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EXTENSION OF TIME TO FILE GRANTED TO NOVEMBER 15, 2013

Form **990**

Department of the Treasury
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.

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termin-ated
- ☒ Amended return
- ☐ Applica-tion pending

C Name of organization
NEW MEXICO COMMUNITY FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
502 W CORDOVA RD | 1

City, town, or post office, state, and ZIP code
SANTA FE, NM 87505

F Name and address of principal officer: JENNIFER PARKS
SAME AS C ABOVE

D Employer identification number
85-0311210

E Telephone number
505-820-6860

G Gross receipts $ 5,726,235.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NMCF.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1983 **M** State of legal domicile NM

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE NEW MEXICO COMMUNITY FOUNDATION (NMCF) IS A STATEWIDE ENDOWMENT BUILDING AND GRANT-MAKING

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	60
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,129.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	8,129.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,816,598.	4,593,375.
9	Program service revenue (Part VIII, line 2g)	296,989.	367,182.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	882,458.	756,549.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,120.	9,129.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,044,165.	5,726,235.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,752,768.	2,647,558.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	950,895.	951,169.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 172,517.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,454,415.	1,210,903.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,158,078.	4,809,630.
19	Revenue less expenses. Subtract line 18 from line 12	<2,113,913.>	916,605.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	22,132,404.	23,917,628.
21	Total liabilities (Part X, line 26)	6,160,317.	6,401,179.
22	Net assets or fund balances. Subtract line 21 from line 20	15,972,087.	17,516,449.

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Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: November 2, 2014

▶ JENNIFER PARKS, PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ROBERT A. DEPASQUALE	Preparer's signature: Robert A. DePasquale	Date: 10-28-14	Check ☐ if self-employed	PTIN: P00446108
Firm's name ▶ PULAKOS CPAS, PC			Firm's EIN ▶	85-0219147
Firm's address ▶ 5921 JEFFERSON STREET NE ALBUQUERQUE, NM 87109			Phone no	(505)338-1500

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III 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 ENDOWMENT BUILDING AND GRANT-MAKING ORGANIZATION THAT SERVES AND INVESTS IN NEW MEXICO'S COMMUNITIES AND THEIR GREATEST ASSET...PEOPLE. AS A STEWARD OF COMMUNITY RESOURCES, WE SUPPORT A QUALITY OF LIFE THAT REFLECTS THE

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
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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses $ 1,237,027. including grants of $ 586,546.) (Revenue $ 9,574.)
NEW MEXICO COMMUNITY FOUNDATION POOLS RESOURCES TO SUPPORT NEW MEXICO'S MOST UNDERSERVED COMMUNITIES, STRENGTHEN NEW MEXICO'S NONPROFITS, AND GROW PHILANTHROPY - ESPECIALLY IN RURAL NEW MEXICO CONNECTS DONORS TO VALUABLE PROJECTS AND VULNERABLE COMMUNITIES AND WORKS TO BE RESPONSIVE TO CURRENT, AND OFTEN URGENT, COMMUNITY NEEDS. NMCF INITIATED AND RAN PHILANTHROPIC PROGRAMS AND ACTIVITIES THAT ADDRESSED ISSUES THAT RANGE FROM RURAL ECONOMIES, PROMOTING NATIVE LEADERSHIP, TO ENSURING EQUALITY FOR WOMEN AND FAMILIES. NMCF DID THIS BY BUILDING RELATIONSHIPS WITH COMMUNITY LEADERS, NONPROFITS, DONORS, AND THEIR FINANCIAL ADVISORS TO CREATE GREATER OPPORTUNITY AND PROSPERITY IN NEW MEXICO. THROUGH THESE PARTNERSHIPS WE AWARDED GRANTS TO DEVELOP NEW INITIATIVES OR SUPPORT EXISTING PROGRAMS. IN 2012, NMCF GRANTED OUT $586,000 FOR PROGRAMS.

4b (Code) (Expenses $ 2,802,993. including grants of $ 2,061,012.) (Revenue $ 357,608.)
FUND MANAGEMENT: NMCF MANAGES ENDOWED AND NON-PERMANENT DONOR ADVISED, NON-PROFIT AGENCY, SCHOLARSHIP, DESIGNATED, COMMUNITY ADVISED AND FIELD OF INTEREST FUNDS, WHICH ADDRESS A WIDE RANGE OF ISSUES: EDUCATION; ARTS AND CULTURE; RURAL DEVELOPMENT; NATIVE PHILANTHROPY AND ENTREPRENEURSHIP; WOMEN, CHILDREN AND FAMILIES; ENVIRONMENT AND ANIMAL PROTECTION; COMMUNITY LEADERSHIP; CIVIC ENGAGEMENT; AND HEALTH AND WELLNESS. IN 2012, NMCF MADE GRANTS OF $2.0 MILLION FROM DONOR ADVISED, DESIGNATED, COMMUNITY ADVISED, FIELD OF INTEREST, AND SCHOLARSHIPS FUNDS.

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 4,040,020.

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	X	
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	X	
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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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	X	
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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		X
c	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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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 and XII is optional*	12b		X
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
b	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 or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
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," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
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		X
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified 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 of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		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 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 Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part 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	1a	87		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
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 as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a	8		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint 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, stockholders, 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 by the following				
a	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 reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue 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 chapters, affiliates, 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 before filing the form?	11a	X	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe 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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NM

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

JENNIFER PARKS - 505-820-6860
502 W CORDOVA RD STE 1, SANTA FE, NM 87505

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GRACE ALLISON DIRECTOR	1.00	X						0.	0.	0.
(2) PETER BRILL DIRECTOR	1.00	X						0.	0.	0.
(4) ROBERT VALDEZ DIRECTOR	1.00	X						0.	0.	0.
(5) JAY ROSENBLUM DIRECTOR	1.00	X						0.	0.	0.
(6) SANDRA KISER DIRECTOR, BOARD CHAIR	4.00	X		X				0.	0.	0.
(7) BARBARA POLEY DIRECTOR, VICE-CHAIR	2.00	X		X				0.	0.	0.
(8) BRUCE BLEAKMAN, CPA DIRECTOR,TREASURER	2.00	X		X				0.	0.	0.
(9) TED OLIN HARRISON DIRECTOR, SECRETARY	1.00	X		X				0.	0.	0.
(10) JENNIFER PARKS PRESIDENT AND CEO	40.00			X				140,072.	0.	24,649.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								140,072.	0.	24,649.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								140,072.	0.	24,649.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	437,750.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,155,625.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	4,593,375.			
Program Service Revenue		Business Code				
	2a GRANT AND FUND MANAGEM	813211	357,608.	357,608.		
	b SUPPORT SERVICE PROGRA	900099	9,574.	9,574.		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	367,182.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	246,826.			246,826.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	509,723.				
	b Less: cost or other basis and sales expenses	0.				
	c Gain or (loss)	509,723.				
	d Net gain or (loss)	▶	509,723.			509,723.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a PASSTHROUGH INCOME K-1	900099	9,129.		9,129.	
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	9,129.			
	12 **Total revenue.** See instructions	▶	5,726,235.	367,182.	9,129.	756,549.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,647,558.	2,647,558.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
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, trustees, and key employees	164,721.	82,187.	75,052.	7,482.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	566,641.	310,737.	172,885.	83,019.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,186.	14,015.	9,577.	4,594.
9 Other employee benefits	123,313.	62,519.	46,279.	14,515.
10 Payroll taxes	68,308.	36,213.	22,429.	9,666.
11 Fees for services (non-employees):				
a Management				
b Legal	4,702.	250.	4,452.	
c Accounting	24,021.	4,500.	19,521.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	305,804.	305,804.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	227,114.	155,845.	53,999.	17,270.
12 Advertising and promotion	3,975.	3,773.	202.	
13 Office expenses	11,190.	2,137.	8,966.	87.
14 Information technology				
15 Royalties				
16 Occupancy	62,375.		62,375.	
17 Travel	47,441.	23,582.	17,340.	6,519.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,466.	2,012.	3,154.	300.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,401.		1,401.	
23 Insurance	19,999.	1,210.	18,789.	
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)				
a PROJECT DISBURSEMENT EX	346,350.	346,350.	0.	0.
b TELEPHONE	39,008.	3,576.	30,567.	4,865.
c MISCELLANEOUS	20,653.	0.	20,653.	0.
d DUES AND SUBSCRIPTIONS	20,232.	3,222.	6,275.	10,735.
e All other expenses	71,172.	34,530.	23,177.	13,465.
25 **Total functional expenses.** Add lines 1 through 24e	4,809,630.	4,040,020.	597,093.	172,517.
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)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		2,346,636.	1	3,418,541.
	2	Savings and temporary cash investments		210,153.	2	0.
	3	Pledges and grants receivable, net		493,693.	3	188,414.
	4	Accounts receivable, net		95,253.	4	0.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		11,765.	9	9,464.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 116,667.			
	b	Less: accumulated depreciation	10b 114,014.	3,215.	10c	2,653.
	11	Investments - publicly traded securities		17,744,484.	11	18,935,639.
	12	Investments - other securities. See Part IV, line 11		980,611.	12	992,703.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		246,594.	15	370,214.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		22,132,404.	16	23,917,628.
Liabilities	17	Accounts payable and accrued expenses		103,905.	17	66,747.
	18	Grants payable		54,000.	18	89,150.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		5,567,411.	21	6,245,282.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, 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		435,001.	25	0.
	26	**Total liabilities.** Add lines 17 through 25		6,160,317.	26	6,401,179.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		17,573.	27	475,636.
	28	Temporarily restricted net assets		5,644,834.	28	5,153,727.
	29	Permanently restricted net assets		10,309,680.	29	11,887,086.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		15,972,087.	33	17,516,449.
	34	Total liabilities and net assets/fund balances		22,132,404.	34	23,917,628.

Form **990** (2012)

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12-10-12

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,726,235.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,809,630.
3	Revenue less expenses. Subtract line 2 from line 1	3	916,605.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,972,087.
5	Net unrealized gains (losses) on investments	5	1,004,812.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	<367,888.>
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<9,167.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,516,449.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	**Employer identification number**
NEW MEXICO COMMUNITY FOUNDATION	85-0311210

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13740948.	4408452.	7241470.	7816598.	4593375.	37800843.
2 Tax revenues levied for the organization'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	13740948.	4408452.	7241470.	7816598.	4593375.	37800843.
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)						16681472.
6 **Public support.** Subtract line 5 from line 4						21119371.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	13740948.	4408452.	7241470.	7816598.	4593375.	37800843.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	461,262.	391,395.	330,539.	303,606.	756,549.	2243351.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				773.	8,129.	8,902.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		34,003.		45,416.		79,419.
11 **Total support.** Add lines 7 through 10						40132515.

12 Gross receipts from related activities, etc. (see instructions) 12 664,171.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 52.62 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 15 61.07 %

16a **33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

PARTNERSHIP INCOME

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NEW MEXICO COMMUNITY FOUNDATION

Employer identification number
85-0311210

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	57	
2	Aggregate contributions to (during year)	1,224,212.	
3	Aggregate grants from (during year)	1,117,070.	
4	Aggregate value at end of year	5,745,148.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- [ ] Preservation of land for public use (e.g., recreation or education)
- [ ] Preservation of an historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,604,666.	11,089,994.	11,029,741.	8,834,596.	11,687,922.
b Contributions	1,577,107.	2,400,000.	2,328,560.	532,209.	808,960.
c Net investment earnings, gains, and losses	1,268,993.	<199,371.>	507,826.	1,943,478.	<3,354,753.>
d Grants or scholarships	830,356.	1,402,882.	80,239.	75,750.	307,533.
e Other expenditures for facilities and programs		148,218.	133,870.	129,677.	
f Administrative expenses	97,542.	134,857.	78,225.	75,115.	
g End of year balance	13,522,868.	11,604,666.	13,573,793.	11,029,741.	8,834,596.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 85.00 %
c Temporarily restricted endowment ▶ 15.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) (i) unrelated organizations		X
3a(ii) (ii) related organizations		X
3b b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		116,667.	114,014.	2,653.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,653.

Schedule D (Form 990) 2012

232052
12-10-12

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	6,416,076.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,004,812.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	<38.>		
e	Add lines 2a through 2d			2e	1,004,774.
3	Subtract line 2e from line 1			3	5,411,302.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	314,933.		
c	Add lines 4a and 4b			4c	314,933.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	5,726,235.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	4,503,826.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,503,826.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	305,804.		
c	Add lines 4a and 4b			4c	305,804.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	4,809,630.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B: THE FOUNDATION PERFORMS FISCAL SPONSORSHIP AND/OR ADMINISTRATIVE SERVICES UNDER WRITTEN AGREEMENTS THAT GENERALLY INCLUDE RECEIPT OF FUNDS FROM VARIOUS SOURCES, AND DISBURSEMENT OF SUCH FUNDS BASED UPON WRITTEN REQUESTS, FOR WHICH THE FOUNDATION CHARGES A FEE. ALSO THE FOUNDATION AGENCY FUNDS ARE THOSE WHICH ARE HELD BY THE FOUNDATION ON BEHALF OF UNRELATED NOT-FOR-PROFIT ORGANIZATIONS

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

Part XIII Supplemental Information *(continued)*

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, 2012 AND 2011. 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 2012 OR 2011.

CURRENTLY THE FOUNDATION'S 2010, 2011, AND 2012 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, 2012 AND 2011.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PRESENT VALUE ADJUSTMENT TO CONTRIBUTIONS -38.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PASSTHROUGH INCOME K-1 CIMARRON PARTNERS, LP	9,129.
INVESTMENT EXPENSES NETTED AGAINST INVESTMENT INCOME	305,804.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	314,933.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NETTED AGAINST INVESTMENT INCOME	305,804.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NEW MEXICO COMMUNITY FOUNDATION

Employer identification number
85-0311210

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than $5,000 Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED STATEMENT			2,303,751.	0.			SUPPORT ORGANIZATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 24.

3 Enter total number of other organizations listed in the line 1 table ▶ 50.

Part III **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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTS ARE AWARDED WITH A LETTER OF TERMS AND CONDITIONS. AT THE END OF THE GRANT PERIOD, A NARRATIVE REPORT OF ACCOMPLISHMENTS AND A FINANCIAL REPORT ARE REQUIRED FROM GRANTEES; SITE VISITS ARE OFTEN PERFORMED BY NMCF STAFF. THE ABOVE STEPS ARE TAKEN IN ORDER TO ENSURE THAT THE FUNDS WERE USED BY THE GRANTEE IN ACCORDANCE WITH THEIR INTENDED PURPOSE. IN ADDITION, THE NORTHEASTERN REGIONAL COMMUNITY FOUNDATION ANNUALLY ADVERTISES TO NON-PROFIT ORGANIZATIONS IN THE NORTHEASTERN REGION OF NEW MEXICO THE OPPORTUNITY TO COMPETE FOR SMALL GRANTS IN THE AREAS OF HEALTH, COMMUNITY ORGANIZATION AND EDUCATION. A

Part IV Supplemental Information

COMMITTEE REVIEWS GRANT APPLICATIONS TO DETERMINE WITH ORGANIZATIONS AND PROPOSALS MEET THE CRITERIA, AND THE AMOUNTS TO GRANT TO QUALIFYING APPLICANTS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

NEW MEXICO COMMUNITY FOUNDATION

Employer identification number

85-0311210

Part I 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 990, 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 personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g , maid, chauffeur, chef)		
b	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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
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:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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 contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	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 contingent on the net earnings of:			
a	The organization?	6a		X
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 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 Regulations section 53.4958-6(c)?	9		

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). Do not list any individuals that are not listed on Form 990, Part VII.

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER PARKS	(i)	140,072.	0.	0.	8,001.	16,648.	164,721.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2012

Open to Public Inspection

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 ASSET...PEOPLE. AS A STEWARD OF COMMUNITY RESOURCES, WE SUPPORT A QUALITY OF LIFE THAT REFLECTS THE DIVERSE VALUES, TRADITIONS, BEAUTY AND DREAMS OF NEW MEXICO. BUILDING COMMUNITY WEALTH AND RELATIONSHIPS, MAXIMIZING COMMUNITY CAPACITY AND SELF-RELIANCE ARE AT THE HEART OF OUR WORK.

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:

INCLUDED IN THESE PROGRAMS WERE SEVERAL FUNDS TO RESPOND TO IMMEDIATE EMERGENCY NEEDS THROUGHOUT THE STATE. IN 2012, OVER $236,000 WAS GRANTED 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 COMPLETE FORM 990 IS SENT TO EACH BOARD MEMBER FOR REVIEW. DUE TO THE COORDINATION OF THE BOARD MEETING AND THE IRS DEADLINES, THE FINANCE COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. NEW BOARD MEMBERS SIGN A

Name of the organization: NEW MEXICO COMMUNITY FOUNDATION

Employer identification number: 85-0311210

CONFLICT OF INTEREST STATEMENT WHEN THEY JOIN THE BOARD, THEN ANNUALLY 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: NO INITIAL CONTRACT OFFERED OR SUBSEQUENT CHANGE IN COMPENSATION SHALL BE EFFECTIVE UNTIL IT IS APPROVED BY THE BOARD OF DIRECTORS OF THE FOUNDATION AND CONSIDERED REASONABLE.

IN DETERMINING REASONABLENESS, THE BOARD SHALL CONSIDER THE MOST RECENT PERFORMANCE EVALUATION IF ANY, AS WELL AS ONE OR MORE SURVEYS OF SALARIES AND BENEFITS PAID BY A PEER GROUP OF TEN OR MORE COMPARABLE ORGANIZATIONS.

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 ORGANIZATION'S EXTERNAL WEBSITE, BY E-MAIL, PHONE FAX AND MAIL.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRESENT VALUE ADJUSTMENT TO CONTRIBUTIONS	-38.
PASSTHROUGH INCOME K-1 CIMARRON PARTNERS, LP	-9,129.
TOTAL TO FORM 990, PART XI, LINE 9	-9,167.

THERE HAS BEEN NO CHANGE TO THE OVERSIGHT OR SELECTION PROCESS IN THE CURRENT YEAR.

Name of the organization: NEW MEXICO COMMUNITY FOUNDATION

Employer identification number: 85-0311210

FORM 990

AMENDED FORM 990

FORM 990 HAS BEEN AMENDED TO REFLECT THE CHANGES FOR THE COMPLETION OF THE ANNUAL AUDIT IN JUNE 2014 FOR THE NEW MEXICO COMMUNITY FOUNDATION. THE ORIGINAL FORM 990 WAS FILED WITH PRELIMINARY BALANCES. THE FOLLOWING PAGES AND ITEMS HAVE BEEN AMENDED:

FORM 990 PAGE 1 LINES 8 THROUGH 22 CURRENT YEAR COLUMN

FORM 990 PAGE 2 LINES 4A AND 4B

FORM 990 PAGE 3 QUESTIONS 11B AND 11E WERE ORIGINALLY ANSWERED YES AND QUESTIONS 11F AND 12A WERE ORIGINALLY ANSWERED NO.

FORM 990 PAGE 9, LINES 1F, 1H, 2B AND 7D

FORM 990 PAGE 10

FORM 990 PAGE 11, COLUMN B END OF YEAR BALANCES AND COLUMN A LINES 11 AND 12, BEGINNING OF YEAR BALANCES.

FORM 990 PAGE 12, PART XI, LINES 1 THROUGH 10 AND PART XII, QUESTIONS 2B AND 2C ANSWERS WERE AMENDED TO YES.

FORM 990 SCHEDULE A, COLUMN (E) 2012 AMOUNTS

FORM 990 SCHEDULE B LIST OF CONTRIBUTORS

Name of the organization: NEW MEXICO COMMUNITY FOUNDATION

Employer identification number: 85-0311210

FORM 990 SCHEDULE D, PART I, LINES 1 THROUGH 4

FORM 990 SCHEDULE D, PART V, COLUMNS A AND B, LINES 1A THROUGH 1G AND 2B AND 2C.

FORM 990 SCHEDULE D, PARTS XI AND XII INCLUDE THE REQUIRED INFORMATION.

FORM 990 SCHEDULE I, PART II INFORMATION HAS BEEN AMENDED.

The New Mexico Community Foundation

Schedule of Grants

January 1, 2012 to December 31, 2012

Organization / Tax ID	Project Title	Grant Amount
Amigos Bravos, Inc. / 85-0363268 P. O. Box 238 Taos, NM 87571	Upstream" Public Involvement in Los Alamos National Laboratory's Individual Stormwater Permit	$29,625.00
Georgia Women's Action for New Directions (Georgia WAND) / 20-3060988 250 Georgia Ave, STE 202 Atlanta, GA 30312	Savannah River Site Public Engagement Project	$23,000.00
Hanford Challenge / 26-1382433 219 1st Ave S, STE 120 Seattle, WA 98104	Inherting Hanford	$23,000.00
Heart of America Northwest /91-1411753 7750 17th Ave. NE Seattle, WA 98115	Involving the NW Public in Hanford Cleanup Decisions and Understanding Impacts and Risks Utilizing the Largest SiteSpecific Environmental Impact Statement Undertaken in the Nation	$23,000.00
International AIDS Empowerment, Inc / 74-2967366 800 Montana Avenue El Paso, TX 79902	Comida Buena 2012- 2013	$30,850.00
Keep Yellowstone Nuclear Free / 83-0327303 PO Box 4757 Jackson, WY 83001	Wyoming Involved: Citizen's Technical Advisory	$12,000.00
Nevada Nuclear Waste Task Force / 88-0234151 4587 Ermine Court Las Vegas, NV 89147	Tribal Involvement Project	$23,000 00
New Mexico Community Foundation / 85-0311210 502 W Cordova #1 Santa Fe, NM 87505	Comida Buena Administration	$30,250 00

The New Mexico Community Foundation

Schedule of Grants

January 1, 2012 to December 31, 2012

Nuclear Information and Resource Service / 52-1119677 6930 Caroll Ave, #340 Takoma, MD 20912	West Valley Collaborative Campaign	$21,189.00
Santa Fe Mountain Center / 85-0272388 P.O. Box 449 Tesuque, NM 87574	NM Gay Straight Alliance Network (NMGSAN)	$33,500.00
Snake River Alliance / 82-0386993 P.O. Box 1731 Boise, ID 83701	Increasing Public Awareness about Idaho National Lab's High-Level Waste and Spent Fuel	$23,000 00
Southwest C.A.R.E. Center / 85-0397444 649 Harkle Road, Suite E Santa Fe, NM 87505	Comida Buena 2012- 2013	$17,481.00
Southwest Research & Information Center / 23-7159946 P O. Box 4524 Albuquerque, NM 87196-4524	WIPP Community Involvement Fund - 2013	$50,446 00
Tennessee Environmental Council / 62-0951294 One Vantage Way Nashville, TN 37228	Radioactive Waste Engagment Project	$23,000.00
Tri Valley CAREs (Communities Against a Radioactive Environ. / 94-3101687 2582 Old First Street Livermore, CA 94550	Increasing Stakeholder Involvement in Superfund Cleanup Decisions at the Livermore Lab Main Site and Site 300	$23,000.00
Animal Protection of New Mexico 85-0283292 PO Box 11395 Albuquerque, NM 87192	1st Quarter Program Activities	$39,500.00
Gila Resources Information Project / 85-0452944 305A North Cooper Street Silver City, NM 88061	Gila River Riparian Restoration	$25,000.00

The New Mexico Community Foundation

Schedule of Grants

January 1, 2012 to December 31, 2012

Las Cumbres Community Services / 23-7144268 P.O. Box 1362 Espanola, NM 87532	Chama Valley Childhood Services	$30,742.00
Monticello Canyon Association / 13-4275967 PO Box 84 Monticello, NM 87939	Alamosa Creek and the Canada Alamosa community· Aligning ecological restoration and community interests through active experimentation	$25,000 00
Rio Grande Restoration / 85-0415030 HC 69 Box 3C Embudo, NM 87531	Rio Chama Flow Optimization	$25,000.00
Rio Grande Return / 20-8434340 1704 Llano No. 347 Santa Fe, NM 87505	Diablo Canyon Spring Restoration	$30,000 00
Rio Puerco Alliance / 61-1503699 3250 La Paz Lane Santa Fe, NM 87507	Cebolla Canyon Implementation with SCC	$25,000.00
Save Our Bosque Task Force / 85-0449145 PO Box 1527 Socorro, NM 87801	Rhodes Property South	$25,000.00
Upper Pecos Watershed Association / 205654749 PO Box 489 Pecos, NM 87552	Pecos River Habitat and Riparian Restoration at Mora Recreation Area	$37,000.00
WildEarth Guardians FKA Forest Guardians / 85-0406306 516 Alto St Santa Fe, NM 87501	Rio Ojo Caliente Conservation and Restoration Project	$35,000 00
516 ARTS / 20-8540744 516 Central Ave, S W. Albuquerque, NM 87102	Time Pieces	$5,500 00

The New Mexico Community Foundation

Schedule of Grants

January 1, 2012 to December 31, 2012

Albuquerque Academy, Fiscal Sponsor for. / 85-0129165 NM Media Literacy Project 6400 Wyoming Blvd. NE Albuquerque, NM 87109	Technical Support to Help Non-Profits with Communications	$35,571.00
Alice King Family Center, Inc. / 85-0296676 P.O. Box 16722 Santa Fe, NM 87506-6722	General Operating Support - Unrestricted	$5,622.00
Bootheel Youth Association / 26-1439193 618 Pyramid St. Lordsburg, NM 88045-2000	General Operating Support - Unrestricted	$7,000.00
Boys and Girls Club of Roswell, Inc. / 850195358 201 S. Garden Ave. Roswell, NM 88203	General Operating Support - Unrestricted	$7,000.00
Chase Foundation /36-7466258 510 Texas Ave Artesia, NM 88210	Towards Chase Scholarship Funds.	$25,181.24
Cochiti Youth Experience / 27-1633839 PO Box 151 Cochiti Pueblo, NM 87072	General Operating Support - Unrestricted	$7,000.00
Desert Montesson / 85-0423730 316 Camino Delora Santa Fe, NM 87505	Training and The May Center	$24,000.00
Embudo Valley Library / 85-0314391 P O Box 310 Dixon, NM 87527	Towards Maintence and Insurance Costs	$15,000.00
Enlace Comunitario / 85-0473384 2425 Alamo Avenue SE, Suite A Albuquerque, NM 87198	General Operating Support - Unrestricted	$82,763 00

The New Mexico Community Foundation

Schedule of Grants

January 1, 2012 to December 31, 2012

International Center for Earth Concerns / 52-1883556 2162 Baldwin RD Ojai, CA 93023	Lewa Downs' Bio-gas Project	$81,500.00
Jardin de Los Ninos, Inc. /85-0431095 999 W. Amador, Ste.E Las Cruces, NM 88001	General Operating Support - Unrestricted	$8,035.00
Masada House / 26-4661551 PO Box 5127 Farmiongton, NM 87499	General Operating Support - Unrestricted	$7,000.00
Permaculture Guild, Inc. / 850352686 PO Box 4312 Santa Fe, NM 87502	General Operating Support - Unrestricted	$7,000.00
Rocky Mountain Youth Corps. 85-0404817 P O. Box 1960 Taos, NM 87557	The Cleveland Project	$5,000.00
Santa Fe Art Institute / 85-0404277 P O Box 24044 Santa Fe, NM 87502-00447	General Operating Support - Unrestricted	$7,500.00
Santa Fe Community Foundation / 85-0303044 P.O. Box 1827 Santa Fe, NM 87504-1827	Dollars for Schools	$22,250.00
Santa Fe Girls' School / 85-0450769 310 West Zia Rd Santa Fe, NM 87501	Towards salary enhancement for teachers	$7,500.00
Santa Fe Preparatory School / 85-0165745 1101 Camino de la Cruz Blanca Santa Fe, NM 87505	Towards Breakthrough Santa Fe	$5,000.00

The New Mexico Community Foundation

Schedule of Grants

January 1, 2012 to December 31, 2012

Santa Fe School for the Arts & Sciences / 85-0466438 5912 Jaguar Drive Santa Fe, NM 87507	Towards the Magic Literacy Program	$5,100.00
Santa Fe Symphony Orchestra and Chorus / 85-0331684 P.O Box 9692 Santa Fe, NM 87504	General Operating Support - Unrestricted	$7,500.00
Southeastern New Mexico Down Syndrome Foundation / 262042196 PO Box 4365 Roswell, NM 88202	General Operating Support - Unrestricted	$7,000 00
Spirit of Hildago / 270422239 PO Box 107 Lordsburg, NM 88045	General Operating Support - Unrestricted	$7,000.00
Taos County Economic Development Corporation / 85-0355163 P. O. Box 1389 Taos, NM 87571	General Operating Support - Unrestricted	$7,000.00
The Coming Home Connection, Inc. / 74-2853467 418 Cerrillos RD, STE 27 Santa Fe, NM 87505	General Operating Support - Unrestricted	$7,000.00
The Nature Conservancy / 53-0242652 212 East Marcy Street Santa Fe, NM 87501-2081	General Operating Support - Unrestricted	$12,000.00
Thoreau Community Center / 273311506 PO Box 401 Thoreau, NM 87323	General Operating Support - Unrestricted	$7,000.00
United Way of Santa Fe / 85-0163601 440 Cerrillos Road, Suite A Santa Fe, NM 87501	For Las Cumbres Community Services General Fund	$10,000.00

The New Mexico Community Foundation

Schedule of Grants

January 1, 2012 to December 31, 2012

Youth Media Project / 90-0583656 1000 Cordova Place, #655 Santa Fe, NM 87505	General Operating Support - Unrestricted	$5,000.00
Ben Archer Health Center / 51-0158976 P.O. Box 370 Hatch, NM 87937	Funding towards basic human needs and to foster self-reliance	$10,984.00
Children's Cancer Fund of New Mexico / 23-7116828 112 14th Street SW Albuquerque, NM 87111	Funding towards basic human needs and to foster self-reliance	$36,121 00
Accion New Mexico / 85-0417347 2000 Zearing Ave NW Albuquerque, NM 87104	Cultivating New Mexico's Women Entrepreneurs	$5,000.00
New Mexico Handmade / 85-0455682 753 Canyon Verde Las Cruces, NM 88011	Artisan business training and mentoring for Tres Manos Weaving of New Mexico Inc	$7,000.00
New Mexico Teen Pregnancy Coalition Prevention and Parenting / 85-0310621 P. O. Box 35997 Albuquerque, NM 87176-5997	Helping Children Stay Children	$20,571.00
Oso Vista Ranch Project /65-1294599 PO Box 430 Pine Hill, NM 87357	The Blue Corn Path to Empowerment	$7,000.00
Santa Fe Indian School / 85-0346497 PO BOX 5340 Santa Fe, NM 87502	Leadership Institute - Brave Girls	$7,000.00
Tewa Women United / 85-0480836 P. O Box 397 Santa Cruz, NM 87567	Tewa Braiding Way of Community Engagement – Opide Project	$20,571.00
Women's Intercultural Center / 85-0411225 P O. Box 2411 Anthony, NM 88021	(Women Interweaving Needs and Goals for Success)	$5,000 00

The New Mexico Community Foundation

Schedule of Grants

January 1, 2012 to December 31, 2012

Young Women United / 85-0481224 P. O. Box 8490 Albuquerque, NM 87198		Young Women United, Justice for New Mexico Families	$20,571.00
Southern Methodist University 0800689 Bursar PO Box 750181 Dallas, TX 75275-0181	75-	Student Scholarship support	$15,000.00
Angelo State University / 75-6002403 Hardeman Bldg, Rm. 101 ASU Station 11015 San Angelo, TX 76909-1015		Student Scholarship support	$14,500.00
Arizona State University/86-0196696 Scholarship Office P.O. Box 870412 Tempe, AZ 85287-0412	ASU	Student Scholarship support	$8,000.00
Border Area Mental Health / 85-0228291 P.O. Box 1349 Silver City, NM 88062		Funding towards basic human needs and to foster self-reliance	$30,364.00
Canones Early Childhood/85-0367878 P. O. Box 55 Canones, NM 87516		General Operating Support - Unrestricted	$5,000.00
City of Santa Fe - Forekids/856000168 Attn. Jennifer Richardson 200 Lincoln Ave Santa Fe, NM 87504-0909		Fore Kids scholarships	$15,067 12
Closet Cinema 922 Arno St. SE Albuquerque, NM 87102		Towards the Southwest Gay & Lesbian Festival	$19,682.50
Community Action Agency of Southern / 850196070 3880 Foothills Rd, STE A Las Cruces, NM 88011		Funding towards basic human needs and to foster self-reliance	$5,408 00

The New Mexico Community Foundation

Schedule of Grants

January 1, 2012 to December 31, 2012

Concerned Citizens for Nuclear Safety / 85-0402813 22 Monte Alto Santa Fe, NM 87508	New Mexicans for Sustainable energy and effective stewardship	$6,625 00
Domestic Violence Resource Center 85-0439226 P. O. Box 9496 Albuquerque, NM 87119	Funding towards basic human needs and to foster self-reliance	$12,774.00
Eastern New Mexico University / 85-6000286 ENMU Station 20 SA 107 Office of Financial Aid 1500 South Avenue Portales, NM 88130	Student Scholarship support	$88,600.00
El Refugio, Inc /85-0314391 800 South Robert St Silver City, NM 88051	Funding towards basic human needs and to foster self-reliance	$6,681 00
First Nations Community Health Source, Inc / 85-0336893 5608 Zuni Road, SE Albuquerque, NM 87108	To promote positive health outcomes for individuals who are diagnosed with HIV/Aids	$12,000 00
Guidance Center of Lea Count, Inc 85-0217038 920 West Broadway Hobbs, NM 88240	Funding towards basic human needs and to foster self-reliance	$9,575.00
Haven House, Inc /85-0422830 P. O. Box 15611 Rio Rancho, NM 87174	Funding towards basic human needs and to foster self-reliance	$9,609.00
Hispanics in Philanthropy/94-3040607 414 - 13th Street, Suite 200 Oakland, CA 94612	New Mexico Hispanics in philanthropy	$5,000 00

The New Mexico Community Foundation

Schedule of Grants

January 1, 2012 to December 31, 2012

Lubbock Christian University / 75-0950119 Attn: Admissions/Scholarship Office 5601 19th Street Lubbock, TX 79407-2099	Student Scholarship support	$20,250.00
McMurry University/75-0855633 1400 Sayles Boulevard McMurry Station, Box 908 Abilene, TX 79697	Student Scholarship support	$9,000.00
New Mexico Center for Therapeutic Riding/26-2849229 PO Box 32505 Santa Fe, NM 87506	Therapeutic Riding Program serving children and adults with special needs	$83,511.36
New Mexico Institute of Mining & Technology / 85-6000411 Office of Financial Aid 801 Leroy Place Socorro, NM 87801	Student Scholarship support	$7,550.00
New Mexico Junior College/85-0193990 1 Thunderbird Circle Financial Aid Office Hobbs, NM 88240	Student Scholarship support	$8,500 00
Oklahoma State University/73-6017987 213 Student Union Financial Aid Office Stillwater, OK 74078	Student Scholarship support	$14,750.00
PB&J Family Services / 85-0231566 1101 Lopez SW Albuquerque, NM 87105	Funding towards basic human needs and to foster self-reliance	$26,217 00

The New Mexico Community Foundation

Schedule of Grants

January 1, 2012 to December 31, 2012

Regents of NM State Univ/85-6000401 Marlene Melendez Financial Aid & Scholarship Services P.O. Box 30001 MSC5100 Las Cruces, NM 88003	Student Scholarship support	$306,200.00
Regents NMSU-Dona Ana Community College/85-6000401 Office of Financial Aid 3400 South Espina Street Las Cruces, NM 88003	Student Scholarship support	$27,000.00
San Juan County Partnership / 85-0408661 3535 E. 30th Street - Suite 239 Farmington, NM 87402	Funding towards basic human needs and to foster self-reliance	$35,225.00
Self Help, Inc / 85-0209449 2390 North Road Los Alamos, NM 87544	Funding towards basic human needs and to foster self-reliance	$15,716.00
South Plains College/75-1665618 Attn: Financial Aid Office 1401 South College Avenue Levelland, TX 79336	Student Scholarship support	$5,500.00
Texas Christian University Financial Aid Office TCU Box 297012 2800 S. University Drive Fort Worth, TX 76129	Student Scholarship support	$8,750 00
Texas Tech University / 75-600262 Scholarship Office Box 45011 West Hall, Room 305 Lubbock, TX 79407	Student Scholarship support	$63,000 00

The New Mexico Community Foundation

Schedule of Grants

January 1, 2012 to December 31, 2012

Think New Mexico / 31-1611995 1227 Paseo de Peralta Santa Fe, NM 87501-2758	General Operating Support - Unrestricted	$5,073.00
University of New Mexico/85-6000642 UNM Scholarship Office MSC 116315 Albuquerque, NM 87131-0001	Student Scholarship support	$123,700 00
University of Oklahoma/73-1164351 Bursar's Office PO Box 26901, SCB 114 Oklahoma City, OK 73126-0901	Student Scholarship support	$6,000.00
University of Wyoming/83-6000331 1000 East University Avenue, Dept 3623 Knight Hall 174 Laramie, WY 82071	Student Scholarship support	$5,500.00
Western New Mexico / 86-6000543 Financial Aid Dept. PO Box 680 Silver City, NM 88062	Student Scholarship support	$5,000 00
Grand Total		**$2,303,751.22**

Form **8868**
(Rev. January 2013)
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

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

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

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return See instructions	NEW MEXICO COMMUNITY FOUNDATION	85-0311210
	Number, street, and room or suite no. If a P.O. box, see instructions 502 W CORDOVA RD, NO. 1	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions SANTA FE, NM 87505	

Enter the Return code for the return that this application is for (file a separate application for each return) . 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JENNIFER PARKS 502 W CORDOVA RD STE 1 - SANTA FE, NM 87505
  Telephone No. ▶ 505-820-6860 FAX No. ▶ 505-820-7860
- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2012 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	3a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	0.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	NEW MEXICO COMMUNITY FOUNDATION	85-0311210
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	502 W CORDOVA RD, NO. 1	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SANTA FE, NM 87505	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ JENNIFER PARKS 502 W CORDOVA RD STE 1 - SANTA FE, NM 87505
  Telephone No. ▶ 505-820-6860 FAX No. ▶ 505-820-7860
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2013.

5 For calendar year 2012, 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 ☐ Change in accounting period

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.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance due.** *Subtract line 8b from line 8a. Include your payment with this form, if required, by using* EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ CPA Date ▶ 7/25/2013

223842
01-21-13

10170725 757901 6130000.001 2012.04010 NEW MEXICO COMMUNITY FOUNDA 61300001