See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending ,

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C
SHRM NM STATE COUNCIL
PO BOX 95493
ALBUQUERQUE, NM 87199-5493

D Employer identification number
85-0373836

E Telephone number
575-525-5975

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

I Website: ► SHRMNM.ORG

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☒ 501(c) (6) ◄(insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

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, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 46,041.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	2,000.
	2	Program service revenue including government fees and contracts		2	43,886.
	3	Membership dues and assessments		3	
	4	Investment income		4	88.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	67.	
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	67.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		► 9	46,041.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)		10	4,950.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	2,408.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	1,593.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	82,339.
	17	**Total expenses.** Add lines 10 through 16		► 17	91,290.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-45,249.
	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)		19	145,549.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		► 21	100,300.

RECEIVED
AUG 21 2014
OGDEN, UT
IRS-OSC
1015

SCANNED SEP 10 2014

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

3

TEEA0803L 11/27/13

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	145,549.	22	100,300.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	145,549.	25	100,300.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	145,549.	27	100,300.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☒

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O

(Grants $ 4,950.) If this amount includes foreign grants, check here ▶ ☐ **28a** 84,466.

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **30a**

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) ▶ **32** 84,466.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and Title	(b) Average hours per week devoted to position	(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
SEE SCHEDULE O		0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			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 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
35a	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
b	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		
c	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 requirements during the year? If 'Yes,' complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	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		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the 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		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	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		X
41	List the states with which a copy of this return is filed ► NONE			

42a The organization's books are in care of ► ROBERT DANIEL Telephone no. ► 505-338-1500

Located at ► 5921 JEFFERSON ST NE ALBUQUERQUE NM ZIP + 4 ► 87109

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. ►	42b		X
	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.? If 'Yes,' enter the name of the foreign country ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a		X
b	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		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a		X
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		X

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If 'Yes,' was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ►

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► ☐ Yes ☐ No

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

Sign Here

▶ Ilene R. Colina
Signature of officer — Date

▶ Ilene R. Colina, President — 8/13/14
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KEITH D. BALKCOM	Kim Balkcom	8/11/14		P00014990

Firm's name ► BALKCOM, PEARSALL & PARRISH CPAS, P.A.
Firm's EIN ► 85-0218454
Firm's address ► 1201 EUBANK NE, SUITE 4
ALBUQUERQUE, NM 87112
Phone no (505) 293-0173

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2013 Open to Public Inspection

Name of the organization	Employer identification number
SHRM NM STATE COUNCIL	85-0373836

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROMOTE THE MISSION OF THE SOCIETY FOR HUMAN RESOURCES MANAGEMENT (SHRM), TO SERVE THE NEEDS OF HUMAN RESOURCES PROFESSIONALS AND ADVANCE THE HUMAN RESOURCES PROFESSION. WE AIM TO CONNECT HUMAN RESOURCE PROFESSIONALS THROUGHOUT NEW MEXICO, TO PROVIDE SUPPORT TO AFFILIATE SHRM CHAPTERS IN OUR STATE, AND TO ACT AS A CONDUIT IN THE COMMUNICATION NETWORK BETWEEN NATIONAL SHRM AND LOCAL CHAPTERS. WE ARE VOLUNTEER LEADERS DEDICATED TO THE HUMAN RESOURCES PROFESSION.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

1.SHRM NM HELD A STATE LEADERSHIP CONFERENCE ON JANUARY 25, 2013, FOR OVER 60 HR PROFESSIONALS.

2. IN FEBRUARY 2013, SHRM NM HOSTED A LEGISLATIVE CONFERENCE WITH OVER 145 ATTENDEES. THIS EVENT WAS OFFERED TO HR AND LEGAL PROFESSIONALS ACCROSS THE STATE. EDUCATIONAL SESSIONS INCLUDED A GENERAL LEGAL UPDATE ON NEW MEXICO AS WELL AS SEPARATE SESSIONS COVERING HOT HR TOPICS SUCH AS THE AFFORDABLE CARE ACT.

3.SHRM NM INCREASED AWARENESS OF HR PROFESSIONALS THROUGHOUT THE STATE OF NEW MEXICO REGARDING THE BENEFITS OF NATIONAL SHRM MEMBERSHIP AND LOCAL MEMBERSHIP. WE DISTRIBUTED A "PRESS KIT" TO EACH CHAPTER PRESIDENT AT THE JULY STATE COUNCIL MEETING AND DISTRIBUTED ADDITIONAL MEDIA OUTREACH MATERIAL TO CHAPTER PRESIDENTS AT THE OCTOBER 26TH STATE COUNCIL MEETING TO INCLUDE RESOURCE LIST OF TV, RADIO, NEWSPAPERS, MAGAZINES, PROFESSIONAL ASSOCIATIONS, AND CHAMBER OF COMMERCE POINT OF CONTACTS WITHIN EACH CHAPTER. A LIST OF SCHOOLS / UNIVERSITIES WAS ADDED TO THE "PRESS KIT."

4. SHRM NM ACTIVELY PARTICIPATED IN ORANGIZATION / PROGRAMS THAT WORK DIRECTLY WITH PROMOTING WORKFORCE READINESS IN NEW MEXICO. THE STATE COUNCIL PROMOTED AND EXTENDED THE HRMA JOB READINESS CURRICULUM TO THE DOMESTIC VIOLENCE RESOURCE CENTER. VOLUNTEERS PRESENTED THE COURSES TO DOMESTIC VIOLENCE SURVIVORS IN AN

Name of the organization: SHRM NM STATE COUNCIL

Employer identification number: 85-0373836

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

EFFORT TO PROMOTE SELF-SUFFICIENCY. THE STATE COUNCIL ALSO PROMOTED WORKFORCE READINESS IN THE PUBLIC SCHOOLS.

5. SHRM NM PROMOTED DISABILITY AWARENESS WITHIN THE STATE OF NEW MEXICO BY ACTIVELY PARTICIPATING IN DISABILITY AWARENESS ACTIVITIES, EVENT AND COMMITTEES TO ACKNOWLEDGE AND SUPPORT THE DISABLED COMMUNITY IN LEADING SUCCESSFUL LIVES AND TO INFORM EMPLOYERS OF THE BENEFITS OF HIRING INDIVIDULAS WITH DISABILITES IN THEIR WORKFORCE. THE STATE COUNCIL ALSO PROMOTED DIVERSITY IN THE WORKPLACE BY PROVIDING SHRM NM MEMBERS WITH RESOURCES, ARTICLES, TRAINING OPPORTUNITIES ON DIVSERSITY TO SHARE WITH HIS / HER LOCAL CHAPTER TO PROMOTE DIVERSITY AWARENESS.

6. SHRM NM PROMOTED PROFESSIONAL DEVELOPMENT AND HR CERTIFICATION AMONG SHRM NM STATE COUNCIL MEMBERS AND HR PROFESSIONALS THROUGHOUT THE STATE, INCLUDING SCHOLARSHIP FUNDS TO FURTHER THE HR CERTIFICATION PROGRAM ACROSS THE STATE.

7. SHRM NM PROVIDED UP-TO-DATE LEGISLATIVE INFORMATION TO NEW MEXICO SHRM AFFILIATED CHAPTERS. THE STATE LEGISLATIVE DIRECTOR SPOKE AT TWO LOCAL SHRM AFFILIATED CHAPTER MEETINGS AND CONFERENCES REGARDING LEGISLATIVE ISSUES IN THE STATE CAPITOL AS WELL AS WASHINGTON,DC.

8. THE DIRECTOR AND DIRECTOR ELECT ATTENDED THE SHRM LEADERSHIP CONFERENCE IN NOVEMBER, HELD IN WASHINGTON,DC.

SHRM NM STATE COUNCIL 85-0373836

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	$	3,700.
CONFERENCE MATERIALS		4,773.
CONFERENCE VENUE		37,138.
CONFERENCES, CONVENTIONS, AND MEETINGS		3,438.
GIFTS		848.
INSURANCE		716.
MEALS		3,881.
MISCELLANEOUS		180.
OFFICE EXPENSES		327.
PER DIEM		574.
SPEAKER SERVICES		7,065.
TRAVEL		19,099.
WEBSITE DEVELOPMENT		600.
TOTAL	$	82,339.

FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	HEALTH BENEFITS & CONTRIB-BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
WENDY SHANNON PAST PRESIDENT	3	$ 0.	$ 0.	$ 0.
CORTNEY LOHKAMP TREASURER	3	0.	0.	0.
ALICE KILBORN DIRECTOR	0.5	0.	0.	0.
BARBARA MARCUS DIRECTOR	0.5	0.	0.	0.
SCOTT FERRIN DIRECTOR	0.5	0.	0.	0.
ROSEANNE SWOBODA DIRECTOR	0.5	0.	0.	0.
VICKI LUSK PRESIDENT	5	0.	0.	0.
LINDA STRAUSS DIRECTOR	0.5	0.	0.	0.
MELISSA FLEMING HAID DIRECTOR	0.5	0.	0.	0.
SHEILA NUNEZ DIRECTOR	0.5	0.	0.	0.

SHRM NM STATE COUNCIL 85-0373836

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	HEALTH BENEFITS & CONTRIB-BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
KAREN MICKOOL DIRECTOR	0.5	$ 0.	$ 0.	$ 0.
GAIL ESTELL DIRECTOR	0.5	0.	0.	0.
KRISTINE HOFMANN DIRECTOR	0.5	0.	0.	0.
MACKENZIE BINGHAM DIRECTOR	0.5	0.	0.	0.
AMANDA TINSLEY SECRETARY	0.5	0.	0.	0.
RUTH GIRON DIRECTOR	0.5	0.	0.	0.
JEFF KELLERMAN DIRECTOR	0.5	0.	0.	0.
REBECCA BRILEY DIRECTOR	0.5	0.	0.	0.
ILENE COLINA PRESIDENT ELECT	0.5	0.	0.	0.
TAMMY JARAMILLO DIRECTOR	0.5	0.	0.	0.
MARINA ATMA DIRECTOR	0.5	0.	0.	0.
MARY FISKUM DIRECTOR	0.5	0.	0.	0.
MARY MARSO DIRECTOR	0.5	0.	0.	0.
NICOLE WYATT DIRECTOR	0.5	0.	0.	0.
RUTH BRYANT DIRECTOR	0.5	0.	0.	0.
LEAH BOETGER DIRECTOR	0.5	0.	0.	0.
	TOTAL	$ 0.	$ 0.	$ 0.

Form **8868**
(Rev January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at *www.irs.gov/form8868.***

OMB No 1545-1709

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

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

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

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

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

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

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
SHRM NM STATE COUNCIL	85-0373836
Number, street, and room or suite number If a P O box, see instructions	Social security number (SSN)
PO BOX 95493	
City, town or post office, state, and ZIP code For a foreign address, see instructions	
ALBUQUERQUE, NM 87199-5493	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

- The books are in the care of ► ROBERT DANIEL

  Telephone No. ► 505-338-1500 Fax No ►
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 14, to file the exempt organization return for the organization named above
The extension is for the organization's return for
► [X] calendar year 20 13 or
► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___.

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

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

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