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#### Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(3)(1) of the Internal Revenue Code
(except black lung benefit frust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200 000 and total assets less than \$500,000 at the end of the year may use this form

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

Open to Public Inspection

Secretaries   Secretaries   Secretaries   Secretaries   Name cause	A			lar year, or tax year beginn	ing		а	nd ending			
Name states   NEW MEXICO MILETT - CULTURAL FOUNDATION INC   85-0.4765.29	В	Check	of C Nar	ne of organization					1	) Employer	identification number
Temporate protection   Temporate protectio		Ad	dress change						ſ		
Temporate protection   Temporate protectio		$\neg$	- 1	W MEXICO MULTI	-CULTURAL	FOUNDAT	ION	INC		85-0	476529
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G Accounting Method		$\neg$		BUOUEROUE, NM	87102					•	•
Website   BUYNEWMEXTCO.COM   Tequired to attach Schedule 8   Tax-exempt status (check only one)   X   501(c)(3)   501(c)(3)   4947(a)(1) or   527   (form 990, 990-FZ, or 990-FP), or 990-FP.	G								,		
Tax exempts tables (check only one)	1		-	<del></del>					'		=
K Check	J		~		501(c) ( )	<b></b> (insert no.)	4947	(a)(1) or	527	•	
\$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II) line 25c, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.  Part I J Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check of the organization used Schedule 0 to respond to any question in this Part I  1 Contributions, grits, grants, and similar amounts received  1 Contributions, grits, grants, and similar amounts received  2 Program server evenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  5a Gross amount from saile of assets other than inventory  5 Less; cost or other bases and sales expenses  6 Gaming and fundraising events  a Gross income from fundraising events (not including \$  a Gross income from fundraising events (not including \$  b Less; cost or other bases and sales expenses from gaming and fundraising events  4 Vertical form from gaming and fundraising events  5 Less; direct expenses from gaming and fundraising events  6 Less; direct expenses from gaming and fundraising events  6 Less; direct expenses from gaming and fundraising events  6 Less; cost of goods of inventory, less returns and allowances  7 Less; direct expenses from gaming and fundraising events  6 Less; cost of goods of inventory, less returns and allowances  1 Less; cost of goods of inventory, less returns and allowances  1 Less; cost of goods of inventory, less returns and allowances  2 Less; direct expenses from gaming and fundraising events  6 Less; cost of goods of inventory, less returns and allowances  1 Less; cost of goods of inventory, less returns and allowances  2 Less; cost of goods of inventory, less returns and allowances  3 Less cost of goods of invent	K										
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Add lines 50, 6c. and 7b, to line 9 to determine gross recepts. If gross recepts are \$200,000 or more, or if total assets (Part II), line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990. The same of Form 100 instead of Form 990. The same of Form 110 instead of Form 110 instea						. (0 postouru)	, 50 100	quii ou (oco iii	311 4011011	<i>5).</i> 500 ii aic	organization chooses to file
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11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance OGDEN, UT 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  11 Interval 12  12 Interval 13 Interval 13 Interval 13 Interval 14 Interval 15 Interval 16 Interval 16 Interval 17 Interval 17 Interval 18 Interval 19 Interval 18 Interval 19 Interva		1				1					0,213.
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17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  17 Total expenses. Add lines 10 through 16  18 2, 238.  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 36, 592.	20°S	1	Salaries, other co	mpensation, and employee ben	lls ± ≈ 2013	Ö					
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  17 Total expenses. Add lines 10 through 16  18 2, 238.  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 36, 592.	⊚ ∫ JSe		D - ( 11			181					449
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  17 Total expenses. Add lines 10 through 16  18 2,238.  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 36,592.			Occupancy, rent.	utilities, and maintenance (1)	COENTIE		E SCE	alugar	0		
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  17 Total expenses. Add lines 10 through 16  18 2, 238.  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 36, 592.	شَ	ļ	Printing, publicati	ions, postage, and shipping	auciy, u i				Ŭ		3/1331
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  17 Total expenses. Add lines 10 through 16  18 2,238.  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 36,592.		l		- · · · · ·	***	SEI	E SCH	alugar	0		33
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  18 2,238.  19 34,354.  20 0.  21 36,592.		1		·		02.					
Net assets or fund balances at end of year. Combine lines 18 through 20	1001				rom line 9)				<u>'</u>		
Net assets or fund balances at end of year. Combine lines 18 through 20	ets			· · · · · · · · · · · · · · · · · · ·	•	V))				"	4,230.
Net assets or fund balances at end of year. Combine lines 18 through 20	Sign	'-				.,,				10	34 354
Net assets or fund balances at end of year. Combine lines 18 through 20	<b>(</b>	20								<del></del>	72,334.
70,000	<b>(Z</b> )			•							36 592
LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2012)	LHA									1!	Form <b>990-EZ</b> (2012)

Part II Balance Sheets (see the instructions for Part II)	FOUNDATION	INC	85-04/6	529 Page 2
Part II Balance Sheets (see the instructions for Part II)  Check if the organization used Schedule O to re	spond to any quest	ion in this Part II		X
Oriodk ir tilo organization about Contadate O to 10	pond to any quest	(A) Beginning of year	(B)	End of year
22 Cash, savings, and investments		11,943		7,674.
23 Land and buildings			23	
24 Other assets (describe in Schedule O) SEE SCHEDULE (		22,411	. 24	28,918.
25 Total assets		34,354	. 25	36,592.
26 Total liabilities (describe in Schedule 0)		0		0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		34,354	. 27	36,592.
Part III Statement of Program Service Accomplishme				xpenses d for section
Check if the organization used Schedule O to res		ion in this Part III		) and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDULE C	<del></del>			ions and section 1) trusts; optional
Describe the organization's program service accomplishments for each of its three largest program manner describe the services provided the number of persons benefited, and other relevant inform		ses in a clear and concise	for other	
28 TO PROMOTE THE MULTIPLE CULTURES WI	THIN THE STA	TE OF NEW		
MEXICO AND TO EDUCATE THE PUBLIC AS				
(Grants \$ ) If this amount includes foreign	grants, check here		28a	3,975.
29				
(Grants \$ ) If this amount includes foreign of	grants, check here	<u> </u>	29a	
30	<del></del>			
	-10	<del></del>		
(Grants \$ ) If this amount includes foreign of	rente check here		30a	
(Grants \$ ) If this amount includes foreign of the program services (describe in Schedule O)	rants, check here		30a	
(Grants \$ ) If this amount includes foreign of	rants check here	•	31a	
32 Total program service expenses (add lines 28a through 31a)	ranto, oneon noro	<del></del>	32	3,975.
32   Otal program service expenses (add lines 20a through 31a)				
Part IV List of Officers, Directors, Trustees, and Key E	mployees List each one	even if not compensated (s	ee the instructions	for Part IV)
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res			ee the instructions	for Part IV)
Part IV List of Officers, Directors, Trustees, and Key E	pond to any questi (b) Average hours	on in this Part IV	(d) Health benefits	for Part IV)  (e) Estimated
Part IV List of Officers, Directors, Trustees, and Key E	pond to any questi (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit	(e) Estimated amount of other
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and title	pond to any questi (b) Average hours	(c) Reportable compensation (Forms	(d) Health benefits, contributions to	(e) Estimated amount of other
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and title  JAMES M. LONG	pond to any questi (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MSC) (if not paid enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and title  JAMES M. LONG PRESIDENT	pond to any questi (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and title  JAMES M. LONG PRESIDENT REBECCA LONG	(b) Average hours per week devoted to position  2.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and title  JAMES M. LONG PRESIDENT REBECCA LONG SECRETARY	pond to any questi (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MSC) (if not paid enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and title  JAMES M. LONG PRESIDENT REBECCA LONG SECRETARY ADRAIN PEREZ	(b) Average hours per week devoted to position  2.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid enter -0-)  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and title  JAMES M. LONG PRESIDENT REBECCA LONG SECRETARY	(b) Average hours per week devoted to position  2.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation  0.
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and title  JAMES M. LONG PRESIDENT REBECCA LONG SECRETARY ADRAIN PEREZ	(b) Average hours per week devoted to position  2.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid enter -0-)  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.	(e) Estimated amount of other compensation
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_	m 990-EZ (2012) NEW MEXICO MULTI-CULTURAL FOUNDATION INC 85-0476  art V Other Information (Note the Schedule A and personal benefit contract statement requirement in the statement of the statem	its in	the	Page 3
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	is Pa	ırt V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	1		
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	- 505	1	<del>**</del>
·	requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	330	+	<u> </u>
00	complete applicable parts of Schedule N	26		v
27 2		36	├	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?	1		3,5
	· ·	37b	├─	X
JO A	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	Ь—	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A		Ì	
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9  39a N/A	ļ	İ	
	Gross receipts, included on line 9, for public use of club facilities  39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 . ; section 4912 ► 0 .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			1
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	ĺ		
	or disqualified persons during the year under sections 4912, 4955, and 4958			1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			ļ
	organization • 0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed <b>NM</b>			
42 a	The organization's books are in care of ► JAMES LONG Telephone no. ► 505-83	6-6	700	
	Located at ► 201 THIRD ST NW STE 1150, ALBUQUERQUE, NM ZIP+4 ► 8			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	760		- 42
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		v
٠	If "Yes," enter the name of the foreign country:	720		<u>X</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
70		AT / TA		ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		ſ	Vaal	N1-
44-	Did the exceptration mointain and decreased final distance the second final distance the second final distance of the second final d		Yes	140
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		<u>X</u>
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			•-
	of Form 990-EZ	44b		<u>X</u>
	Did the organization receive any payments for indoor tanning services during the year?	44c		<u>X</u>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	- 1		
	ın Schedule O	440		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u>X</u>
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
	F	orm 99	90-EZ (	2012)

Form 990-EZ (2	2012)	NEW :	MEXI(	со м	ULTI-	CULTU	JRAL	FOUNDA	TION	INC		85-04	7652	9	Page 4
	ganization e	engage, dı	rectly or in					on behalf of o			dates for p	ublic office?			No X
	omplete Sch Section			anizat	ions on	ilv							46	٠	1.
						-	ons 47-4	9b and 52, a	nd comple	te the tab	les for line	es 50 and 5	1		
								uestion in th							
					_		-							Yes	<del></del>
								on in effect dui		year? If "Ye	s," complet	e Sch. C, Par	111 <u>47</u>		X
_								mplete Schedu	ile E				48	-+	X
49a Did the or	•	-			-		elated orga	inization?					49		X
b If "Yes," w		-			-		nlovoso (	other than offi	nara directo	re truetoes	and koy o	mnlovaac) w	49		More .
	,000 of cor	_							Lers, unecto	15, II usices	allu kcy ci	inployees) w	iio cacii	CCCIVCU	HOLC
man groc			d title of ea			710 13 110110,	, cinci ite	(b) Averaç	e hours	(c) R	eportable	(d) Health be	enefits	(e) Estir	nated
	(-/	paid m	ore than \$	100,000	,			per week d	evoted to	compens	ation (Forms 99-MISC)	contribution employee b	ns to enefit a	mount o	f other
					NONE			posit	ion			plans and de compensa	tion	compen	sation
								-			<del></del>				
									·						
f Total num	nber of othe	r employe	es paid ov	er \$100.	,000			<del>.</del>	<b>&gt;</b>			•			
						ensated ind	lependent	contractors w	ho each rec	eived more	than \$100	,000 of comp	ensatio	n from th	ıe
organizat	on. If there	ıs none, e	nter "None	e."	NONE										
(a) Name and	d address of	f each inde	ependent o	contracto	or paid mor	e than \$10	0,000		<b>(b)</b> Type	of service			(c) Con	pensati	<u>n</u>
			<u></u>				-					<del></del>			
							<del></del>					<del></del>			
							_								
			1												
			/										<del></del>		
<b>d</b> Total num	nber of othe	r indepeg	dent contr	actors ea	ach receivir	ng over \$10	000,000			<b>&gt;</b>					
	-					501(c)(3)	organizat	ions and 4947	(a)(1) none	xempt					<del>-</del>
charitable Under penalties of	trusts mus	tattac∦ia lare that I h	completed avelexaming	d Schedu	ile A urn. including	accompany	ring schedü	les and statemer	its and to the	best of my k	nowledge and	d belief it is tru	e, correct	Yes L	No plete
Declaration of pre	parer (other th	ian officer) is	s based on a	informa	tion of which	preparer has	s any knowl	edge							
Sign	Signature o	of office		4-					<del></del>			Date			
Here	тамъ	ES LO	אכ ו	D Fre	IDENT	,									
		nt name and		T IN LID	IDENI	·									
	Print/Type	е ргерагег	's name		Bre	parer's sig	ature		Date,		Check	ıf PTI	N -		
Paid	'	, ,			( )		L		0/0	/_	self- emplo	oyed			
Preparer	JOHN	GORD	ON			レメ	<u> </u>		0/8/	/ノニー		P	0017	3149	<u> </u>
Use Only			ATTII	LLO,	PROW	/N & I	HILL,	L.L.P	<u>'                                    </u>		Firm's Elf	v <b>► 74</b> -	1130	599	
		dress ►	4301	THE	25 W	AY, I					Phone no	505	-266	-59	) 4
	<u> </u>				QUE,										
May the IRS dis	scuss this re	eturn with	the prepa	rer show	n above? S	See instruc	tions	<del></del>					<u> </u>		No No
													Forr	n aan.Ei	7/20121

## 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.

2012

Open to Public Inspection

Name of	the organizat	tion						6	Employe	r identificat	ion nu	ımber
		NEW MEX	KICO MULTI-CU	ULTUR!	AL FOU	INDATI	ON IN	1C	8	<u> 35-0476</u>	529	}
Part I	Reason	for Public Char	rity Status (All organi	zations mi	ust comple	te this par	t ) See ins	tructions	·			
The organ	nization is not	a private foundation	because it is (For lines	1 through	11, check	only one t	oox)					
1 🗀	A church, co	onvention of churche	es, or association of chu	rches desc	onbed in <b>s</b> e	ection 170	)(b)(1)(A)(ı	).				
2 🗀	A school de:	scribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E	)							
з 🗀	A hospital or	r a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(iii).					
4 🔲	A medical re	search organization	operated in conjunction	with a ho	spital desc	ribed in se	ection 170	)(b)(1)(A)(	ııı). Enter	the hospita	's nan	ne,
	city, and sta	te										
5 🗔	An organizat	ion operated for the	benefit of a college or u	iniversity o	wned or o	perated by	/ a govern	mental ur	nt describ	bed in		
	section 170	)(b)(1)(A)(iv). (Compl	lete Part II)									
6 🗀	A federal, sta	ate, or local governm	nent or governmental un	it describe	d in sectio	on 170(b)(	1)(A)(v).					
7 X	An organizat	ion that normally rec	ceives a substantial part	of its supp	oort from a	governme	ental unit d	or from the	e general	public desc	ribed	ın
		(b)(1)(A)(vi). (Comple										
8 🗀	A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗀	An organizat	ion that normally rec	ceives (1) more than 33	1/3% of its	s support 1	from contr	ibutions, n	nembersh	iip fees, a	and gross re	ceipts	from
	activities rela	ated to its exempt fu	nctions - subject to cert	aın except	ions, and (	2) no more	than 33	1/3% of it	s suppor	t from gross	inves	tment
			taxable income (less sec									
	See section	509(a)(2). (Complete	e Part III.)									
10 🔲	An organizat	ion organized and o	perated exclusively to te	est for pub	lic safety	See <b>sect</b> io	on 509(a)(	4).				
11	An organizat	ion organized and o	perated exclusively for t	he benefit	of, to perfe	orm the fu	nctions of	, or to car	ry out the	e purposes o	of one	or
	more publicl	y supported organiza	ations described in secti	ion 509(a)(	1) or section	on 509(a)(2	2) See see	ction 509	(a)(3). Ch	neck the box	that	
	describes th	e type of supporting	organization and compl	lete lines 1	1e through	n 11h						
	a Type	I <b>b</b> 🗔 Ту	ype II   c 🔙 T	ype III - Fu	inctionally	ıntegrated	· .	a 🔙 Tyr	oe III - No	n-functional	ly inte	grated
e 🗔	By checking	this box, I certify that	at the organization is not	t controlled	d directly o	r indirectly	by one o	r more dis	qualified	persons oth	er tha	in
	foundation n	nanagers and other t	than one or more publicl	ly supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 509	(a)(2)	
f	If the organiz	ation received a writ	tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	his box									
g	Since Augus	t 17, 2006, has the o	organization accepted ai	ny gift or c	ontribution	n from any	of the following	owing per	sons?			
	(i) A perso	n who directly or ind	firectly controls, either a	lone or tog	ether with	persons o	described	ın (ıı) and	(III) below	/,	Yes	No
	the gov	erning body of the si	upported organization?							11g(ı)		ļ
	(ii) A family	member of a persor	n described in (i) above?	)						11g(ii)		<u> </u>
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e۶					11g(ııı)		<u>L</u>
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)							
<del></del>		,		,				T		1		
(i) Name	of supported	(iı) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) l organizati	s the	(vii) Amount	of mo	netary
orga	anization		(described on lines 1-9	jin col. (ı) lı	sted in your	organizat	ion in col	l(i) organi	zed in the	sup	port	
			above or IRC section (see instructions))	governing	document?	(1) OI YOU	Support	U.S	1	-		
			(000 monachono))	Yes	No	Yes	No	Yes	No			
									1			
			<u></u>			<u> </u>	ļ		ļ	<u> </u>		
										•		
				ļ			ļ	ļ	<del>                                      </del>	ļ		
									1			
	<u> </u>			<del> </del>					-			
								1				
					-				<del> </del>			
Total				<u> </u>	L	L	l	<u> </u>		l		
I HA For P	aperwork Re	duction Act Notice.	, see the Instructions for	or				Schedu	le A (For	m 990 or 99	W-EZ)	2012

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 NEW 'MEXICO MULTI-CULTURAL FOUNDATION INC85-0476529 Page 2 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.)

Se	ction A. Public Support						
_	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants")	16,500.	4,319.	6,000.	9,794.	22,725.	59,338.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	j					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	16,500.	4,319.	6,000.	9,794.	22,725.	59,338.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			İ			
	supported organization) included			1		İ	
	on line 1 that exceeds 2% of the					ļ	
	amount shown on line 11,			İ			
	column (f)						····
	Public support. Subtract line 5 from line 4						<u>59,338.</u>
_	ction B. Total Support	<del></del>		· · · · · · · · · · · · · · · · · · ·	<del></del>		
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 4	16,500.	4,319.	6,000.	9,794.	22,725.	59,338.
8	Gross income from interest,		Ì	j			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business			1		ļ	
	activities, whether or not the						
	business is regularly carried on						<del></del>
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)					380.	380.
11	Total support. Add lines 7 through 10					1	59,718.
	Gross receipts from related activities,	•	•		Į	12	35,058.
13	First five years. If the Form 990 is for		first, second, third	, fourth, or fifth tax	year as a section	1 501(c)(3)	. —
5~~	organization, check this box and stop		centage	<del></del>			<u> </u>
	tion C. Computation of Publi	<del></del>					00.36
	Public support percentage for 2012 (li		•	olumn (f))	}-	14	99.36 %
	Public support percentage from 2011			Inc. 40	L - 00 4 /00/		100.00 %
	33 1/3% support test - 2012. If the o	_		line 13, and line 14	is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies a		•	- 10 - 1011	- 45 - 00 4 60/		<b>▶</b> X
	33 1/3% support test - 2011. If the o	_			ne 15 is 33 1/3%	or more, check th	XOCI ZI
	and stop here. The organization quality	•	• •		10 160 5::105 -	nd line 14 := 100/	<b>P</b>
	10% -facts-and-circumstances test	_					
	and if the organization meets the "fact					tiv now the organi	ızatıon ⊾ ┌──
	meets the "facts-and-circumstances" (	•	•	, , ,	•	70. and line 45 :- 4	<b>▶</b>
	10% -facts-and-circumstances test	_					
	more, and if the organization meets the				-		▶□
	organization meets the "facts-and-circ			•			
18	Private foundation. If the organization	i did not check a b	ox on line 13, 16a,	10D, 1/a, 0r 1/b,			
					Sched	dule A (Form 990	Or 990-E.Z.) 2012

		. 10 O O. O. O. O. O. O. O. O. O. O.					
P	art III	Support	Schedu	le for	Organizations	Described in S	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.)	

qualify under the tests listed by	pelow, please com	plete Part II)	<u></u>			
Section A. Public Support	T	<del></del>	T	T		
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	ţ					
membership fees received (Do not	1				1	
include any "unusual grants ")					<del> </del>	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
	.>					
1 Tax revenues levied for the organ- ization'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		<del></del> -				<del></del>
*··-						
8 Public support (Subtract line 7c from line 6) Section B. Total Support					<u> </u>	<del></del>
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	(a) 2000	(b) 2005	(6) 2010	(4) 2011	(e) 2012	(i) Total
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)						<del></del>
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, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ation,
check this box and stop here	a Command De		<del></del>	<del></del>	_ <del></del>	
Section C. Computation of Publi				<del> </del>	<del></del>	
15 Public support percentage for 2012 (In		· -	olumn (f))		15	%
16 Public support percentage from 2011				<del></del>	16	%
Section D. Computation of Inves			10			
17 Investment income percentage for 20			ie 13, column (f))		17	<u>%</u>
18 Investment income percentage from 2				45 11 - 5	18	<u>%</u>
19a 33 1/3% support tests - 2012. If the	_					/ IS NOT
more than 33 1/3%, check this box ar						<b>▶</b> ∟
b 33 1/3% support tests - 2011. If the	-					ind
line 18 is not more than 33 1/3%, che			•		-	
20 Private foundation. If the organization 32023 12-04-12	TOTO HOL CHECK A I	<u> </u>	a, or 190, check th		edule A (Form 990	or 990-EZ) 2012

#### SCHEDULE G

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number NEW MEXICO MULTI-CULTURAL FOUNDATION INC 85-0476529 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ flers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply X Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity have custody or control of contributions? to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing MM

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

Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990 EZ) 2012 NEW MEXICO MULTI-CULTURAL FOUNDATION INC85-0476529 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events MONTEZUMA NONE (add col. (a) through BALL col (c)) (event type) (total number) (event type) 22,725 22,725. Gross receipts 2 Less Contributions 22,725. 22,725. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 1,400. 1,400. Entertainment 15,492. 15,492. Other direct expenses 16,892 10 Direct expense summary Add lines 4 through 9 in column (d) 5,833 11 Net income summary Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, ine 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes Yes Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if "Yes," explain

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 NEW MEXICO MULTI-CULTURAL FOUNDATION	INC85-0476529 Page 3
11 Does the organization operate gaming activities with nonmembers?	☐ Yes ☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity form	
to administer charitable gaming?  13 Indicate the percentage of gaming activity operated in	Yes No
a The organization's facility	13a 9
b An outside facility	13b 9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	<del></del>
Name	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	? Yes No
b if "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party.	
Name ▶	
Address	
16 Gaming manager information	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	- 1-3P
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	
organization's own exempt activities during the tax year 🕨 \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b,	
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional	al information (see instructions)
	fula G /Form 990 or 990 F71 9949
32083 01-07-13 Sched	lule G (Form 990 or 990-EZ) 2012

#### SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

NEW MEXICO MULTI-CULTURAL FOUNDATION INC |

Employer identification number 85 = 0476529

NEW MEXICO MULTI-CULTURAL FOUNDATION	INC 85-0	476529
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION OF OTHER REVENUE:		AMOUNT:
MISC INCOME		380.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILIT	TIES, AND M	AINTENANCE:
DESCRIPTION OF EXPENSES:		AMOUNT:
DEPRECIATION	<del> </del>	3,493.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
TELEPHONE		23.
TAXES		10.
TOTAL TO FORM 990-EZ, LINE 16		33.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION BEG.	OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	0.	10,000.
OTHER DEPRECIABLE ASSETS	22,411.	18,918.
TOTAL TO FORM 990-EZ, LINE 24	22,411.	28,918.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE O	RGANIZATIO	N'S PURPOSE
IS TO PROMOTE THE MULTIPLE CULTURES WITHIN THE STATE (	OF NEW MEX	ICO AND
TO EDUCATE THE PUBLIC ABOUT THESE CULTURES.		
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL B	ENEFIT CON	TRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE AND HAVE BORREST RECEIVE BORREST		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  232211 01-04-13 1 1	Schedule O (Form	990 or 990-EZ) (2012)

#### SCHEDULE O

(Form 990 or 990-EZ)

## 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.

OMB No 1545-0047 Open to Public

Department of the Treasury ▶ Attach to Form 990 or 990-EZ. Internal Revenue Service Inspection Name of the organization Employer identification number NEW MEXICO MULTI-CULTURAL FOUNDATION INC 85-0476529 INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

## 4562

Department of the Treasury Internal Revenue Service (99)

#### **Depreciation and Amortization** 990-EZ (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

Name(s) shown on return

► See separate instructions.

Business or activity to which this form relates

Identifying number

Pa	W MEXICO MULTI-CUL' rt   Election To Expense Certain Pro	perty Under Section	179 Note: If you have any	listed property	complete Par	t V before	vou complete Part I
	Maximum amount (see instructions)		Holo you have dry	property,	complete r ai	1	500,000
	otal cost of section 179 property pla	aced in service (see	e instructions)			2	300,000
	hreshold cost of section 179 proper					3	2,000,000
	Reduction in limitation Subtract line	•				4	
5 (	pollar limitation for tax year. Subtract line 4 from	line 1 If zero or less, ente	r -0- If married filing separately	see instructions		5	
6	(a) Description of		1	isiness use only)	(c) Electi	ed cost	
							1
							†
							1
		<u></u>					1
7 1	isted property. Enter the amount fro	m line 29		7			_
	otal elected cost of section 179 proj		e in column (c) lines 6 ai				_
	entative deduction Enter the smalle		s in column (c), imes o ai	10 7		8	<del> </del>
	Carryover of disallowed deduction from		011 Form 4560			9	
	susiness income limitation. Enter the			rora) ar kaa E		10	
	ection 179 expense deduction. Add		•	•		11	
	arryover of disallowed deduction to	·		,		12	
	Do not use Part II or Part III below i			▶ 13			<u> </u>
Pa				luda listad propi	orty 1		
			<del></del>				<u> </u>
	pecial depreciation allowance for qu	iailled property (oti	ner than listed property)	placed in service	e auring		
	ne tax year					14	
	roperty subject to section 168(f)(1) e	election				15	2 402
	ther depreciation (including ACRS)					16	3,493
Pai	† III   MACDS Depressiation (De-r	set include lieted ei	anarty 1/Caa instruction	. ~ \			
Pai	t III MACRS Depreciation (Do r	not include listed pi	· · · · · · · · · · · · · · · · · · ·	s)			
			Section A		-	1-	T
17 N	ACRS deductions for assets placed	I in service in tax ye	Section A ears beginning before 20	12		17	
17 N	IACRS deductions for assets placed	In service in tax ye	Section A ears beginning before 20 into one or more general asset a	12 ccounts, check here	Denraci		
17 N	IACRS deductions for assets placed	I in service in tax year ervice during the tax year is Placed in Service	Section A ears beginning before 20 into one or more general asset a e During 2012 Tax Yea	ccounts, check here r Using the Ger	► neral Depreci		em
17 N	IACRS deductions for assets placed	In service in tax ye	Section A ears beginning before 20 into one or more general asset a	12 ccounts, check here	neral Depreci	ation Syst	em (g) Depreciation deduction
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17 M 18 m 19a b c d e f g h i Par 22 To Er 33 Fo	ACRS deductions for assets placed you are electing to group any assets placed in search of the control of property  3 year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year  IV Summary (See instructions ) sted property Enter amount from line stal. Add amounts from line 12, lines	In service in tax years Placed in Service during the tax years Placed in Service  (b) Month and year placed in service  //  /  /  Placed in Service  /  e 28  14 through 17, line is of your return Parans service during the	Section A ears beginning before 20 into one or more general asset a e During 2012 Tax Yea  (c) Basis for depreciation (business/investment use only - see instructions)  During 2012 Tax Year  es 19 and 20 in column ( interships and S corpor	25 yrs 27 5 yrs 27 5 yrs 39 yrs  Jsing the Alterr  12 yrs 40 yrs	(e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction

Form 8868 (Rev 1-2013)					Page 2				
If you are filing for an Additional (Not Automatic) 3-Month Ex	xtension,	complete only Part II and check this	s box		<b>▶</b> X				
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868									
<ul> <li>If you are filing for an Automatic 3-Month Extension, comple</li> </ul>									
Part II Additional (Not Automatic) 3-Month E	Extensio	n of Time. Only file the origin	al (no d	copies neede	ed).				
		Enter filer's	ıdentifyi	ing number, se	e instructions				
Type or Name of exempt organization or other filer, see instru	Employer identification number (EIN) or								
File by the NEW MEXICO MULTI-CULTURAL F	OUNDA	TION INC	85-0476529						
due date for Number, street, and room or suite no. If a P O. box, s	Social security number (SSN)								
return See C/O PBH CPA'S - 4301 THE 25				<del></del>	<del></del>				
City, town or post office, state, and ZIP code For a fi	oreign add	dress, see instructions							
ALBUQUERQUE, NM 87109		<u>-</u>							
Enter the Return code for the return that this application is for (file	e a separa	ite application for each return)			$\begin{bmatrix} 0 & 1 \end{bmatrix}$				
Augustian	<del>                                     </del>	17							
Application	Return	Application			Return				
Is For	Code	Is For	-		Code				
Form 990 or Form 990-EZ Form 990-BL	01	F 1041 A	_						
Form 4720 (individual)	02	Form 1041-A			08				
Form 990-PF	03	Form 4720			09				
Form 990-T (sec 401(a) or 408(a) trust)	04	Form 5227 Form 6069			10				
Form 990-T (trust other than above)	05	Form 8870			11				
STOP! Do not complete Part II if you were not already granted	<del></del>	<u> </u>	iouski fili	ad Earm 9969	12				
JAMES LONG	an autor	nauc 3-month extension on a previ	ously file	eu Form 8888.	·				
• The books are in the care of ▶ 201 THIRD ST NV	W STE	1150 - ALBUQUEROU	₹ NIM	r 87102					
Telephone No. ► 505-836-6700		FAX No. ▶	<u> </u>	07102					
If the organization does not have an office or place of business	s in the Un	-							
If this is for a Group Return, enter the organization's four digit (			this is fo	or the whole aro	un check this				
box ▶ ☐ If it is for part of the group, check this box ▶ ☐	1	ch a list with the names and EINs of							
		BER 15, 2013.	<u>an morna</u>	oro the oxtensi	01110101				
5 For calendar year 2012, or other tax year beginning		, and ending	1						
6 If the tax year entered in line 5 is for less than 12 months, cl	heck reas		Final	return					
Change in accounting period									
7 State in detail why you need the extension									
TAXPAYER IS COMPILING INFORMAT	I NOIT	NECESSARY FOR A COM	<b>IPLET</b>	E AND A	CCURATE				
TAX RETURN. ADDITIONAL TIME IS	NEE	DED TO COMPLETE THI	S IN	FORMATIO	ON.				
				.,	<del></del>				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, 0	or 6069, a	nter 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 alle	owed as a	credit and any amount paid							
previously with Form 8868.			8b	\$	0.				
c Balance due. Subtract line 8b from line 8a. Include your pay	yment witl	h this form, if required, by using							
EFTPS (Electronic Federal Tax Payment System) See instru			8c	\$	0.				
<del>_</del>		t be completed for Part II o	-		_				
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this for	ng accomp rm.	anying schedules and statements, and to	the best o	f my knowledge a	ind belief,				
Signature ► Title ► C	PA RE	EP	Date	► X/8 /	13				
			.= - • •	<del>- 0 1 -</del>	8 (Rev 1-2013)				

Form **8868** 

(Rev January 2013)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Revenue Service File a separate application for each return.									
• If you a	are filing for an Aut	omatic 3-Month Extension, comple	te only P	art Land check this box			<u> </u>		
		litional (Not Automatic) 3-Month Ex			this form	-			
		ess you have already been granted							
		u can electronically file Form 8868 if			-		noration		
		or an additional (not automatic) 3-mo							
		ns listed in Part I or Part II with the ex							
		which must be sent to the IRS in page							
		ick on e-file for Charities & Nonprofits		(See instructions) To more details	On the ele	ctroriic ming or this	ionii,		
Part I		3-Month Extension of Time		submit original (no copies ne	eded)				
		Form 990-T and requesting an autor							
Part I only		requesting an actor	natic o in	oner extension check this box and	complete				
		ling 1120-C filers), partnerships, REM	IICs and t	trusts must use Form 7004 to reque	ct an exte	neion of time			
	ome tax returns		ros, and t	rusts must use i omi roo4 to reques	st arrexter	ision of time			
Type or	Name of exempt	organization or other filer, see instru	ctions		Employer identification number (EIN) or				
print									
File by the NEW MEXICO MULTI-CULTURAL FOUNDATION INC					85-0476529				
due date for Number, street, and room or suite no. If a P O box, see instructions.  Social section Supplies C/O PBH CPA'S - 4301 THE 25 WAY NE					ecurity number (SS	N)			
return See instructions		st office, state, and ZIP code For a fo			L				
	1	QUE, NM 87109	i cigi i add	mess, see instructions					
Enter the	Return code for the	e return that this application is for (file	a separa	te application for each return)			0 1		
		<del>-</del>							
Application	on		Return	Application			Return		
ls For			Code	Is For		Code			
Form 990	or Form 990-EZ		01	Form 990-T (corporation)		07			
Form 990-	BL		02 Form 1041-A						
Form 4720	0 (individual)		03	Form 4720		09			
Form 990-	PF		04	Form 5227			10		
Form 990-	T (sec. 401(a) or 40	98(a) trust)	05	Form 6069			11		
orm 990-	T (trust other than		06	Form 8870		12			
		JAMES LONG							
		of > 201 THIRD ST NW	STE	<u> 1150 - ALBUQUERQU</u>	E, NM	87102			
Telepho	one No.▶ <u>505-</u>	-836-6700		FAX No 🕨			_		
If the or	rganization does no	ot have an office or place of business	ın the Un	ited States, check this box		<b>&gt;</b>	· 📙		
If this is		n, enter the organization's four digit (	•	• • • • • • • • • • • • • • • • • • • •		r the whole group,			
ox 🕨 L	If it is for part of	of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension is	s for		
		3-month (6 months for a corporation	required t	o file Form 990-T) extension of time	until		•		
	AUGUST 15,	2013 , to file the exempt	organizat	tion return for the organization name	ed above	The extension			
	r the organization's								
▶∐	X calendar year 2	<del></del>							
<b>▶</b> L	tax year beginn	ing	, and	d ending					
O li the									
2 If the	٦ '	n line 1 is for less than 12 months, ch	ieck reasc	on Initial return I	Final retur	n			
	Change in accour	iting period							
3a If this	s application is for	Form 990-BL, 990-PF, 990-T, 4720, o	r 6069 <i>e</i> r	nter the tentative tax. less any					
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									
						\$	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.			
		nake an electronic fund withdrawal w							
		Paperwork Reduction Act Notice, s		•		Form <b>8868</b> (R			