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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 Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning JUL 1, 2012 and ending	JUN 30, 2013	
Вс	heck if	C Name of organization	D Employer identifi	cation number
a	pplicable			
	Addres	NEW MEXICO BOYS AND GIRLS RANCHES, INC.		
	Name		85-0	125610
늗	_change	Number and street (or P.O. box if mail is not delivered to street address) Room/st		
늗	_lreturn □Termın		· ·	881-3363
=	⊣ated ∏Amend	0209 HENDRIA NE		3,613,653.
늗	⊒return ∏Applica	City, town, or post office, state, and ZIP code ALBUQUERQUE, NM 87110	G Gross receipts \$	
Ь	⊥tion pendin		H(a) Is this a group re	Yes X No
		F Name and address of principal officer:ROBERT WALLACE	for affiliates?	
		SAME AS C ABOVE	H(b) Are all affiliates inc	
				list. (see instructions)
		e: WWW.THERANCHES.ORG	H(c) Group exemptio	
			ear of formation: 1944 N	A State of legal domicile: NM
Pa		Summary		
ø	1 6	Briefly describe the organization's mission or most significant activities $\ \ { m SEE} \ \ { m SCHE}$	DULE O	·
Governance	_			
i,	2 (Check this box 🕨 📖 if the organization discontinued its operations or disposed of m	ore than 25% of its net as	ssets.
ŏ	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	. 9
S	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	. 4	8
Se e	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	. 5	56
Activities &		Total number of volunteers (estimate if necessary)	6_	20
cti	7a 1	Fotal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
A		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
_	8 (Contributions and grants (Part VIII, line 1h)	2,351,634.	2,662,325.
υe		Program service revenue (Part VIII, line 2g)	55,417.	55,450.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	325,863.	48,939.
Re			906,175.	574,170.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,639,089.	3,340,884.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	t	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,825,439.	1,859,350.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
χ		Total fundraising expenses (Part IX, column (D), line 25)	· ; &	* * * * * * * * * * * * * * * * * * * *
ш	17 (Other expenses (Part IX, column (A), lines 11a-11 PEPF VED	1,752,900.	1,780,857.
	18	「otal expenses. Add lines 13-17 (must equal Part-IX, column (A); line 25) 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 	3,578,339.	3,640,207.
	19	Revenue less expenses. Subtract line 18 from line 12 y 2 5 2013	60,750.	<u><299,323.</u> >
Net Assets or Fund Balances		Fotal assets (Part X. line 16)	Beginning of Current Year	End of Year
set	20	Fotal assets (Part X, line 16)	6,255,421.	5,923,430.
t As	21	Fotal liabilities (Part X, line 26)	93,033.	71,561.
활	22 1	Net assets or fund balances Subtract line 24 from line-20	6,162,388.	5,851,869.
Pa	ırt II	Signature Block		···
Unde	er penal	ties of perjury, declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.	
		1 outland	11/15	1/3
Sigr	,	Signature of office	Date	
Her	- 1	NOBERT WALLACE, TREASURER		
	Ĭ	Type or print name and title		
		Print/Type preparer's name Perparer's signature	Date Check	PTIN
Paid		STEPHANIE J CATASCA, CPA	self-employ	P00003026
Prep		Firm's name ATKINSON & CO., LTD.	Firm's EIN	85-0211867
Use	_ L	Firm's address P.O. BOX 25246	LIIII 2 LIIV	<u> </u>
USE	J.11.y	ALBUQUERQUE, NM 87125	Phone no. 5	05-843-6492
	. Alb. c. 177		THIOHEHO. 3	
		S discuss this return with the preparer shown above? (see instructions)		X Yes No Form 990 (2012)
23200	01 12-10	LHA For Paperwork Reduction Act Notice, see the separate instructions.		rom 330 (2012)

	1990 (2012) NEW MEXICO BOYS AND GIRLS RANCHES, INC. 85-0125610 Page	<u> 2</u>
Par	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	A NON-PROFIT ORGANIZATION THAT OPERATES MULTI-DENOMINATIONAL CHRISTIAN	
	HOMES FOR CHILDREN FROM TROUBLED BACKGROUNDS, AND PROVIDES SERVICES	
	FOR STRUGGLING CHILDREN. SEE ATTACHMENT REGARDING PROGRAM INFORMATION.	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	d۸
	If "Yes," describe these new services on Schedule O.	••
_		
3		40
	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 \$2, 236, 036. including grants of \$) (Revenue \$)	_)
	CARE OF CHILDREN, HOUSING, RECREATION, WORK THERAPY, AND EDUCATION WERE	<u>E</u>
	PROVIDED BY NEW MEXICO BOYS AND GIRLS RANCHES, INC.	
	The state of the s	
4b	(Code) (Expenses \$240 , 377 . including grants of \$) (Revenue \$26 , 666	<u>.</u>)
4b	(Code) (Expenses \$ 240,377. including grants of \$) (Revenue \$ 26,666 FOSTER CARE, ADOPTION SERVICES AND COUNSELING FOR FAMILIES, CHILDREN	<u>•</u>)
4b		<u>•</u>)
4b	FOSTER CARE, ADOPTION SERVICES AND COUNSELING FOR FAMILIES, CHILDREN	<u>•</u>)
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4b	FOSTER CARE, ADOPTION SERVICES AND COUNSELING FOR FAMILIES, CHILDREN AND UNWED MOTHERS WERE PROVIDED BY FAMILIES FOR CHILDREN.	
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Form 990 (2012) NEW MEXICO B
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)?		7,	
_	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		X
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	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			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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_	<u> </u>
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		Ť.	
	as applicable	- 12	aê X	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			₩.
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	444	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Λ	x
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated infancial statements for the tax year include a roomote 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		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		<u> X</u>
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		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			٠,,
	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	40		v
40	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		Х
20-2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	(2012)

Form **990** (2012)

36

37

Х

X

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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

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

If "Yes," complete Schedule R, Part V, line 2

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

Form 990 (2012) NEW MEXICO BOYS AND GIRLS RANCHES, INC. 85-0125610

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			<u> </u>
	_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 27			l
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		;	ļ
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			l
	filed for the calendar year ending with or within the year covered by this return 2a 56	1		l
b		2b	Х	
3а		3a	\longrightarrow	X
b		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	j		
		4a		X
þ	If "Yes," enter the name of the foreign country:	3	*	
_		1	ž	المُ المدرد ح ت
5a		5a		X
þ		5b		
C	, , , , , , , , , , , , , , , , , , ,	<u>5c</u>		
ьа	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?	6-	-	Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
D		6ь		
7	Organizations that may receive deductible contributions under section 170(c)	7		, ,
, a		7a		X
b		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	۲ . ž. :		
е	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	N/	
h		7h	N/	
8			*	®
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
a	· F	9a	\longrightarrow	
b		9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			l.
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	* '		ĺ
11	Section 501(c)(12) organizations. Enter:	ľ	ľ	
	Gross income from members or shareholders N/A 11a	l		
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
_	amounts due or received from them.)	1		
12a		12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		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	1	- 1	
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	\longrightarrow	\longrightarrow	- -
		14a	\longrightarrow	_ <u>X</u>
b		14b	990 (
		Form	4411/	こっいもつり

232005 12-10-12

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

	Check if Schedule O contains a response to any question in this Part VI		· · · · · · · · · · · · · · · · · · ·			X
Sec	tion 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	1a		<u>9</u>		
	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.					;
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	p 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 th	e direc	t supervision			ŀ
	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 9	990 wa	s filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X_
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:	1	,	4
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	it the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters	s, 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 bod	y befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•	J		y	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	Sat
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approve	al by in	dependent	- F	· .	* 1
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	•		*	į
а	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 arranger	ment w	ith a			
-	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion 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 990-1	(Secti	on 501(c)(3)s only)	avaılab	le	
-	for public inspection. Indicate how you made these available. Check all that apply		. , , , =,			
	Own website Another's website X Upon request Other (explain	ın Sch	edule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co			nd finar	ncial	
-	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 at	nd reco	ords of the organiz	ation:	•	
	ROBERT WALLACE - 505-881-3363	550				
	6209 HENDRIX NE, ALBUQUERQUE, NM 87110			··· ·	_	
23200				Form	990	(2012)

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

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

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

(A) Name and Title	(B) Average hours per	box,	not ch unles er and	rson ı	than e s boti	h an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MICHAEL A ROMERO	2.00			v				0.	0.	0.
CHAIRMAN	2.00	X		X				0.	<u> </u>	0.
(2) WARREN BAUR	2.00	v		v				0.	0.	0.
VICE CHAIRMAN	2.00	Х	\dashv	X				0.		0.
(3) WYNONA DAVIS	2.00	х		х				0.	0.	0.
SECRETARY	30.00	Λ		Δ				U •	0.	0.
(4) MICHAEL H KULL	30.00	х		х				92,736.	10,304.	4,755.
PRESIDENT	2.00	Λ	\dashv	Λ				92,130.	10,304.	4,755.
(5) LEO MENDOZA	2.00	х						0.	0.	0.
DIRECTOR	2.00	Λ						0.	0.	0.
(6) JON BARELA	2.00	x						0.	0.	0.
DIRECTOR	2.00	Λ							0.	
(7) LINDA YATES	2.00	x						0.	0.	0.
DIRECTOR (8) DR JACOB MOBERLY	2.00	1					 	· · · · · · · · · · · · · · · · · · ·		
DIRECTOR	2.00	x						0.	0.	0.
(9) RICK AKINS	2.00									
DIRECTOR		x						0.	0.	0.
(10) ROBERT WALLACE	30.00									
TREAS/PRES OF FOUNDATION				Х				65,963.	28,270.	9,434.
(11) NIKKI KULL	40.00									
EXEC VICE PRESIDENT/COO				Х				96,995.	0.	5,141.
(12) HEATH KULL	40.00									
VICE PRESIDENT				Х				76,667.	0.	5,186.
(13) MICHELLE KULL	40.00									
VICE PRESIDENT				X				58,910.	0.	5,115.
(14) SHARON SOLLARS	40.00									
VICE PRESIDENT				X		<u> </u>	<u> </u>	53,680.	0.	6,815.
(15) GARY WHITE	40.00									
ASSOCIATE VICE PRESIDENT		-		X				59,996.	0.	11,146.
							-			
232007 12-10-12		<u></u>					<u> </u>			Form 990 (2012

Part VIII a										123010	Page o
Part VII Section A. Officers, Directors, Trus		ploy	ees		<u>d Hı</u> C)	ghe	st C				(E)
. (A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both a officer and a director/trustee					h an	(D) Reportable compensation from	(E) Reportable compensation from related	on am	(F) stimated nount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mis	SC) front	pensation om the anization d related anizations
	iiiie)	Ĕ	Ĕ	₹	X	ž	8				
						_			_		
											-
				ļ							
		_									
						L	L				
1b Sub-total c Total from continuation sheets to Part VI	I, Section A				•	>		504,947.	38,5	$\begin{array}{c c} 74. & 4 \\ \hline 0. & \end{array}$	<u>7,592.</u> 0.
d Total (add lines 1b and 1c)	•					>		504,947.	38,5	74. 4	7,592.
Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wl	no re	eceived more than \$100	0,000 of reportab	le	0
3 Did the organization list any former officer,			e, ke	y er	nplo	yee.	, or l	highest compensated e	mployee on	,_	Yes No
Inne 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportab	le co							the organization	3	X
 and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com 	accrue compe	nsat	ion f	rom	any	unr unr			idual for services	<u>4</u> <u>5</u>	X * * * * * * * * * * * * * * * * * * *
Section B. Independent Contractors											
 Complete this table for your five highest co the organization. Report compensation for 										npensation t	rom
(A)	tric carcinati y	oui (01101	<u>g</u> . •	,,,,,	0		(B)		(0	
Name and business							\dashv	Description of s	services	Compe	nsation
PHILADELPHIA INSURANCE CO P.O. BOX 70251, PHILADELI		A :	19:	176	5			INSURANCE		17	1,523.
NMHIA P.O. BOX 5095, SANTA FE,	NM 875	02						HEALTH INSUR	ANCE	17	0,913.
							-	· · · · · · · · · · · · · · · · · · ·	·····		
							-				
2 Total number of independent contractors (i	ncluding but n	ot lu	mıte	d to	tho	se li:	sted	I above) who received m	nore than		

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\$100,000 of compensation from the organization

Total revenue Redicted arrespond Permitted arrespond Permi	L	•	Check if Schedule O cont	tains a response	to any question	in this Part VIII			
2 a AGRICULTURAL PROGRAMS 624100 28,784 28,784 28,784 110000 26,666		· · ·	5,105,1,1,25,1,04,1,0	u 183 5 0.188	, 4555	(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under
2 a AGRICULTURAL PROGRAMS 624100 28,784 28,784 28,784 110000 26,666	ıts ıts	1 a	Federated campaigns	. 1a					
2 a AGRICULTURAL PROGRAMS 624100 28,784 28,784 28,784 110000 26,666	irar	b	Membership dues	1b					
2 a AGRICULTURAL PROGRAMS 624100 28,784 28,784 28,784 110000 26,666	ğ,	С	Fundraising events	1c					ļ
2 a AGRICULTURAL PROGRAMS 624100 28,784 28,784 28,784 110000 26,666	i i		•		656,695.	1		`	
2 a AGRICULTURAL PROGRAMS 624100 28,784 28,784 28,784 110000 26,666	a,e		•			1			
2 a AGRICULTURAL PROGRAMS 624100 28,784 28,784 28,784 110000 26,666	ë S			· —		1			
2 a AGRICULTURAL PROGRAMS 624100 28,784 28,784 28,784 110000 26,666	er et	•			5.630.	^			* * ,
2 a AGRICULTURAL PROGRAMS 624100 28,784 28,784 28,784 28,784 110000 26,666	₽ E	~			3,030.	1 \$			*
2 a AGRICULTURAL PROGRAMS 624100 28,784 28,784 28,784 110000 26,666	SE	_		s ia- ii \$		2 662 325.	*	* *	· · · · ·
2 a AGRICULTURAL PROGRAMS 2 b CHILD CARE/ADOPTION 110000 26,666. 26,666. 4 All other program service revenue 4 Total. Add lines 2a21 3 Investment noome (including dividends, interest, and other similar amounts). 5,425. 5,425. 5,425. 5,425. 5,425. 5,425. 6 A Gross rents 6 A Gross rents 10, Real (ii) Personal 32,087. 10, Real (ii) Personal 32,087. 10, Securities (iii) Other assets other than inventory 10, Less: cost or other basis and sales expenses 10, Securities (iii) Other assets other than inventory 10, Less: cost or other basis and sales expenses 10, Securities (iii) Other assets other than inventory 11, Less amount from sales of assets other than inventory 12, Less: cost or other basis and sales expenses 264,582. 8, 187. 12, 455. 31,059. 43,514. 43,514. 43,514. 43,514. 43,514. 43,514. 54,514. 55,880. 15,880. 15,880. 15,880. 15,880. 15,880. 15,880. 15,880. 15,880. 15,880. 15,880. 16,880. 15,880. 15,880. 15,880. 15,880. 15,880. 16,880. 16,880. 17,880.	-		Total. Add miles Ta 11		T		. ,	. »	·\$/.
Description Color	0	2 a	AGRICULTURAL PE	ROGRAMS			28.784.	haar	
Total, Add lines 282f	ķ						26.666.	<u>-</u> <u></u>	
Total, Add lines 282f	Ser		<u> </u>						
Total, Add lines 282f	E S								
Total, Add lines 282f	Pg	-	-		-				
Second S	P		All other program service reve	enue					
3 Investment income (including dividends, interest, and other similar amounts) 5,425. 5,425. 5,425. 6 1 1 1 1 1 1 1 1 1			. •		<u> </u>	55.450.		1 . 1	
other similar amounts).				dividends intere	 	33,233			
1		•		, aa.,	>	5.425.	1		5.425.
Secondary Seco		4		· · x-exempt bond r	roceeds -	7			·
(i) Real (ii) Personal 32,087		-		oxompt bond p		526,203.		-	526.203.
8 a Gross rents b Less: rental expenses c Rental income or (loss) d Net gain or (lo		•	noyanics .	(i) Real	(ii) Personal		à	, 3	220,203.
b Less: rental expenses		6 2	Gross rents		(ii) i cidoriai	1		***	1 3
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The color of th	Į					·	" ' ! ' ";		
Table Service			· · ·	32,007	<u> </u>	32.087.		x	
assets other than inventory b Less: cost or other basis and sales expenses 264,582. 8,187. c Gain or (loss) 12,455. 31,059. d Net gain or (loss) 43,514. 43,51	- 1		, ,	(i) Securities			1 · · · · · · · · · · · · · · · · ·	** * ** * * * * * * * * * * * * * * * *	V
b Less: cost or other basis and sales expenses 264,582. 8,187. c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER REVENUE 9 000099 15,880. 15,880. 23800	ŀ	, a				.	,	,	· **
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C Gain or (loss) 12,455. 31,059. 43,514		D		264 582.	8 187			w. ' ss	
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8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER REVENUE 900099 15,880. 15,880. 15,880. 15,880. 10,000,000,000,000,000,000,000,000,000			, , , , , , , , , , , , , , , , , , , ,	12,133.				- 26	43 514
including \$ of contributions reported on line 1c). See Part IV, line 18			- · · · · ·	na events (not		*	*	7	3 3
contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER REVENUE 900099 15,880. 15,880. 15,880. 232009 Total revenue. See instructions. 3,340,884. 55,450. 0.623,109.	3	0 4		=					%. y
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Miscellaneous Revenue Business Code 11 a OTHER REVENUE 900099 15,880. b 15,880. c 4 All other revenue e Total. Add lines 11a-11d ▶ 15,880. 12 Total revenue. See instructions. ▶ 3,340,884. 55,450. 0.623,109.	1		·-						
11 a OTHER REVENUE 900099 15,880. 15,880. b c d All other revenue e Total. Add lines 11a-11d	ŀ				Business Code				
b	ł	11 ~				15.880.			15.880
c d All other revenue e Total. Add lines 11a-11d ► 15,880. 12 Total revenue. See instructions. ► 3,340,884. 55,450. 0.623,109.	ļ						<u> </u>		
d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. ⇒ 15,880. ⇒ 3,340,884. 55,450. 0.623,109.			,			<u> </u>		 	
e Total. Add lines 11a-11d 12 Total revenue. See instructions. 13 Total revenue. See instructions. 14 Total revenue. See instructions. 15 , 880. 16 3 , 340 , 884. 17 Total revenue. See instructions. 18 Total revenue. See instructions. 19 Total revenue. See instructions.		-	All other revenue						
12 Total revenue. See instructions. ► 3,340,884. 55,450. 0.623,109.						15 880			
232009 Form 900 (2012)					•			n	623 109
	232009	9				/ / 0 0 1 0	, 22,220.		Form 990 (2012)

Section \$01(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 (B) Program service (C) Management and general expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 443,353. 105,880 549,233. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 992,959 910,424. 82,535 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 205,461 185,694. 19.767 Other employee benefits 97.369. 14,328 111,697. 10 Payroll taxes Fees for services (non-employees): Management 140,761. 140,761 Legal 16,473 16,473 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 55,841. 52,562 3,279 column (A) amount, list line 11g expenses on Sch O.) 3,638. 3,638. Advertising and promotion 12 137,528 7,600 129,928 Office expenses 13 Information technology 14 Royalties 15 26,797 456,095. 429,298. Occupancy 16 87,684. 78,961 8,723. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 433,873. 415,285. 18,588. 22 Depreciation, depletion, and amortization 192,925. 190,642. 2,283. 23 Other expenses, Itemize expenses not covered 24 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.) 122,412. 122,412. GROCERIES/HOUSEHOLD 76,743. 35,688 41,055. TRAINING/RECRUITMENT PROGRAM ACTIVITIES 34,285. 34,285 22,116. 22,116. d RECREATION 483. 483 e All other expenses 3,314,739. 3,640,207. 325,468 0. Total functional expenses. Add lines 1 through 24e 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)

Pa	rt 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
_	1	Cash - non-interest-bearing	222,787.	1	214,027
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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		3	, , , , , , , , , , , , , , , , , , ,
		employers and sponsoring organizations of section 501(c)(9) voluntary	*		
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	2,100.	7	2,650.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	20,200.	9	14,708.
	10a	Land, buildings, and equipment, cost or other		* (\$-	
			lille cartil	22	MAGNE AND
	b	Less: accumulated depreciation 10b 5,193,767.	2,391,701.	10c	2,344,219.
	11	Investments - publicly traded securities .	555,112.	11	284,305.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,063,521.	15	3,063,521
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,255,421.	16	5,923,430
	17	Accounts payable and accrued expenses	93,033.	17	71,561.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities .		20	
S S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,	v ,	٠	
Liabilities		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		ļ	
		Schedule D		25	

5,923,430. Form **990** (2012)

5,851,869.

,561

4,190,869.

1,661,000

Net Assets or Fund Balances

27

29

30

31

32

33

93,033

4,501,388.

1,661,000.

6,162,388

6,255,421

26

27

28

29

30

31

32

33

34

Total liabilities. Add lines 17 through 25

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that follow SFAS 117 (ASC 958), check here

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958), check here

complete lines 27 through 29, and lines 33 and 34.

	990 (2012) NEW MEXICO BOYS AND GIRLS RANCHES, INC.	85-	<u>0125610</u>	<u>Pa</u>	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,34	0.8	84.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,64		
3	Revenue less expenses Subtract line 2 from line 1	3			23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,16		
5	Net unrealized gains (losses) on investments	5			96.
6	Donated services and use of facilities	6		_,_	
7	Investment expenses	7			
8	Prior period adjustments	8			-
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,85	1,8	69.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				\mathbf{x}
1	Accounting method used to prepare the Form 990		· · · · · · · · · · · · · · · · · · ·	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		<u>.</u> ;.	الد خا
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 reviewe	d on a	;	12.7	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				الله نذا
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,	0 . 4	*	1
	consolidated basis, or both:		1988		
	Separate basis X Consolidated basis Both consolidated and separate basis			HZ d	\%\>\\
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		2	لتثثثا
	review, or compilation of its financial statements and selection of an independent accountant?		2c_	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			*	1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud		~	لسيد ا
	Act and OMB Circular A-133?		3a	ļ	<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred aud	ıt	l	1

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

232012 12-10-12 Form 990 (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Inspection

Name of the organization

Employer identification number

				ICO BOYS AND				INC.		8	<u>5-0125</u>	<u> </u>	
Part	H	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t) See inst	tructions				
The or	ganı	zation is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox)					
1 [A church, co	nvention of churches	s, or association of church	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2 [A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)	1							
3 [A hospital or	a cooperative hospi	tal service organization of	described	In section	170(b)(1)	(A)(iri).					
4	\exists	•	-	operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital	's nam	ıe,
• •-		city, and stat		,		•				•	•		
5 [\neg	-		benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describ	ed in		
J _		-	(b)(1)(A)(iv). (Comple		, -			- 3					
ا ء	<u>-</u>			ent or governmental unit	t describe	d in sactio	n 170/h)/:	11/41/51					
6 L 7 [\mathbf{x}	•		eives a substantial part					or from the	general	oublic desc	ribad i	n
, L	لم		•	•	oi ita aupt	Jort Hom a	governin	inai uiii C	n iioiii tiie	general	public desc	iibea i	.,
٦٢	\neg		(b)(1)(A)(vi). (Comple		(Complete	Dort II \							
8	=	•		section 170(b)(1)(A)(vi).						- f	nd araaa ra		£
9 L		_		eives. (1) more than 33 1									
			•	nctions - subject to certa									
				axable income (less sect	tion 511 ta	ix) from bu	sinesses a	acquired b	y tne orga	nization	aπer June 3	197	5.
r	_		509(a)(2). (Complete										
10	=	•	•	perated exclusively to te	-	-			-			_	
11 L		-	_	perated exclusively for the									or
			· · · · · · · · · · · · · · · · · · ·	ations described in section				2). See se o	ction 509(a	a)(3). Ch	eck the box	that	
			· · · · · · · · · · · · · · · · · · ·	organization and comple		_							
_		a Type		•		inctionally i	_				n-functional	•	-
e			-	at the organization is not									n
		foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	itions des	cribed in s	ection 509	9(a)(1) or	section 509)(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganızation, check th	nis box									<u> </u>
g		Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?			
		(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	jether with	persons o	described	ın (ıı) and (ııı) below	',	Yes	No
		the gov	erning body of the si	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?	ı						11g(ii)	ļ	
		(iii) A 35%	controlled entity of a	person described in (i) o	or (II) abov	e?					11g(iii)		
h		Provide the f	following information	about the supported org	ganızatıon	(s).							
- (i) N	ame	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did yo	u notify the	(vi) ls	the	(vii) Amoun	t of mo	netarv
(1)		inization	(", "."	(described on lines 1-9		sted in your		tion in col.	organization (i) organiz	on in col. ed in the	1 ' '	port	
	3-			above or IRC section	governing	document?	(i) of you	r support?	U.S	.?		•	
				(see instructions))	Yes	No	Yes	No	Yes	No			
						1							
					<u> </u>			Ì					-
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			_						<u> </u>	<u> </u>			
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			-			 	 	 		 	 		
T													
Total			4			<u> </u>	L	I	Calcada	- A /F-		V	0040
LHAF	or P	aperwork Re	eauction Act Notice	, see the Instructions f	Uľ				Scriedul	e A (FOI	m 990 or 99	7U-EZ)	2012

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990 EZ) 2012 NEW MEXICO BOYS AND GIRLS RANCHES, INC. 85-0125610 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)

Sec	ction A. Public Support						
Cale	ndar 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 ")	3254415.	3329477.	3013707.	2351634.	2662325.	14611558.
2	Tax revenues levied for the organ-						-
	ization's benefit and either paid to			!			
	or expended on its behalf						
3	The value of services or facilities	_					-
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3254415.	3329477.	3013707.	2351634.	2662325.	14611558.
5	The portion of total contributions				13 ° 4		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				· \$ · \$ · \$ · \$ · \$ · \$	1 4 9 1 0 1 1 1 1	
	on line 1 that exceeds 2% of the		, , , , , , , , , , , , , , , , , , ,		(1) + 1 + 1 (1)		
	amount shown on line 11,						
	column (f)		* *		*** ***********		
	Public support. Subtract line 5 from line 4		15 4 18		tor a service		<u>14611558.</u>
Se	ction B. Total Support				<u> </u>		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	3254415.	3329477.	3013707.	2351634.	2662325.	<u>14611558.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	329,558.	471,407.	410,447.	642,011.	563,715.	2417138.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						<u> </u>
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	J			, ,	· *	
	Total support. Add lines 7 through 10			L	<u> </u>		17028696.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	•	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
80.	organization, check this box and stop		rcontago		· · · · · · · · · · · · · · · · · · ·		
	ction C. Computation of Publ						0E 01 o/
	Public support percentage for 2012 (I			column (f))		14	85.81 %
	Public support percentage from 2011			- lune 10 mad lune :	14 00 1/00/	15	83.24 %
16a	33 1/3% support test - 2012. If the c	•			14 IS 33 1/3% OF II	nore, check this bo	x and ►X
	stop here. The organization qualifies 33 1/3% support test - 2011. If the organization are support test - 2011.				lung 15 to 22 1/20/	or more abook th	
					III 13 15 33 17370	or more, check to	IIS DOX
. -	and stop here. The organization qual				12 162 or 16b	and line 14 is 10%	or more
1/a	10% -facts-and-circumstances test and if the organization meets the "fac						
	meets the "facts-and-circumstances"					it iv now the organ	IIZALIOII
1	neets the facts-and-circumstances tes					17a and line 15 is	10% or
D	more, and if the organization meets the						
	organization meets the "facts-and-circ						<i>`</i> ▶ □
12	Private foundation. If the organization						, [
10	Fire organization.	did flot chicol a	20X 011 IIII 0 10, 10	<u>_, .00, .70, 01 17 </u>			or 990-EZ) 2012
						,	,

232022 12-04-12

Schedule A (Form 990 or 990-EZ) 2012 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
gualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar 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.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus- iness under section 513						
А	Tax revenues levied for the organ		·				
4	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				 		
ə	furnished by a governmental unit to						
	the organization without charge		1	[
c					1		
	Total. Add lines 1 through 5	<u> </u>			+		
72	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŧ	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						
	Add lines 7a and 7b				Ţ <u>.</u>		
	Public support (Subtract line 7c from line 6)		34 5. :	₹ \$ * % _ ~ /	1. 1.1.1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4		
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6		1				
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		:				
11	Add lines 10a and 10b 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						
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)					İ .	
	First five years. If the Form 990 is fo	r the organization'	s first, second. thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organiz	zation,
•	check this box and stop here	9	. , ,	, , , , , , , , , , , , , , , , , , , ,	,	(),-,-,-,-,-	▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				<u> </u>
	Public support percentage for 2012 (column (fl)		15	%
	Public support percentage from 2011					16	%
	ction D. Computation of Inve					<u>,</u>	
	Investment income percentage for 20					17	%
	Investment income percentage from			10, 00.01111 (1))		18	/
	a 33 1/3% support tests - 2012. If the			on line 14, and lin	ie 15 is more than		
198	more than 33 1/3%, check this box a						
	more than 33 1/3%, check this box a 33 1/3% support tests - 2011. If the						and
ı	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	Frivate foundation. If the organization	ni dia noi check a	DOX OF HIE 14, 13	a, or rob, check i			0 or 990-EZ) 2012

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

NEW MEXICO BOYS AND GIRLS RANCHES, 85-0125610 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. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? 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? Part II - Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? 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

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

Schedule D (Form 990) 2012

Assets included in Form 990, Part X

	dule D (Form 990) 2012 NEW MEX	ICO BOYS AL							Page 2
3	Using the organization's acquisition, accessi								
_	(check all that apply).	,	•	J		J			
а	Public exhibition	d	Loan or exc	hange progra	ams				
b	Scholarly research	e	Other	g- pg					
c	Preservation for future generations	ŭ							
4	Provide a description of the organization's co	ollections and explain	how they further the	he organizati	nn's eve	mot purp	nse in Par	t XIII	
5	During the year, did the organization solicit o						000 1111 01	. 73111	
,	to be sold to raise funds rather than to be ma		•		or on ma	433013		Yes	☐ No
Par	t IV Escrow and Custodial Arran				'Yes" to	Form 990	Part IV	-	
<u> </u>	reported an amount on Form 990, Pai	•	ite ii tile organizatio	ii aliswered	103 10	7 01111 000	,, r wre re,		
12	Is the organization an agent, trustee, custod		ary for contribution	s or other as	sets not	ıncluded	-		
ıa	on Form 990, Part X?	ian or other intermed	iary for continuation	.5 01 011101 45	30131101	moladea		Yes	□ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:	•				03	,,
b	ii res, explain the arrangement in rait Alli	and complete the for	lowing table.					Amount	
_	Reginaling halance					10		- Autourit	
	Additions during the year					1c			
	Additions during the year					1d			
	Distributions during the year		•			1e			
f	Ending balance					. <u>1f</u>		7.,	
	Did the organization include an amount on Fo							」Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete			Í				T	
		(a) Current year	(b) Prior year	(c) Two year					years back
1a	Beginning of year balance	6,622,305.	6,720,687.	5,870	243.	5,5	346,382.	7.	124,083.
b	Contributions	365,149,	42,325.	672	2,005.		72,400.		<u>229,321.</u>
С	Net investment earnings, gains, and losses	<776,225.	<120,565.	> 315	5.814.		198,610.	<1,	<u>787,293.</u> >
d	Grants or scholarships					·			
е	Other expenditures for facilities								
	and programs	1,551,104.	4,636.	126	5,513.		45,530.		
f	Administrative expenses	14,258.	15,506.	10	3,862.		1,619.		19,729.
g	End of year balance	4,645,867.	6,622,305.	6,720	0,687.	5,8	370,243.	5	546,382.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 100.00	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administe	red for t	he organı	zation		
	by								Yes No_
	(i) unrelated organizations							3a(ı)	X_
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b	Х
4	Describe in Part XIII the intended uses of the	· ·							
	t VI Land, Buildings, and Equipm								
Ь	Description of property	(a) Cost or of		or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investr		(other)		preciation	I .	()	
12	Land	 	· ·	5,434.				605	5,434.
	Buildings			8,945.	2.	839,7	69.		9,176.
	Leasehold improvements					 , , ,			
	Equipment	-	2.78	3,607.	2	353,9	98.	429	9,609.
	Other					, _			
	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B), line 1	10(c).)			>	2,344	1,219.

	<u>BOYS AND GIR</u>		2. 85-0125610 Page 3
Part VII Investments - Other Securities. Se			
(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		<u> </u>	·
(A)			
(B)			
(C)			
(D)			<u> </u>
(E)			
(F)			<u></u>
(G)			
(H)		 	
(1)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. So (a) Description of investment type			: Cost or end-of-year market value
	(b) Book value	(c) Method of Valuation	. Cost or end-or-year market value
(1)			
(2)			
(3)			<u>.</u>
(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	>	<u> </u>
	Description		(b) Book value
(1) OTHER PROPERTY, NET			1,661,000.
(2) PROPERTY HELD FOR SALE			1,402,521.
(3)	<u>.</u>		2/102/0210
(4)	· · · · · · · · · · · · · · · · · · ·		
(5)			
(6)			
(7)			
(8)	· 		
(9)		.	
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		▶ 3,063,521.
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)			
(8)			
(9)			
(10)	-		
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin			
2. FIN 48 (ASC 740) Footnote in Part XIII, provide the te			(

Sche	dule D (Form 990) 2012 NEW MEXICO BOYS AND GIRLS RANCHE	S, INC.	85-0	0125610	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statements With	Revenue per R	eturn	1	
1	Total revenue, gains, and other support per audited financial statements		1	2,834	<u>,529.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	<11,196.	>		
b	Donated services and use of facilities 2b				
С	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII)	2,161,536.			
е	Add lines 2a through 2d		2e	2,150	,340.
3	Subtract line 2e from line 1		3	684	<u>,189.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII)	<u>2,656,695.</u>			
С	Add lines 4a and 4b		4c	2,656	<u>,695.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,340	<u>,884.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With	Expenses per	Retu		
1	Total expenses and losses per audited financial statements		1	4,360	<u>,394.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII)	720,187.	2		
е	Add lines 2a through 2d		2e		<u>,187.</u>
3	Subtract line 2e from line 1		3	3,640	<u>,207.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3 3		
а	Investment expenses not included on Form 990, Part VIII, line 7b		. s. 🐐		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	3,640	<u>,207.</u>
Pa	rt XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ai	nd 4; Part IV, lines 11	b and 2	2b; Part V, line	4; Part
X, lın	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional informati	ion		
PAI	RT V, LINE 4: THE ENDOWMENT FUNDS ARE HELD BY TH	<u>EIR RELATE</u>	D		
ORG	GANIZATION THE NEW MEXICO BOYS & GIRLS RANCH FOU	NDATION, 8	<u>5-0:</u>	<u>328251.</u>	THE
ENI	DOWMENT FUNDS ARE USED TO PROVIDE SCHOLARSHIPS T	<u>O CHILDREN</u>	TO	ENABLE	
THI	EM TO ATTEND THE RANCHES AND TO SUPPORT THE PROG	RAM ACTIVI	TIE	S OF TH	<u>E</u>
<u>RAI</u>	NCHES. THIS YEAR, \$2,800,000 OF THE ENDOWMENTS W	ERE ALLOCA	TED	FOR	
SCI	HOLARSHIPS.			. 	

PART X, LINE 2: THE ORGANIZATION APPLIES THE PROVISIONS OF FINANCIAL

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 NEW MEXICO BOYS AND GIRLS RANCHES, INC. 85-0125610 Page 5 Part XIII Supplemental Information (continued)
ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC)
740, INCOME TAXES. FASB ASC 740 PROVIDES DETAILED GUIDANCE FOR THE
FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN
TAX POSITIONS IN AN ENTERPRISE'S FINANCIAL STATEMENTS. INCOME TAX
POSITIONS MUST MEET A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD TO BE
RECOGNIZED. THE ORGANIZATION'S POLICY IS TO CLASSIFY INCOME TAX PENALTIES
AND INTEREST AS MISCELLANEOUS EXPENSE. DURING THE YEARS ENDED JUNE 30,
2013 AND 2012, THE ORGANIZATION RECOGNIZED NO INCOME TAX PENALTIES. AS OF
JUNE 30, 2013 AND 2012, MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS
ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT
RECOGNITION, MEASUREMENT, OR DISCLOSURE UNDER FASB ASC 740.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
NEW MEXICO BOYS AND GIRLS RANCH FOUNDATION 2,161,536.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
DONATION FROM NEW MEXICO BOYS AND GIRLS RANCH FOUNDATION 2,656,695.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
NEW MEXICO BOYS AND GIRLS RANCH FOUNDATION 720,187.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

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

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

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2012 Open to Public Inspection OMB No 1545-0047

Employer identification number

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990. Name of the organization

	NEW MEXICO BOYS	S AND GIRLS RANCHES, INC.	, INC.			85-0125610
Part I	Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)	e if the organization answered "Yes" to	5 Form 990, Part IV, line 33			
	(a) Name address and FIN (flannicable)	(b) Primary activity	(c) (c) legal domicile (state or	(d) Total income	(e) End-of-vear assets	(f) Direct controll
	of disregarded entity		foreign country)			entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

(g)	controlled	entity?	No			×	 				
)	Section	eu	Yes								
£	Direct controlling	entity									
(e)		status (if section	501(c)(3))			509(A)(3)					
<u>©</u>	Exempt Code	section				501(C)(3)					
(2)	Legal domicile (state or	foreign country)				NEW MEXICO					
(q)	Primary activity			FUNDRAISING & INVESTMENT	MANAGEMENT FOR NEW MEXICO	BOYS AND GIRLS RANCHES					
(a)	Name, address, and EIN	of related organization		NEW MEXICO BOYS AND GIRLS RANCH FOUNDATION - FUNDRAISING &	85-0328251, 6209 HENDRIX NE, ALBUQUERQUE, NM MANAGEMENT FOR	87110					

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

Schedule R (Form 990) 2012

85-0125610 Page 2

Schedule R (Form 990) 2012 NEW MEXICO BOYS AND GIRLS RANCHES, INC.

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

General or Percentage managing ownership Yes No			more related	And the section section 512(0) Section 512(0)(13) Controlled entity?			
UBI General or managing ledule Yes No			had one or	(h) Percentage ownership			
(i) Code V:UBI amount in box 20 of Schedule K:1 (Form 1065)	1	 	4 because it	(g) Share of end-of-year assets			
(h) Disproportionate allocations?		 	art IV, line 3.	(f) Share of total income			 _
(g) Share of end-of-year assets			orm 990, P	Share o			
		-	 ed "Yes" to F	(e) Type of entity (C corp., S corp, or trust)			
(f) Share of total income		· · · · · · · · · · · · · · · · · · ·	ation answer	ntrolling (C			-
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			the organize	(d) Direct controlling entity			
			Complete If	(C) Legal domicile (state or foreign country)			
(d) Direct controlling entity			oration or Trust (((b) Primary activity			
(c) Legal domicile (state or foreign			as a Corpoing the tax y	Prim			
(b) Primary activity			janizations Taxable poration or trust duri	Z.			
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

				-	⊢	1
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	:		<u> </u>	<u>*</u>	Yes	0
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rel	ated organizations listed l	n Parts II-IV?		\ \	١.
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				L	×	ار
 b Gift, grant, or capital contribution to related organization(s) 				1	×	J.
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan guarantees to or for related organization(s)				10	×	
				1	>	
e Loans of loan guarantees by related organization(s)				<u>e</u>	۲	ام
f Dividends from related organization(s)				=	×	ال
g Sale of assets to related organization(s)				19	×	M
				÷	×	ا ا
						١,
 Exchange of assets with related organization(s) 				=	4	اد
j Lease of facilities, equipment, or other assets to related organization(s)				į-	×	
				;		
K Lease of Iacilities, equipment, of other assets from related organization(s)	:			¥	(:	ا،
 Performance of services or membership or fundraising solicitations for related organization(s) 	ızatıon(s)			=	×	ال
m Performance of services or membership or fundraising solicitations by related organization(s)	ızatıon(s)			T E	X	u
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1	×	L.
Sharing of paid employees with related organization(s)				5	×	ا ـ
				2	-	4
					->	
				2	< :	. ار
 Reimbursement paid by related organization(s) for expenses 				ş	*	ال
				-		
 Other transfer of cash or property to related organization(s) 				÷	\times	
s Other transfer of cash or property from related organization(s)				15	×	<u> </u>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	no must complete th	s line, including covered r	elationships and transaction thresholds			
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	volved		
NEW MEXICO BOYS AND CIRIS BANCH FOUNDATION						
	ŭ	2,656,695.FMV	·ΜV			
(2)						
(6)						
(4)						
(5)						
(9)						
232163 12-10-12	28		Schedule R (Form 990) 2012	R (Form 9	90) 20.	12

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

נוומן שמא ווטן מ ופומנפט טוטמוווגמווטון ספר וואווטניוטוא ופטמוטוווט פאנומון שני אינו אינו אינו אינו אינו אינו אינו אי	silucions regarding excid				;				:	
(a)	(Q)		(p)	= = = = = = =	E ;	(6)	<u>E</u>	3	3	(X)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501	partners sec 501(c)(3) ords?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Uspropor- Code V-UBI General or Percentage librate amount in box 20 managing ownership allocations?	General o managing partner?	Percentage
		country)	under section 512-514) yes	Yes No	псоте	assets	Yes No	(Form 1065)	Yes No	
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Schedule R	(Form 990) 2012	<u>NEW</u>	<u>MEXICO</u>	<u>BOYS</u>	AND	<u>GIRLS</u>	<u>RANCHES,</u>	<u>INC.</u>	<u>85-012561</u>	0 Page 5
Part VII	Supplemental Inf	ormation	1							
•	Complete this part to p			ition for res	sponses	to questions	s on Schedule R (see instruc	ctions)	
	·								······································	
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2012-13 Service Statistics

The following numbers detail our programs and services for struggling children and their families. But the real measure of our success lies with the children these statistics represent – boys and girls whose lives were changed through the generosity of those who share our mission.

Boys & Girls Ranch							
Number of Residents	41						
Female Residents	19						
Male Residents	22						
Residents in On-Campus School	41						
Average Age	15						
Average Time in Program (days)	285						
Number of Inquiries for Placement	282						
Mountain Vista Ranch							
Number of Residents	19						
Average Age	20						
Average Time in Program (days)	109						
Number of Inquiries for Placement	67						
Families For Children							
Children Placed	0						
Number of Placements	0						
Average Age	0						
Adoptions	0						
Licensed Foster Families	1						
Newly Licensed Foster Families	0						
Foster/Adopt Parent Inquiries	14						
Developing Capable Young People Attendance	17						
Children Impacted Thru DCYP	31						
Getting It Together	0						
ChildSHARE Anchor Churches	10						
New Mexico Family Connect	ion						
Counselors	2						
Residents Counseled	48						
Resident Families Counseled	24						
Resident family members counseled	42						
Non-resident families counseled	13						
Former Residents counseled	9						
Non-resident family members counseled	9						
Placements prevented	1						

Ethnicity		**			
Ethnicity	BGR	MVR	FFC	TTL	%
African American	3	2		5	8 33%
Asian				0	0.00%
Caucasian	17	5		22	36.67%
Hispanic	14	8		22	36.67%
Mixed	6	3		9	15.00%
Native American	1	1		2	3.33%
Totals	41	19	0	60	100.00%

Residents by County					
COUNTY	BGR	MVR	FFC	TTL	%
Bernalillo	19	12		31	51.67%
Chavez				0	0.00%
Cibola	2			2	3.33%
Curry	· · · · · · · · · · · · · · · · · · ·			0	0.00%
Dona Ana				0	0.00%
Eddy				0	0.00%
Guadalupe				0	0.00%
Grant	1			1	1.67%
Lea	1			1	1.67%
Lincoln	2			2	3.33%
Los Alamos				0	0.00%
Luna				0	0.00%
McKinley		1		1	1.67%
Otero	1			1	1.67%
Out of State	6	1		7	11.67%
Quay				0	0.00%
Rio Arriba				0	0.00%
Roosevelt				0	0.00%
San Juan	1			1	1.67%
San Miguel	1			1	1.67%
Sandoval	3	1		4	6.67%
Santa Fe	2	1		3	5.00%
Sierra				0	0.00%
Socorro				0	0.00%
Taos				0	0.00%
Torrance	1	1		2	3.33%
Valencia	1	2		3	5.00%
Totals	41	19	0	60	100.00%