	1	

Form 990 (2011) Part X- Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	5,626,061.	1	2,346,636.
2	Savings and temporary cash investments	208,934.	2	210,153.
3	Pledges and grants receivable, net	1,599,417.	3	493,693.
4	Accounts receivable, net	27,393.	4	95,253
5	Receivables from current and former officers, directors, trustees, key		·	
"	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
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		ا ۾	
2 _	employees' beneficiary organizations (see instructions)		6 7	
7 8	Notes and loans receivable, net			
`	Inventories for sale or use	12 050	8	11 765
9	Prepaid expenses and deferred charges	13,850.	9	11,765
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 117,619			2 215
	Less: accumulated depreciation 10b 114,404	3,231.	10c	3,215, 16,019,333, 2,705,762,
11	Investments · publicly traded securities	17,076,893.		16,019,333
12	Investments - other securities. See Part IV, line 11	2,972,045.		2,705,762
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	0.60 5.60	14	
15	Other assets. See Part IV, line 11	262,768.	15	246,594
16	Total assets. Add lines 1 through 15 (must equal line 34)	27,790,592.	16	22,132,404
17	Accounts payable and accrued expenses	371,512.	17	103,905
18	Grants payable	96,077.	18	54,000
19	Deferred revenue	2,400,000.	19	
20	Tax-exempt bond liabilities		20	
ဖ္မ 21	Escrow or custodial account liability. Complete Part IV of Schedule D	4,707,506.	21	5,567,411
21 22	Payables to current and former officers, directors, trustees, key employees,			
<u>a</u>	highest compensated employees, and disqualified persons. Complete Part II			
-	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	447,047.	25	435,001
26	Total liabilities. Add lines 17 through 25	8,022,142.	26	6,160,317
	Organizations that follow SFAS 117, check here X and complete			
ဖ္တ	lines 27 through 29, and lines 33 and 34.			
ဥ္က 27	Unrestricted net assets	435,237.	27	17,573
Net Assets or Fund Balances 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Temporarily restricted net assets	9,979,121.	28	5,644,834
29	Permanently restricted net assets	9,354,092.		10,309,680
5	Organizations that do not follow SFAS 117, check here	, , , , , , , , , , , , , , , , , , , ,		
	complete lines 30 through 34.			
g 20			30	
30	Capital stock or trust principal, or current funds		30	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund			
32 2 32	Retained earnings, endowment, accumulated income, or other funds	10 760 450	32	15,972,087
33	Total net assets or fund balances	19,768,450.		
34_	Total liabilities and net assets/fund balances	27,790,592.	34	22,132,404

Form **990** (2011)

3b

Form 990 (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

				ICO COMMUNIT						85	<u>-03112</u>	10	
Par	t i	Reason	for Public Char	ity Status (All organiz	ations mu:	st complet	e this parl	.) See inst	ructions.				
he c	rgani	ization is not a	private foundation	because it is: (For lines 1	through 1	11, check	only one b	ox.)					
1 [A church, cor	nvention of churches	s, or association of church	ches desci	nbed in se	ction 170	(b)(1)(A)(i)					
2 ['0(b)(1)(A)(ii). (Attach Sc									
3 [tal service organization of		in section	170(b)(1)((A)(iii).					
4 [operated in conjunction					(b)(1)(A)(ii	i). Enter ti	ne hospital's	name,	
		city, and state	=			•					•	·	
5		•		benefit of a college or ur	niversity ov	vned or or	erated by	a governr	nental uni	describe	ed in		
			(b)(1)(A)(iv). (Comple		•			• •					
6				ent or governmental unit	t described	d in sectio	n 170(b)(1	ι)(Δ)(v).					
7	一			erves a substantial part					r from the	neneral r	ublic describ	ned in	
			b)(1)(A)(vi). (Comple		or no oupp	01111011110	govomme	inta onit o	1 110111 1110	general p	0000112	JCG III	
8	X	-		ection 170(b)(1)(A)(vi).	(Complete	Part II \							
9	一			eives: (1) more than 33 1			om contri	hutions m	embershi	n fees an	d aross rece	ints from	
				nctions - subject to certa									
			•	axable income (less sect		•	•				•		
			509(a)(2). (Complete			, , , , , , , , , , , , , , , , , , ,		.04000 5	, ino orga			, , , , , , ,	
10	\neg			perated exclusively to te	st for publi	ic safety. S	ee sectio	n 509(a)(4	1).				
11	司		-	•	•	-			•	out the	ourposes of o	one or	
		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that											
	describes the type of supporting organization and complete lines 11e through 11h.												
	a Type II b Type III c Type III - Functionally integrated d Type III - Other												
e				at the organization is not			-	-	more disc	nualified p	• •		
				han one or more publicly									
f				ten determination from t						, . , .	·		
		supporting or	rganization, check th	nis box									
g		Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
		(i) A person	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons c	described i	n (ii) and (i	ii) below,	5	Yes No	
		the gove	erning body of the s	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?	ı						11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?		_			11g(iii)		
h		Provide the fe	ollowing information	about the supported or	ganızatıon	(s).							
(i) I	Name	of supported	(ii) EIN	(iii) Type of		rganization			(vi) Is	the	(vii) Amo	unt of	
••	orga	anization		organization (described on lines 1-9		sted in your			organization (i) organiz	ed in the i	suppo		
				above or IRC section		document?	(1) of your	r support?	" us	2			
				(see instructions))	Yes	No	Yes	No	Yes	No			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	17153749.	13740948.	4408452.	7241470.	7816598.	50361217.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	17153749.	13740948.	4408452.	7241470.	7816598.	50361217.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)		1,-1,-,-,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			++++++··	17268570.			
	Public support. Subtract line 5 from line 4			<u>.</u>	, , , , , , , , , , , , , , , , , , , ,		33092647.			
	ction B. Total Support						<u>,</u>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
7	Amounts from line 4	17153749.	13740948.	4408452.	7241470.	7816598.	50361217.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties						1			
	and income from similar sources	582,656.	461,262.	391,395.	330,539.	303,606.	2069458.			
9	Net income from unrelated business					11				
	activities, whether or not the	i								
	business is regularly carried on					773.	773.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)	ļ 		34,003.		45,416.	79,419.			
11	Total support. Add lines 7 through 10					·····	52510867.			
	Gross receipts from related activities	•	•			12	296,989.			
13	First five years. If the Form 990 is fo	=	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —			
Se	organization, check this box and stoction C. Computation of Pub		rcentage				<u> </u>			
14	Public support percentage for 2011 ((line 6, column (f) d	ivided by line 11, c	column (f))		14	63.02 %			
15	Public support percentage from 2010	0 Schedule A, Part	II, line 14			15	60.20 %			
	33 1/3% support test - 2011. If the			n line 13, and line	14 is 33 1/3% or n	nore, check this b				
	stop here. The organization qualifies	as a publicly supp	orted organization	1			ightharpoons X			
t	33 1/3% support test - 2010. If the	organization did no	ot check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	his box			
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			▶□			
17a	10% -facts-and-circumstances tes	st - 2011. If the org	janization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the *fac	cts-and-circumstar	ices" test, check ti	his box and stop h	nere. Explain in Pa	rt IV how the orga	nization			
	meets the "facts-and-circumstances"				•		. ▶□			
t	10% -facts-and-circumstances tes	_	•		-	17a, and line 15 is	10% or			
	more, and if the organization meets t									
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
<u>18</u>	Private foundation. If the organization		-				ns >			
							0 or 990-EZ) 2011			

Schedule A.(Form 990 or 990 EZ) 2011 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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and		1				
	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 bus-	ı					
	iness under section 513						
4	Tax revenues levied for the organ-			-			
	ization's benefit and either paid to						
	or expended on its behalf				1		
5	The value of services or facilities			-			
•	furnished by a governmental unit to						
	the organization without charge	ı					
	_		 			 	
	Total. Add lines 1 through 5	<u> </u>		-	1	1	<u> </u>
<i>i</i> a	Amounts included on lines 1, 2, and	ı					
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					-	
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support				•		•
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	(=, =00.	1 1 2 2 2 2 2	10,2000	(0, 20.0	(9/2071	(1) 1014
	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						1
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)			<u></u>			
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) organi	zation,
	check this box and stop here						▶ □
Sec	tion C. Computation of Publ	ic Support Pe	ercentage	-			
15	Public support percentage for 2011 (ine 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2010				• •	16	%
	ction D. Computation of Inves			· · · · · · · · · · · · · · · · · · ·		1	
17	Investment income percentage for 20			· · · · · · · · · · · · · · · · · · ·	.	17	%
18	Investment income percentage from			10, widinii (i <i>))</i>		18	<u>~</u> %
						·	
139	33 1/3% support tests - 2011. If the						IT IS HOL
	more than 33 1/3%, check this box a		-	· · · · · ·			
b	33 1/3% support tests - 2010. If the	-					. —
	line 18 is not more than 33 1/3%, che		_	· ·		-	. —
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check	this box and see i	nstructions	

Part IV	Su	pple	mental l	Inform	ation. G	omplete	this part to provide r any additional info	the explana	ations require	85-0311210 Page d by Part II, line 10; Part II, line 17a or 17b; s).
SCHEDU	JLE	Α,	PART	II,	LINE	10,	EXPLANATI	ON FOR	OTHER	INCOME:
PARTNI	ERS	HIP	INCO	ME						
OTHER	IN	COM	E			_				
<u> </u>		_								
				•						
										
- · · - · · · · · · · · · · · · · · · ·										· ·
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-			<u> </u>							. <u>.</u>
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

NEW MEXICO COMMUNITY FOUNDATION

 $\begin{array}{c} \textbf{Employer identification number} \\ 85 - 0311210 \end{array}$

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	66	
2	Aggregate contributions to (during year)	1,300,593.	
3	Aggregate grants from (during year)	2,587,993.	
4	Aggregate value at end of year	5,638,006.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's		X Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , ,	X Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a certi	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired	• •	<u> </u>
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	·	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abor		
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		· ·
Pai	t 朏 Organizations Maintaining Collections o	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	•	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre		I gain, provide
_	the following amounts required to be reported under SFAS 1		-
а	Decree of the first of the Court Oct. Death Will have 4	· · · · · · · ·	▶ s
ь	Assets included in Form 990, Part X		▶ \$
	, accordance and controlled the cont	••	• • ————

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

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

114,404

Leasehold improvements

d Equipment

e Other

117,619.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation of end-of-year man	
(1)	Financial derivatives				
	Closely-held equity interests				
(3)	Other	0 705 760	2005		
	(A) ALTERNATIVE INVESTMENTS	2,705,762	• COST		
	(B)				
	(C)				
	(D)				
	(E)				
	(F) (G)				
	(H)				
	(1)				
Tota	al. (Col (b) must equal Form 990, Part X, col (B) line 12)	2,705,762		-	
	art VIII Investments - Program Related. Se				
نستسنا	(a) Description of investment type	(b) Book value		(c) Method of valua	
	(1)				
	(2)				
	(3)				
	(4)				
	(5)				
	(6)				
	(7)				· · · · · · · · · · · · · · · · · · ·
	(8)				
	(9)				-
_(10)				
	al. (Col (b) must equal Form 990, Part X, col (B) line 13)				
P	art IX Other Assets. See Form 990, Part X, line				
_		Description			(b) Book value
	(1)				
	(2)	-			
	(3)				
_	(4)				
	(5)				
	(6)	·			
_	(7)				
	(8)				
	(9) 10)				
	tal. (Column (b) must equal Form 990, Part X, col (B) line	15)			
	art X Other Liabilities. See Form 990, Part X,			···	L
1.	(a) Description of liability	III 6 23.	(b) Book value		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u></u>	(1) Federal income taxes		(5) 50011 14.150		
_		NTEREST			
_	(3) TRUST		435,001.		
	(4)		200,0020		
_	(5)				
	(6)				
_	(7)	• •			
_	(8)				
	(9)	-			
	10)				
	11)				
_		25)	435,001.		
3	tal. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to	the organization's financial state	ements that reports the organiz	ation's liability for uncerta	nin tax positions under

PART V, LINE 4: DISTRIBUTIONS FROM ENDOWMENT FUNDS ARE IN SUPPORT OF

Schedule D (Form 990) 2011

NMCF'S GRANTEES AND/OR NMCF OPERATIONS DEPENDING ON THE APPROPRIATE RESTRICTIONS.

PART X, LINE 2: THE FOUNDATION IS A NON-PROFIT NEW MEXICO CORPORATION

THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE. THE FOUNDATION HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT

IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND

QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION

170(B)(1)(A)(VI).

THE FOUNDATION HAS ADOPTED ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA AS THEY RELATE TO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010. ANY INTEREST AND PENALTIES RECOGNIZED ASSOCIATED WITH A TAX POSITION WOULD BE CLASSIFIED AS CURRENT IN THE FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS. NO INTEREST OR PENALTIES WERE RECORDED IN 2011 OR 2010.

CURRENTLY THE FOUNDATION'S 2009, 2010, AND 2011 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND NEW MEXICO TAXATION AND REVENUE DEPARTMENT. HOWEVER, THE FOUNDATION IS NOT CURRENTLY UNDER AUDIT, NOR HAS THE FOUNDATION BEEN CONTACTED BY ANY OF THESE JURISDICTIONS. BASED ON THE EVALUATION OF THE FOUNDATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN INCOME TAXES HAS BEEN RECORDED FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PRESENT VALUE ADJUSTMENT TO CONTRIBUTIONS & INTERFUND

Schedule D (Form 990) 2011

Schedule D./Form 990) 2011 NEW MEXICO COMMUNITY FOUNDATION	85-0311210 Page 5
Part XIV Supplemental Information (continued)	542.000
REVENUE	543,039.
CHAGES IN SPLIT INTEREST AGREEMENT	-4,128.
PASSTHROUGH INCOME K-1 CIMARRON PARTNERS, LP	-2,773.
TOTAL TO SCHEDULE D, PART XI, LINE 8	536,138.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
PRESENT VALUE ADJUSTMENT TO CONTRIBUTIONS	917.
INTERFUND REVENUE	542,122.
DIRECT EXPENSES TO K-1 CIMMARRON PARTNERS, LP	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	545,039.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
CHAGES IN SPLIT INTEREST AGREEMENT	4,128.
PASSTHROUGH INCOME K-1 CIMARRON PARTNERS, LP	2,773.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	6,901.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT EXPENSES TO K-1 CIMMARRON PARTNERS, LP	2,000.

_	
EDULE	m 990)
SCH	(For

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.

2011 Open to Public .	uonoadsui
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OMB No 1545-0047 •

Department of the Treasury Internal Revenue Service	ury 9	Coap	Complete if the organization answered "res" to Form 990, Part IV, line ∠1 or ∠∠. ▼ Attach to Form 990.	n answered "Tes" to Fol ► Attach to Form 990.	to Form 990, Par n 990.	T IV, line 21 of 22.			Open to Public • Inspection	1
Name of the organization	nization NEW MEXTCO	COMMUNITY	TY FOUNDATION	NO				Employer i	Employer identification number 85-0311210	<u>_</u>
Part i Gene	General Information on Grants and Assistance	and Assistance								
1 Does the or criteria usec	Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	to substantiate the istance?	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		X Yes	_
2 Describe in	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	funds in the United	States.		:			ı
Part II Grant	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	Organizations in the	United States. C	omplete if the orga	anization answered "Y	'es" to Form 990, Part	IV, line 21, 1	for any	_
recipi	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part if can be duplicated if additional space is needed	\$5,000 Check this	box if no one recipien	t received more th	an \$5,000. Par II	can be dublicated if a	additional space is nee			-
1 (a) Name ar c	1 (a) Name and address of organization or government	(p)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		(h) Purpose of grant or assistance	1
SEE ATTACHED STATEMENT	STATEMENT			3,126,137.	0					1
										1
1	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	e line 1 table				A A		- 1
3 Enter total n LHA For Papen	Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instructi	ons for Form 990.			ŧ		Sched	Schedule I (Form 990) (2011)	Ι÷

NEW MEXICO COMMUNITY FOUNDATION Schedule I (Form 990) (2011)

Page 2

85-0311210

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance. (e) Method of valuation (book, FMV, appraisal, other) ORDER TO ENSURE THAT THE FUNDS WERE USED BY THE GRANTEE IN ACCORDANCE WITH Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. AND THE NORTHEASTERN REGIONAL COMMUNITY SITE VISITS ARE OFTEN PERFORMED BY NMCF STAFF. THE ABOVE STEPS ARE TAKEN IN NORTHEASTERN REGION OF NEW MEXICO THE OPPORTUNITY TO COMPETE FOR SMALL PART I, LINE 2: GRANTS ARE AWARDED WITH A LETTER OF TERMS GRANTS IN THE AREAS OF HEALTH, COMMUNITY ORGANIZATION AND EDUCATION. ACCOMPLISHMENTS AND A FINANCIAL REPORT ARE REQUIRED FROM GRANTEES; A NARRATIVE REPORT OF FOUNDATION ANNUALLY ADVERTISES TO NON-PROFIT ORGANIZATIONS IN THE (d) Amount of non-cash assistance (c) Amount of cash grant CONDITIONS. AT THE END OF THE GRANT PERIOD, (b) Number of recipients THEIR INTENDED PURPOSE. IN ADDITION, (a) Type of grant or assistance SCHEDULE I,

Schedule I (Form 990) (2011)

132102 01-27-12

Schedule I (Form 990) 2011

GrantAmount	Code Ser	IRC Code Seri PaveeName	RecipientAddressBlock	ressBlock ReciplentCity	ReciplentState	RecipientZip	ProjectTitle	Taxid
80	501(c)(3)	e Academy as Fiscal Sponsor for	6400 Wyoming Blvd. NE	ng Blvd. NE Albuquerque		87109	illective	85-0129165
_	┨				-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
\$ 51,000.00 501(λ.	903 W. Alameda	Santa Fe	NA	87501	Improving The Links Between Community Preferences for Future Land-Usq91-1816131	91-1816131
				Albuquerque	-	87108	orthern NM and Bernalillo County for Gas Shorta	85-0102303
\$ 2,500 00 501(c		s New Mexico	142 Monroe St NE	Albuquerque	ΣN	87108		85-0102303
_				Taos		87571	Towards 2011 NM Mining Act Network Activities	85-0363268
				Taos	- N	87571	Effective Stewardship (NM SEES	85-0363268
_			P. O. Box 238	Taos		87571	General Operating Support - Unrestricted	85-0363268
_			P O. Box 238	Taos	NΑ	87571	s Program for LANL's EM Obligati	85-0363268
		Trust	21 Leaping Powder Rd	Santa Fe	NΜ	87508-5923		85-0395126
\$ 7,651.00 501(501(c)(3)	Casa Esperanza, Inc				87196-0472		85-0356946
\$ 5,000.00 501(501(c)(3)	t Culture, Inc as fiscal ag	c/o Center of Southwes			87102	transforma	
	501(c)(3)	Children's Cancer Fund of New Mexico	reet SW	Albuquerque		87102	human needs and to foster self-reliance	23-7116828
	Government	City of Santa Fe		Santa Fe		87504		85-6000168
\blacksquare	501(c)(3)	udies	1901 North Ellison	Oklahoma City		73106		73-6021175
_	501(c)(3)	Committee to Bridge the Gap	605 Waldeberg Road		গ্ৰ	95005	Community Oversight Project for Santa Susana Field Laboratory/Energy Te	
-	501(c)(3)	ent	13400 Riverside Drive, S		ঠ	91423	er Contamination Fate a	
\$ 12,000 00 501(501(c)(3)	ڃ	PO Box 26836	Albuquerque	MM	87125-6836		
\$ 20,136 00 501(501(c)(3)	Concerned Citizens for Nuclear Safety	Street	Santa Fe	NM	87501	i Effective Stewardship (NM SEES	
\$ 8,000 00 501(501(c)(3)	cation	Street Unit	Santa Fe	NM	87505		91-1982332
	501(c)(3)			Santa Fe	NM	87502-6113		20-4396207
\$ 67,500 00 501(501(c)(3)	Desert Acadamy at Santa Fe	313 Camino Alire	Santa Fe	NA	87501	strators in Shelton Training	85-0422089
	501(c)(3)		316 Camino Delora	Santa Fe	Σ×	87505	Shelton Scholars Program, Summer 2011	85-0423730
\$ 16,500 00 501(501(c)(3)	Dona Ana County Colonias Development Cou	1050 Monte Vista	Las Cruces	NM	88001	s (ISIF) in Colonia Communities in	85-0418376
	501(c)(3)		1235 Siler Rd , Ste D	Santa Fe	ΣN	87507		33-1017279
	501(c)(3)	El Refugio, Inc.	800 S Robert St	Silver City	NA NA	88061-5284	o foster self-reliance	85-0311066
\$ 15,000 00 501(501(c)(3)	Embudo Valley Library	PO Box 310	Dixon	WN	87527-0310	23	85-0314391
\$ 20,000 00 501(1(c)(3)	EMC2 Fusion Development Corporation Fund 1202 Parkway Dr. Ste A	1202 Parkway Dr. Ste A	Santa Fe	ΣN	87505		
	501(c)(3)	Enlace Comunitario	2425 Alamo Ave SE, Ste Albuquerque	Albuquerque	MM	87198-3234	Base Project to Engage Latino Imr	
_	501(c)(3)	Enlace Comunitario	PO Box 8919	Albuquerque	MM	87198		85-0473384
_	501(c)(3)	t for El Cent	714 4th St SW	Albuquerque	MΜ	87102	and Families	85-0473384
	501(c)(3)		325 Paseo de Onate	Espanola	NA NA	87532	ricted	85-0442395
	501(c)(3)	ine Society	108 Hamm Pkwy	Espanola	NA NA	87532	iter Operations	85-0406234
	501(c)(3)	Families & Youth, Inc.	PO Box 1868	Las Cruces	Σ	88004-1868		85-0275762
\$ 2,750 00 501(501(c)(3)	Farm to Table	618 B Paseo de Peralta	Santa Fe	NM	87501	Market	85-0430744
	501(c)(3)	Farm to Table	618 B Paseo de Peralta	Santa Fe	NM	87501		85-0430744
\$ 2,000 00 501(501(c)(3)	Farm to Table		_	NA	87501	xico communities	85-0430744
	501(c)(3)	낊	618 B Paseo de Peralta	Santa Fe	ΣN	87501	Regional Food System	85-0438238
	501(c)(3)	П	PO Box 1533	Mesilla	NA	88046	Towards the Food Summit	85-0430744
	501(c)(3)	П	P O Box 22363	Santa Fe	ΣN	87502	General Operating Support - Unrestricted	85-0421387
\$ 10,000.00 501(501(c)(3)	Teens, Inc (FACT)	P O Box 22363	Santa Fe	NA	87502	ARTclub, after school visual art education	85-0421387
	501(c)(3)	Food for Santa Fe, Inc.	P O Box 31086	Santa Fe	ΣN.	87594-1086	Family Bag Program - Health Snacks for Children	85-0416027
	501(c)(3)	Foundation for Monte del Sol Charter School 4157 Walkin	415/ Walking hain hoad santa Fe	Santa re	NIN NIN	07507-0073	Enjoyment current for the Enjoyation for the Canta Be Symphony	85-0478786
\$ 25,000,000 \$	501(4)(3)	Control Women's Artin for New Directions 250 General Ave. Ste 20 Atlanta	750 Georgia Ave Cte 20	Atlanta	40	30312	CRC Dublic Engagement Project	20-3060988
	501(c)(3)	Gerard's House	P.O. Boy 28693	Santa Fe	S N	87592	Gref support for children and vouth	74-2834283
_	501(c)(3)	Information Project	305 A North Cooper Stre Silver City	Silver City	ΣN	88061-4929	2011 NMMAN Activities	85-0452944
_	501(c)(3)			Boulder	8	80301-5414	General Operating Support - Unrestricted	84-1612422
	501(c)(3)	Guidance Center of Lea County, Inc.		Hobbs	ΣN	88240	Funding towards basic human needs and to foster self-reliance	85-0217038
	501(c)(3)	Hanford Challenge	219 1st Ave S, Ste 120	Seattle	WA	98104	Inheriting Hanford	
_	501(c)(3)	Healing Ourselves and Mother Earth Inc	35 Rollin road	North Benningto		05257	Public Involvement in the 2011 Statewide Environmental Impact statemen	
_	501(c)(3)	Heart of America Northwest	1314 NE 56th St., Ste. 10	Seattle	WA	98105	Improving public involvement in major Hanford clean-up decisions	91-1411753
	501(c)(3)	Hispanics in Philanthropy	55 Second Street Suite 1San Francisco	San Francisco	ধ	94105	New Mexico Hispanics in Philanthropy	94-3040607
1	501(c)(3)	IMPACT Personal Safety	PO Box 8350	Santa Fe	Σ	87504-8350	Project PREPARE: Keeping Our Children Safe, Santa Fe	85-0475597
_	501(c)(3)	International AIDS Empowerment, Inc	800 Montana Ave	El Paso	ž į	79902	Border AIDS Project	74-296/366
_	501(c)(3)	nent, Inc	800 Montana Ave	El Paso	×	79902		95-0275409
\$ 48,500 00 501	501(c)(3)	KUNM-FM Public Radio 89 9	MSC05 3520 Onate Hall	Onate Hall Albuquerque	Z Z	8/131-0001	Iowards a reporter for Conservation Beat General Operating Support - Unrestricted	85-0275408
	/fcl/si		ואוטראס משנה וומו	Windhori dar	IAIAI	1000, TCT /0		

GrantAmount	John Code Co.	IDC Codo Cod Dayson Name	10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
20 000 00	-	la Caca Inc	RecipientAdaressiock		KecipientState	Recipient Lip	Project little	Taxid
\$ 4,297 00	_	Las Cumbres Community Services	P O Box 1362	Espanola		87532	Funding towards basic human needs and to foster self-reliance	23-7144768
\$ 1,000.00	_	Las Cumbres Community Services	P O. Box 1362	Espanola		87532	General Operating Support - Unrestricted	23-7144268
\$ 5,000 00	-	League of Conservation Voters Education Fur 1920 L Street NW, Suite Washington	1920 L Street NW, Suite	Washington		20036	To support New Mexico's capacity building	52-1379661
\$ 10,000 00		Los Alamos Public Schools	1300 Diamond Dr	Los Alamos		87544	For Shelton Scholars activities for students with learning difficulties and ma	
\$ 12,000 0		MainStreet de Las Vegas	1803 Plaza			87701	Valencia Square upfront costs and Farm to Restaurant Program	20-3922979
\$ 10,000 00	$\overline{}$	Metropolitan Homeless Project	PO Box 27636	Albuquerque	. WN	87125	Albuquerque Heading Home Projec	20-1917517
\$ 15,000 00	_	Mid Region Council on Governments	809 Copper Ave NW	due		87102	Towards Agricultural Work Opportunities	85-0396574
\$ 1,500 00	\rightarrow	Miss Hall's School	492 Holmes Road	Pittsfield		01201	General Operating Support - Unrestricted	04-2104273
\$ 10,000.00	_	Miss Hall's School	492 Holmes Road			01201	For the Endowment Fund	04-2104273
\$ 15,000 00	_	Museum of New Mexico Foundation	PO Box 2065	ŀ	ΣN	87504-2065	Gila Wilderness Photo Project	85-0202503
\$ 200 00	_	Museum of New Mexico Foundation	PO Box 2065			87504-2065	General Operating Support - Unrestricted	85-0202503
\$ 55,916.00	$\overline{}$	Nevada Nuclear Waste Task Force as fiscal ag PO Box 140 Baker	PO Box 140	Baker		89311	Tribal Community Enrichment Project	88-0234151
\$ 70,000 00	_	New Mexico Acequia Association	805 Early Street Building	Santa Fe	NM	87505	Good Food for New Mexico Families Initiative	85-0440606
\$ 13,500.00	_	New Mexico Center on Law and Poverty, Inc.	720 Vassar Drive NE	Albuquerque	NM	87106	Services fo New Mexico's Immigrant Families Project	85-0437960
\$ 25,000 00		New Mexico Community Foundation as	1106 Santa Fe Ave. SW	Albuquerque	NM	87102	General Operating Support - Unrestricted	85-0311210
\$ 25,000 00		New Mexico Community Foundation as fisca	1009 Bradbury Drive SE,	Albuquerque	NM	87106	General Operating Support - Unrestricted	85-0311210
\$ 2,525 0	io 501(c)(3)	New Mexico Community Foundation as fisca 1009 Bradbury Drive SE	1009 Bradbury Drive SE,	Albuquerque		87106	Towards emergency help for clients with medical needs	85-0311210
\$ 5,000.00		New Mexico Community Foundation as fisca	1100 Cardenas Drive SE	Albuquerque	NM	801/8	Leadership Development Program: Washington DC Trip	59-3833915
\$ 246,250.00	_	New Mexico Community Foundation as fisca 1100 Cardenas Drive SE	1100 Cardenas Drive SE	Albuquerque		87108	Native American K-12 educator Training in the Community Led Schools Mq85-0311210	Aq85-0311210
\$ 75,000 00		New Mexico Community Foundation as fisca	1100 Cardenas Dr SE	Albuquerque	NM	87108	For the Native American Community Academy capital campaign (multi yea	ea 85-0311210
\$ 15,000 00		New Mexico Community Foundation as fisca 1100 Cardenas Dr SE	1100 Cardenas Dr SE	Albuquerque		87108	Everyday Democracy	85-0311210
\$ 7,500 00		New Mexico Community Foundation as fisca	903 West Alameda #762	Santa Fe	NM	87501	Funding support to benefit people living with HIV/AIDS	85-0311210
\$ 17,500 00		New Mexico Community Foundation as fisca 903 West	Alameda #762	Santa Fe		87501	Towards NMCAP Caring Counts Team and Challenge Grant	85-0311210
\$ 1,000 00		New Mexico Community Foundation as fisca	903 West Alameda #762	Santa Fe		87501	Towards Safe Zones Project for Schools in Santa Fe.	85-0311210
\$ 7,000 00		New Mexico Community Foundation as fisca 903 West	903 West Alameda #764 Santa Fe	Santa Fe		87501	Comida Buena 2011-2012	85-0311210
\$ 10,000.00		New Mexico Community Foundation as fisca	502 W Cordova Rd STE	Santa Fe	NM	87505	For restoration of land and water affected by mining.	85-0311210
\$ 5,320 00		New Mexico Community Foundation as fiscal	PO Box 4276	Г	Σ×	87196-4276	New Mexicans for Sustainable Energy and Effective Stewardship (NM SEES	ES 85-0311210
\$ 7,000 00		New Mexico Community Foundation as fisca	922 Arno SE	Albuquerque	NM	87102	Towards SW Gay and Lesbian Film Festival,	85-0311210
\$ 13,000 00		New Mexico Community Foundation for Pecel Rt 3, Box 37	Rt 3, Box 37	Terrero	ΣN	87573	General Operating Support - Unrestricted	85-0311210
\$ 7,500 00		New Mexico Community Foundation for Red	69-B Shenandoah Trail	Santa Fe	NM	87508	For a documentary film	32-0258702
\$ 7,500 00		New Mexico Community Foundation for Red 69-B Shenandoah Trail	69-B Shenandoah Trail	Santa Fe		87508	For a documentary film	32-0258702
\$ 7,000 00		New Mexico Environmental Law Center	1405 Luisa Street, STE 5	Santa Fe	NM	87505	General Operating Support - Unrestricted	85-0360664
\$ 7,500 00	_	New Mexico Religious Coalition for Reprodud PO Box 66433		Albuquerque	NM	87193	School Health Educator Institute	85-0391823
\$ 6,000.00	_	New Mexico Suicide Intervention		Santa Fe	NM	87507	Nurturing Hope and Resilience. A Family and Community Centered Youth \$85-0427990	n \$85-0427990
\$ 20,000 00	_	New Mexico Teen Pregnancy Coalition Preve P O Box 35997	P O Box 35997	Albuquerque	NM	87176-5997	Helping Children Stay Children	85-0310621
\$ 60,000.00		Nuclear Information and Resource Service	6930 Carroll Avenue #34	Takoma	MD	20912	West Valley Collaborative Campaign	52-1119677
\$ 13,490 00	\rightarrow	Nuclear Watch of New Mexico	551 W Cordova Road	Santa Fe		87505	Participation in the NMSEES Group	23-7159949
\$ 1,000 00		Partners in Education	P O Box 23374	Santa Fe		87502	Towards the Endowment	85-0392417
\$ 6,000 00		Partners in Education	P O Box 23374	Santa Fe		87502	Teacher Grants	85-0392417
\$ 20,000 00	_	Partnership for Community Action	1020 Lomas NW, Ste 1	Albuquerque		87102	Académias Escolares e Instituto Para una Vida Publica	31-1815692
\$ 5,000.00	0 501(c)(3)	Pegasus Legal Services for Children	3201 4th Street NW	Albuquerque		87107	General Operating Support -Unrestricted, recommended by David Carl Bed 46-0509986	ed46-0509986
\$ 16,461.00	(0 501(c)(3)	er, Inc.	3939 San Pedro Blvd. NfAlbuquerque	Albuquerque		87110	Funding towards basic human needs and to foster self-reliance	85-0324330
\$ 5,000 00	0 501(c)(3)		719 San Mateo NE	Albuquerque		87108	Woman to Woman Border Health Corrections Replication	85-0197745
3 1,250 00	_	- 1	719 San Mateo NE	Albuquerque		87108	General Operating Support - Unrestricted	85-0197745
3 155,841 00		Pueblo of Jemez Department of Education	PO Box 60	Jemez Pueblo		87024	New Mexico SPARK-Joining Hands	85-0213473
00 000 9	501(c)(3)	Pueblo of Popositie Boxe & Girls Club	101 A Lightening Loop	Jemez Pueblo	NN NN	8/024	New Mexico SPARK-Joining Hands	85-0213473
\$ 6,000.00	_	Pueblo of Poloague Boys & Girls Club	101 A Lightening Loop	Santa Fe		87506	General Operating Support - Uncertained	05-0213423
\$ 51,400,00	_	Radiation and Public Health Project	716 Simpson Avenue	Ocean City		00000	Series of Operating Support - Officenticled	
\$ 15,000 00	_	Rio Grande Community Farms	6804 Fourth Street NW.	Albuqueraue		87107	American Sustainable Farm Project	
\$ 15,000 00	_	Rio Grande Community Farms	6804 Fourth Street NW,	Γ		87107	Americorp Sustainable Farm Project	74-2833329
\$ 5,000 00		Rio Grande Return	1704 Llano No 347			87505	General Operating Support - Unrestricted	20-8434340
\$ 5,000 00	-	Rio Grande Return	1704 Llano No 347	Santa Fe		87505	General Operating Support - Unrestricted	20-8434340
\$ 10,000 00	\rightarrow	Santa Clara Pueblo	PO Box 580	Espanola		87532	Towards Las Conchas Fire Relief Emergency Needs	85-0216550
\$ 10,000 00	_	t Santa Clara Pueblo	PO Box 580			87532	Towards Las Conchas Fire Relief Emergency Needs	85-0216550
\$ 5,000 00	0 501(c)(3)	Santa Fe Art Institute	P O Box 24044	Santa Fe	-	87502-0044	General Operating Support - Unrestricted	85-0404277
י טטטטיטז	U HIGNER COUC	10,000 00 Higner Educal Santa Fe Community College	6401 Richards Avenue	Santa Fe	NZ.	87508	AVID Tutorials	85-0311615

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-	501(c)(3)	Foundation	PO Box 1827	Santa Fe	ΨN	87504-1827	Dollarsforschools org	85-0303044
	501(c)(3)		310 W Zia Road	Santa Fe	MN	87505	Towards the project PRESERVE	85-0450769
_	501(c)(3)		310 W. Zia Road	Santa Fe	ΣN	87505	Towards the fund for teachers' salaries.	85-0450769
\rightarrow	501(c)(3)		310 W. Zia Road	Santa Fe	NM	87505	General Operating Support - Unrestricted	85-0450769
_	501(c)(3)	Santa Fe Independent Business Community A	PO Box 23862	Santa Fe	MN	87502	To purchase cold storage for Northern New Mexico Farmers	48-1289447
_	501(c)(3)	_	PO Box 23862	Santa Fe	NM	87502	To purchase cold storage for Northern New Mexico Farmers	48-1289447
_	501(c)(3)		PO Box 449	Tesuque	- WN	87574	The N'MPower Program	85-0272388
	501(c)(3)		PO Box 449	Tesuque	Ν	87574	NM Gay Straight Alliance Network (NMGSAN)	85-0272388
	501(c)(3)	Santa Fe Preparatory School	1101 Camino de la Cruz	Santa Fe	WM	87505-0396	Towards 2011-2012 Academic Year Scholarships	85-0165745
5,000 00 501	501(c)(3)	ra and Chorus			MN	87504	General Operating Supoport - Unrestricted	85-0331684
8,000 00 501	501(c)(3)	Santa Fe Youth Symphony Association, Inc	551 W.Cordova Rd , No	Santa Fe	ΣN	87505	Mozart v Mariachi	85-0436819
	501(c)(3)	П	275 East Alameda		N	87501	Towards Costs for Students from Rural Areas in NM	26-4764395
-	501(c)(3)		275 East Alameda	Santa Fe	N.	87501	General Operating Support - Unrestricted	26-4764395
⊢	501(c)(3)		275 East Alameda	Santa Fe	MN	87501	For special unexpected needs of Northern New Mexico enrolees	26-4764395
22,678 39 501	501(c)(3)		2390 North Road	Los Alamos	ΣN	87544	Funding towards basic human needs and to foster self-reliance	85-0209449
_	501(c)(3)	lliance	PO Box 1731	Boise	₽	83701	Increasing Public Involvement in DOE Contamination and Waste Disposal is	82-0386993
10,000 00 501	501(c)(3)	Somos un Pueblo Unido	1804 Espinacitas St	Santa Fe	WN	87505	Immigrant Worker's Rights Project	20-4216836
	501(c)(3)		649 Harkle RdBSte E	Santa Fe	MN	87505	Es Mejor Saber	85-0397444
1,250 00 501	501(c)(3)		649 Harkle Road - Suite	Santa Fe	NM	87505	General Operating Support - Unrestricted	85-0397444
	501(c)(3)		649 Harkle RdDSte E	Santa Fe	ΜN	87505	Comida Buena 2011-2012	85-0397444
44,000 00 501	501(c)(3)	Southwest Research & Information Center	P.O Box 4524	Albuquerque	MN	87106	WIPP Community Involvement and Technical Analysis	23-7159946
_	501(c)(3)	Southwest Research & Information Center as Rt 5 Box 474	Rt 5 Box 474	_	MM	87532	NMSEES Participation	23-7159946
20,000.00 501	501(c)(3)	Southwest Research & Information Center as 1028 Ann Ave, SW, No	1028 Ann Ave , SW, No	Albuquerque	NA NA	87105	Cihuapahtlı (Women's Medicine) Apprenticeship Program	23-7159949
	501(c)(3)	Southwest Research & Information Center as 1028 Ann Ave., SW, No.	1028 Ann Ave., SW, No.		MM	87105	N I.N O S PROJECT (Navigating Immigrant Niños & families for Ongoing Se	23-7159949
_	501(c)(3)	Southwest Research & Information Center a 551 W. Cordova Road	551 W. Cordova Road	Santa Fe	NM	87505	NMSEES Participation	
_	501(c)(3)	on Center as	551 W Cordova Road	Santa Fe	NM	87505	Clarifying and Promoting Community Involvement Opportunities in the LA	23-7159949
	501(c)(3)	St Elizabeth Shelter Corporation	804 Alarid Street	Santa Fe	ΨN	87505	General Operating Support - Unrestricted	85-0347650
_	501(c)(3)		804 Alarid Street	Santa Fe	NA	87505	Casa Familia	85-0347650
	501(c)(3)		7 Standish Street	Cambridge	MA	02138	General Operating Support - Unrestricted	27-1402987
_	501(c)(3)		108 Kit Carson Rd STE F		NZ.	87571	Entrepreneurial Network Facilitation and Coordination	74-3243281
	501(5)(3)	ental Council	One Vantage Way	Nashville	2	37228	Education and Outreach for Responsible Participation in Radioactive Wast 62-0951294	62-0951294
5,500 00 00	501(c)(3)	Tews Women United	PO Box 397	Santa Cruz	NZ Z	87567	Native	85-0480836
	501(c)(3)	a Foundation of Dona	PO 80x 285	Macillo	NAM	00/10/	Caddar Cahole Bodal 6-18-18-18-18	85-0480835
+-	501(c)(3)	_	418 Cerrilloc Rd CTE 18	_	NA NA	97501	Towards the Debot Wood Johnson Matte	91-1/31315
	501(c)(3)				NN.	87501-2081	Toward the Hirola Drainet	74-2853407
	501(c)(3)		212 East Marcy Avenue	Santa Fe	NA NA	87501-2081	Annual Glans	53-0244052
_	501(c)(3)	inities Against a Rad	2582 Old First Street	Livermore	5	94550	Finds of the Community in Superfund Decision-Making to Reduce Toxic a494-3101687	25-0242026
	501(c)(3)	Trinity House Catholic Worker	202 Harvard SE		NA NA	87106	New Mexicans for Sustainable Energy and Effective Stewardship (NM SEES	56-2502764
34,875 00 501	501(c)(3)	Trinity House Catholic Worker	202 Harvard SE	Albuquerque	ΣN	87106	Aquifer Awareness Campaign	
	501(c)(3)		440 Cerrillos Road, Suite Santa Fe		NM	87501-2644	General Operating Support - Unrestricted	85-0163601
	501(c)(3)	sity of New Mexico Foundation	MSC04 257001 Universi		NM	87131	Toward Planning for an Art Center at UNM	85-0275408
	501(c)(3)		303 Park Avenue South		N	10010-3657	Towards the Congo Women's Shelter	94-3389430
_	501(c)(3)	S Catholic Clinic	219 Cathedral Place	Santa Fe	MN	87501	Comprehensive Primary Care Services for Children	85-0229019
_	501(c)(3)	\neg	3900 Paseo del Sol, Ste	Santa Fe	ΣN	87507	To Offer Small Business Workshops in Northern New Mexico	85-0367809
	501(c)(3)	┱	516 Alto Street	Santa Fe	ΣN	87501	2011 Distribution from the Eli Farmer Fund	85-0406306
1,000 00 501	501(5)(3)	lians FKA Forest Guardians	312 Montezuma Ave Ste		WN	87501-3606	General Operating Support - Unrestricted	85-0406306
	501(c)(3)		PO Box 9701	Santa Fe	ΣN	87504	Wings For Hope Brings Hope For Kids	85-0472936
_	501(5)(3)	reilei	PO 80X 2411	Anthony	MM	88021-2411	Immigrant Integration Initiative	85-0411225
_	501(c)(3)	Young Women United	PO Box 8490	Albuquerque	E S	8/198	Reproductive Justice Initiatives	85-0481224
_	501(c)(3)		1473 Monterey Drive	Santa Go	NAM	07E0E	Women building Community - Lechnical Assistance	85-0481224
_	501(c)(3)	abda		Albuquorquo	MM	07100 1333	Tourit Ivleada Project Support	85-8439833
10 000 01	501(c)(3)		DO Box 5214	anhandan dae	MIN	0/100-1333	enter Program	85-010/101
15,000 00 Gov	Government -			Albuquerque	N N	87108	Native American Comm - GF-2011-5056-1	85-0474943
5,000 00 Gov	vernment -		1100 Cardenas Dr SE	Albuquerque	ΜN	87108	3-1	59-3833915
7,190 00 Fisc	ally Spons			Albuquerque	MΝ	87106		23-7159946
THE PART OF THE PARTY.	TANGET AND							

SGHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Publ

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer identification number

	NEW MEXICO COMMUNITY FOUNDATION	85-031121	10	
Pa	art 1 Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 9	90.		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for person	ıal use		
	Travel for companions Payments for business use of personal res	i		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	i i		
	Discretionary spending account Personal services (e.g., maid, chauffeur, cl			
	Discretionary speciality account.	10.1,		
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	ĺ	1
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, dire		+	+
_		2	X	
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	.	+	+
3	Indicate which if any of the following the filing organization used to establish the componentian of the organiza-	tion's		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization			
	***	או ונס		
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation compen			
	X Form 990 of other organizations X Approval by the board or compensation c	mmittee		
	Division the super did not promote listed in Form 000. Bort VIII. Continue A. June 16, with respect to the filling			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:		1	x
	Receive a severance payment or change-of-control payment?	4a	+	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	+	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	+	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0 1			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		
	contingent on the revenues of:	_		J
а	The organization?	. 5a		$\frac{X}{X}$
þ	Any related organization?	5b		<u> </u>
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		
	contingent on the net earnings of:	_		v
а	The organization?	. <u>6a</u>	1	
b	Any related organization?	6b	. 	X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	. 7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	е		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	┷	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the Instructions for Form 990.} \\$

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011 NEW MEXICO COMMUNITY FOUNDATION 85-0311210

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

2

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	<u>(</u> 0	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	€	137,578.	0.	0.	11,007.	23,987.	172,572.	
1 JENNIFER PARKS	€	0	0	0	0	0	0	
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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No 1545-0047

Inspection

Name of the organization

NEW MEXICO COMMUNITY FOUNDATION

Employer identification number 85-0311210

Par	Types of Property					v			
		(a)	(b)	(c)		(d)	_		
		Check If	Number of contributions or	Noncash contri amounts repor		Method of de noncash contribu			_
		applicable		Form 990, Part VI		noncash contribu	illon a	mounts	5
1	Art - Works of art	X	3	19,		CONTRIBUTOR	S D	ETEI	RMI
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	•							
5	Clothing and household goods	•							
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or							_	
	trust interests								
12	Securities - Miscellaneous			-					
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (BREITLING NAV)	X	1		865.	DETERMINED			
26	Other (FOOD & WINE)	X	3	5,	300.	DETERMINED	BY	CON	<u>TRI</u>
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organization	zation durin	g the tax year for o	contributions					
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement	29	· · · · · · · · · · · · · · · · · · ·		0	
								Yes	No
30a	During the year, did the organization receive by	y contributi	on any property re	ported in Part I, lin	es 1-28 th	at it must hold for			1
	at least three years from the date of the initial	contribution	, and which is not	required to be use	ed for exer	npt purposes for			1
	the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								l
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standa	ard contrib	outions?	31		_X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	ıcıt, process, or se	ll noncast	1		'	1
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which colur	nn (a) is c	hecked,			
	describe in Part II.		·			<u> </u>	<u> </u>		
LHA	For Paperwork Reduction Act Notice, see	the Instruc	ctions for Form 99	90.		Schedule M	(Form	n 990) ((2011)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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.

2011 Open to Public Inspection

Internal Revenue Service

Name of the organization

NEW MEXICO COMMUNITY FOUNDATION

Employer identification number 85-0311210

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ORGANIZATION THAT SERVES AND INVESTS IN NEW MEXICO'S COMMUNITIES AND
THEIR GREATEST ASSETPEOPLE. 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.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

2011, NMCF GRANTED OUT \$3.9 MILLION FOR PROGRAMS. INCLUDED IN THESE

PROGRAMS WERE SEVERAL FUNDS TO RESPOND TO IMMEDIATE EMERGENCY NEEDS

THROUGHOUT THE STATE. FROM THE GAS OUTAGE IN NORTHERN NEW MEXICO IN

EARLY 2011, TO THE WILDFIRES OF THE SUMMER, TO HELPING INDIVIDUALS WHO

WERE EXPERIENCING SEVERE FINANCIAL DIFFICULTY, OVER \$217,000 WAS

GRANTED FOR EMERGENCY NEEDS. WITH THE HELP OF OUR DONORS, NMCF ACTS

AS A "PHILANTHROPIC FIRST RESPONDER" TO HUNDREDS OF INDIVIDUALS AND

FAMILIES.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO FILING.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization **Employer identification number** NEW MEXICO COMMUNITY FOUNDATION 85-0311210 FORM 990, PART VI, SECTION B, LINE 12C: NEW BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT WHEN THEY JOIN THE BOARD. THEREAFTER, STAFF MONITORS FOR POSSIBLE CONFLICTS OF INTEREST IN THE PROCESS OF MAKING GRANT OR EXPENDITURE DECISIONS. 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 COMMITTEE. THE COMPENSATION PACKAGE IS COMPARED TO THE COUNCIL ON FOUNDATIONS SALARY SURVEY. THE BOARD OR COMPENSATION COMMITTEE ANNUALLY COMPARES COMPENSATION PACKAGES TO THE COUNCIL ON FOUNDATIONS 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 REQUEST. THESE DOCUMENTS ARE ALSO AVAILABLE ON THE ORGANIZATIONS EXTERNAL WEBSITE, BY E-MAIL, PHONE FAX AND MAIL. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED LOSSES ON INVESTMENTS: -1,177,126.PRIOR PERIOD ADJUSTMENTS: -1,041,461.PRESENT VALUE ADJUSTMENT TO CONTRIBUTIONS & INTERFUND **REVENUE** 543,039. CHAGES IN SPLIT INTEREST AGREEMENT -4,128.PASSTHROUGH INCOME K-1 CIMARRON PARTNERS, LP -2,773.TOTAL TO FORM 990, PART XI, LINE 5 -1,682,449. FORM 990, PART XII, LINE 2C Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization NEW MEXICO COMMUNITY FOUNDATION	Employer identification number 85-0311210
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR	SELECTION
PROCESS OF AN INDEPENDENT AUDITOR DURING THE TAX YEAR.	
EXPLANATION OF CHANGES TO AMENDED TAX RETURN:	
FORM 990, PART V, QUESTIONS 4A AND 4B: THE ORIGINAL 2011	TAX RETURN
REPORTED A "YES" ANSWER TO QUESTION 4A, AND QUESTION 4B'S	ANSWER
INCLUDED THE NAME OF A FOREIGN COUNTRY. THE AMENDED TAX R	ETURN REPORTS
A "NO" ANSWER TO 4A AND QUESTION 4B HAS BEEN LEFT BLANK A	S A RESULT.
THE FOUNDATION'S FINANCIAL ADVISOR HAS DETERMINED THAT TH	E INVESTMENT
ACCOUNT REFERRED TO DOES NOT MEET THE FBAR DEFINITION OF	BEING A
"FINANCIAL ACCOUNT" IN A FOREIGN COUNTRY". ACCORDINGLY, Q	UESTION 4A IS
NOW REFLECTED AS A "NO" RESPONSE.	
FORM 990, PAGE 5, QUESTIONS 8,9A &9B: ALL OF THESE QUESTI	ONS HAVE BEEN
ANSWERED AS "NO". THE ORIGINAL TAX RETURN DID NOT REFLECT	ANY ANSWER TO
THESE QUESTIONS.	
FORM 990, PAGE 6, QUESTIONS 16A AND 16B: BOTH OF THESE QU	ESTIONS HAVE
BEEN ANSWERED AS "YES". THE FOUNDATION DOES INVEST IN SOM	E U.S.
PARTNERSHIPS.	
SCHEDULE A, LINE 5 COLUMN (F): THE AMENDED TAX RETURN REF	LECTS
\$17,268,570 INSTEAD OF \$18,290,248 AS ORIGINALLY REPORTED	. THE ORIGINAL
TAX RETURN REFLECTED AN ESTIMATE DUE TO SEVERAL FACTORS;	THE TAXPAYER
CHANGED CPA FIRMS FOR THE 2011 TAX YEAR AND NOT ALL PRIOR	YEARS
INFORMATION WAS READILY AVAILABLE DURING THE FORM 990 PRE	CPARATION (I.E.

Name of the organization NEW MEXICO COMMUNITY FOUNDATION	85-0311210
THE PRIOR 4 YEARS CONTRIBUTOR DETAIL FOR THIS LINE ITEM);	THE TAXPAYER
HAD SOME CHANGES INTERNALLY WITH RESPECT TO STAFF INVOLVE	D WITH THE
PRIOR YEAR FORM 990-THE CONTRIBUTOR DETAIL WAS NOT READIL	Y AVAILABLE.
IT WAS RESOLVED WITH THE PREPARATION OF THE AMENDED TAX R	ETURN.
SCHEDULE A, LINE 6, PUBLIC SUPPORT: THE AMOUNT CHANGED AS	A RESULT OF
THE CHANGE TO LINE 5 COLUMN(F).	
SCHEDULE A, LINE 14, PUBLIC SUPPORT PERCENTAGE: AS A RESU	LT TO THE
CHANGE ON LINE 5, COLUMN(F), THE PUBLIC SUPPORT PERCENTAGE	E INCREASED BY
1.95% FROM 61.07% TO 63.02%.	
FORM 926 "RETURN BY A U.S. TRANSFEROR OF PROPERTY TO A FO	REIGN
CORPORATION" IS NOT REQUIRED TO BE FILED BY THE NEW MEXIC	O COMMUNITY
FOUNDATION. THE FOUNDATION DID NOT TRANSFER MORE THAN \$10	0,000 IN CASH
(INDIRECTLY THROUGH ITS OWNERSHIP IN TWO PARTNERSHIPS) NO	R DID IT OWN
MORE THAN 10% COMBINED IN THESE TWO PARTNERSHIPS AFTER TH	E DEEMED
TRANSFER OF THE CASH. THE ORIGINAL RETURN INADVERTENTLY R	EFLECTED A 15%
OWNERSHIP WHEN IN FACT THE FOUNDATION'S OWNERSHIP WAS .15	% FOR 2011. AS
A RESULT, THE FOUNDATION IS NOT INCLUDING FORM 926 IN THE	AMENDED TAX
RETURN.	
,	

COPY

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Internal Rever						ı			
• If you ar	e filing for an Automatic 3-Month Extension,	complete	only Part I and check the	nis box			▶ 🗸		
	e filing for an Additional (Not Automatic) 3-M								
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.									
a corporate 8868 to re Return for	c filing (e-file). You can electronically file Form tion required to file Form 990-T), or an addition equest an extension of time to file any of the r Transfers Associated With Certain Personans). For more details on the electronic filing of t	nal (not aut forms liste al Benefit	omatic) 3-month extens od in Part I or Part II wit Contracts, which must	ion of time. You h the exception be sent to the	of Fo	electronica orm 8870, in paper 1	Illy file Form Information format (see		
	Automatic 3-Month Extension of Time								
A corpora	tion required to file Form 990-T and reque	sting an a	automatic 6-month exte	ension-check t	his b	ox and co	omplete		
Part I only									
All other c	orporations (including 1120-C filers), partnersh	ips, REMI	Cs, and trusts must use	Form 7004 to re	auest	an extens	sion of time		
	me tax returns.		•		.,		2011 01 21110		
			En	ter filer's identify	ina nu	mber. see	instructions		
Time or	Name of exempt organization or other filer, see in	nstructions.	· · · · · · · · · · · · · · · · · · · 	Employer iden					
Type or print	New Mexico Community Foundation			Ø		311210	(2.7.4)		
•	Number, street, and room or suite no. If a P.O. b	ox, see instr	uctions.	Social security					
File by the due date for	502 W. Cordova Rd., Ste. 1					` '			
filing your	City, town or post office, state, and ZIP code. Fo	r a foreign a	ddress, see instructions.						
instructions.	return. See								
Enter the H	Return code for the return that this application i	s for (file a	separate application for	each return) .			0 1		
Application Return Application Return									
							Code		
Form 990									
Form 990-	Form 990-BL 02 Form 1041-A 08								
Form 990-	Form 990-EZ 01 Form 4720 09								
Form 990-	Form 990-PF 04 Form 5227 10								
Form 990-	Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11								
Form 990-	Form 990-T (trust other than above) 06 Form 8870 12								
	s are in the care of ► New Mexico Community No. ► 505-820-6860			5.000 7000		-			
Telephone	nization does not have an office or place of bu			5-820-7860		-	. ==		
• If the orga	mization does not have an onice of place of bu	r digit Cro.	ne United States, check	THIS DOX		• • •	. ▶□		
for the whol	r a Group Return, enter the organization's fou e group, check this box ▶ ☐ . If i	i algit alot Lie for part	of the group, shock this	, por		If this	IS		
	e names and EINs of all members the extension		or the group, check this	, DOX		_ and atta	icn		
	uest an automatic 3-month (6 months for a co		equired to file Form 990-	T) extension of t	ima				
until						The evter	i		
	ne organization's return for:	.pr organiz	allorrotarri for the organ	meadon named a	MOA6.	, The exten	ision is		
	calendar year 20 11 or								
▶ □	tax year beginning	. 20	, and ending			, 20			
	tax year entered in line 1 is for less than 12 m	onths, che	ck reason: Dinitial retu	ım	turn	, 20	•		
	ange in accounting period	, 0.10		பாவா	.um				
3a If this	application is for Form 990-BL, 990-PF, 990- undable credits. See instructions.	-T, 4720, o	r 6069, enter the tentati	ve tax, less any		*			
	application is for Form 990-PF, 990-T, 4	720 or 60	60 ontor one referral	olo prodito and	3a	₽			
	ated tax payments made. Include any prior ye				_	*			
	ated tax payments made, include any prior years due. Subtract line 3b from line 3a. Include				3b	<u>a</u>			
	s (Electronic Federal Tax Payment System). S			lairea, by using					
	are going to make an electronic fund withdrawal w				3c	<u>\$</u>			
	i air coile le liere en escuville leile melliave m	nai una cull	u uuun, sen collii 845,446()	and com XX/ 4LF	I TOP IN	anmont inct	Z lotiona		

Form 8868 (Rev. 1-2012)					Page 2			
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, e	complete only Part II and check this	box .	•	X			
Note. Only complete Part II if you have already been granted an a	utomatic	3-month extension on a previously fi	led Form	8868.				
• If you are filing for an Automatic 3-Month Extension, complet								
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	copies needed).				
		Enter filer's	identifyi	ng number, see inst	ructions			
Type or Name of exempt organization or other filer, see instructions Employer identification number (
print NEW MEXICO COMMUNITY FOUNDATION X 85-031121								
File by the NEW MEXICO COMMUNITY FOUNDAT	85-031121	0						
due date for Number, street, and room or suite no. If a P.O. box, se	ee instruc	tions.	Social se	curity number (SSN)				
return. See 502 W CORDOVA RD STE 1								
City, town or post office, state, and ZIP code. For a fo	reign add	tress, see Instructions.						
SANTA FE, NM 87505								
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 1			
		r						
Application	Return	Application			Return			
ls For	Code	Is For			Code			
Form 990 01 01 00 00 00 00 00 00 00 00 00 00 00								
Form 990-BL 02 Form 1041-A 08								
Form 990-EZ 01 Form 4720 09								
Form 990-PF 04 Form 5227 10 Form 900-T (see 401/s) or 408/s) trust) 05 Form 6069 11								
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above)	Form 990-T (trust other than above) O6 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.							
NEW MEXICO COMMUNITY FOUNDATION								
			9750	F				
• The books are in the care of • 502 W CORDOVA R	נדפ עו	FAX No. ► 505-820-786	0/30	<u> </u>				
Telephone No. ► 505-820-6860								
• If the organization does not have an office or place of business					<u>ا</u>			
• If this is for a Group Return, enter the organization's four digit G								
		ch a list with the names and EINs of	<u>all memb</u>	ers the extension is	or.			
4 I request an additional 3-month extension of time until NOVEMBER 15, 2012.								
For calendar year 2011, or other tax year beginning, and ending								
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Final return Initial return								
Change in accounting period 7 State in detail why you need the extension								
7 State in detail why you need the extension THE ORGANIZATION NEEDS ADDITIONAL TIME TO GATHER INFORMATION TO FILE A								
COMPLETE AND ACCURATE TAX RETURN.								
COLLEGE MAD INCOMINE THE RELE								
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	r 6060 e	nter the tentative tay less any	T					
nonrefundable credits. See instructions.	. 0000, 0	mor mo tomanio tax, loss any	8a	s	0.			
b If this application is for Form 990-PF, 990-T, 4720, or 6069, e	enter any	refundable credits and estimated						
tax payments made. Include any prior year overpayment allo			200					
previously with Form 8868.			8ь	\$	0.			
c Balance due. Subtract line 8b from line 8a. Include your pay	ment wit	h this form, if required, by using						
EFTPS (Electronic Federal Tax Payment System). See Instru			8c	\$	0.			
		t be completed for Part II o						
Under penalties of perjury, I declare that I have examined this form, including		•	-	f my knowledge and be	lief.			
it is true, correct, and complete, and that I am authorized to prepare this for	rm							
Signature - Relat a. De Consul Title - C	PA		Date	▶07-30-12				
				Form 8868 (Re-	v. 1-2012)			
•					-,			
•								
•		,						