

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



Department of the Treasury

Internal Revenue Service

EXTENDED TO MAY 16, 2016

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

| | A F | or the | e 2014 calendar year, or tax year beginning JUL 1, 2014 and ending | JUN 30, 2015 | | | | |
|------------|-------------------------|--------------------|--|---|---------------|--|--|--|
| | B c | heck if | | D Employer identification number | | | | |
| | ar | | | | | | | |
| | | Addre chang | • NEW MEXICO BOYS AND GIRLS RANCHES, INC. | | | | | |
| | | Name chang | e Doing business as | 85-0125610 | | | | |
| | |]initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/si | ite E Telephone number | | | | |
| | | Final return | | 505-881-3363 | | | | |
| | | termin ated | City or town, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ 2,734,7 | <u> 722.</u> | | | |
| | | Amen | ALBOQUERQUE, NM 8/110 | H(a) Is this a group return | _ | | | |
| | | Applic | F Name and address of principal officer.TEATT A ROLL | for subordinates? Yes | No | | | |
| | | pendı | SAME AS C ABOVE | H(b) Are all subordinates included? Yes | _ No | | | |
| | | | | If "No," attach a list (see instruction | ns) | | | |
| | | | te: ► WWW.THERANCHES.ORG | H(c) Group exemption number | | | | |
| | | | | ear of formation: 1944 M State of legal domici | le: NM | | | |
| | Pa | rt I | Summary | | | | | |
| | စ္ပ | 1 | Briefly describe the organization's mission or most significant activities: SEE SCHE | DULE O | | | | |
| | Activities & Governance | | . [-] | | | | | |
| | err | | Check this box If the organization discontinued its operations or disposed of m | ore than 25% of its net assets | ^ | | | |
| | é | | Number of voting members of the governing body (Part VI, line 1a) | . 3 | 9 | | | |
| | ଷ | | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 | | | |
| | ties | | Total number of individuals employed in calendar year 2014 (Part V, line-2a) | 5 | <u>59</u> | | | |
| | ţį | | Total number of volunteers (estimate if necessary) | | 20 | | | |
| | Ac | | Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 | 7a 7b | 0. | | | |
| | \dashv | b | | 7016 1011 | 0. | | | |
| | | | [iii] | 2,959,301. 2,448,1 | | | | |
| | E E | | Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) | 2,353,301. 2,446,1 11,758,652. 65,3 | | | | |
| | Revenue | | the state of the s | | | | | |
| | Re | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | |
| | | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 36,471. 59,6 3,059,374. 2,621,7 | | | | |
| | - | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. | | | |
| t a | | | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | | | |
| SCANNED | | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,873,506. 1,600,8 | | | | |
| ≩ | Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | | | |
| Ź | beu | | Total fundraising expenses (Part IX, column (D), line 25) | * * | <u> </u> | | | |
| Ш | Ж | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,643,712. 1,373,3 | 04 | | | |
| | | | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,517,218. 2,974,1 | | | | |
| M | | | Revenue less expenses Subtract line 18 from line 12 | <457,844.> <352,3 | | | | |
| D | 58 | | | Beginning of Current Year End of Year | | | | |
| IAR 29 201 | sets | 20 | Total assets (Part X, line 16) | 5,478,461. 5,135,6 | 04. | | | |
| - | 888 | | Total liabilities (Part X, line 26) | 84,436. 93,9 | | | | |
| 2016 | 탪 | | Net assets or fund balances Subtract line 21 from line 20 | 5,394,025. 5,041,6 | | | | |
| ದ | Pa | rt II | Signature Block | | | | | |
| | Unde | er pena | ilties of perjury, I declare that I have examined this return, including accompanying schedules and sta | ements, and to the best of my knowledge and belie | f, it is | | | |
| | true, | correc | et, and complete. Declaration of separer (other than officer) is based on all information of which prep | arer has any knowledge. | | | | |
| | | | W W W | 3-3-2016 | | | | |
| | Sign | 1 | Signature of officer | Date | | | | |
| | Here | e | HEATH A KULL, PRESIDENT & CEO | | | | | |
| | | | Type or print name and title | LDate CTU | | | | |
| | | | Print/Type preparer's name | Date Check PTIN | | | | |
| | Paid - | | STEPHANIE J CATASCA, CPA | | | | | |
| | Prep | | Firm's name ATKINSON & CO., LTD. | Firm's EIN 85-021186 | 7 | | | |
| | Use | Unly | Firm's address P.O. BOX 25246 | 5. 505 043 5400 | | | | |
| | | | ALBUQUERQUE, NM 87125 | Phone no. 505 - 843 - 6492 X Yes |] No | | | |
| | ヘルコン | tha II | RS discuss this return with the preparer shown above? (see instructions) | I XIVAC I | I BLO | | | |

Form 990 (2014)



| | 1990 (2014) NEW MEXICO BOYS AND GIRLS RANCHES, INC. 85-0125 | <u> 5610 </u> | Page 2 |
|----------|--|--|-------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission | | |
| • | THE RANCHES IS A NON-PROFIT ORGANIZATION THAT OPERATES | | |
| | | VDI EI I | |
| | MULTI-DENOMINATIONAL CHRISTIAN HOMES FOR CHILDREN WHO ARE NOT A | | |
| | LIVE AT HOME. THE SERVICES OFFERED PROVIDE STRUGGLING CHILDREN | | |
| | STRUCTURED ENVIRONMENT, CONSISTENCY AND PREDICTABILITY AS THEY | LEARI | <u> </u> |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | |
| | the prior Form 990 or 990-EZ? | Yes | X No |
| | If "Yes," describe these new services on Schedule O. | | |
| 2 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | X No |
| 3 | | res | NO LAJ |
| | 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 ex | penses, a | nd |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code) (Expenses \$ 1,944,252. including grants of \$) (Revenue \$ | | |
| | THE RANCHES' "WINDMILL APPROACH" PROVIDES MIDDLE AND HIGH SCHOOL |)T. | |
| | | | |
| | EDUCATION CLASSES, LEADERSHIP TRAINING, SOCIAL LITERACY, RELATI | | |
| | AND MARRIAGE SKILLS, CAREER AND FINANCE, EMOTIONAL DEVELOPMENT, | WOR | <u> </u> |
| | ETHIC, ADVENTURE AND ANIMAL CARE. | | |
| | | | |
| | | | |
| | | _ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code) (Expenses \$215 , 706 . including grants of \$) (Revenue \$ | 36.6 | 503.) |
| | THE RANCHES' COMMUNITY PROGRAMS PROVIDES THE FOLLOWING SERVICES | | , |
| | FAMILIES FOR CHILDREN PROVIDES FOSTER CARE PLACEMENTS FOR YOUNG | | |
| | | | |
| | CHILDREN AS WELL AS RESPITEPLACEMENTS FOR TEENAGERS. FAMILIES F | | |
| | CHILDREN ALSO PROVIDES PARENT TRAINING CLASSES FOR THE PARENTS | | |
| | RESIDENTS IN THE RANCHES PROGRAMS AS WELL AS COMMUNITY PARTICIE | ANTS | |
| | NEEDING ASSISTANCE WITH PARENTING SKILLS. | | |
| | MOUNTAIN VISTA RANCH PROVIDES HOUSING AND ASSISTANCE WITH JOB T | RAIN | NG |
| | AND PARENTING EDUCATION FOR SINGLE YOUNG MOTHERS WHO NEEDED HEI | | |
| | DEVELOPING THE SKILLS NEEDED TO FUNCTION INDEPENDENTLY. | <u>, </u> | |
| | DEVELOPING THE SKILLS NEEDED TO FUNCTION INDEPENDENTILL. | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code) (Expenses \$ 677, 450 • including grants of \$) (Revenue \$) | 28,7 | 737.) |
| | ADMINISTRATION OF PROGRAMS, RESIDENTIAL CARE, COMMUNITY PROGRAM | IS, | |
| | COMMUNITY EDUCATION AND AGRICULTURE. | | |
| | GOLDON TELEVISION TELE | · | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe in Schedule O) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses ▶ 2,837,408. | | |
| <u> </u> | Town programs and an according to the control of th | Form OC | 0 (2014) |
| | _ | Loim 95 | (2014) |

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)? | ĺ | | |
| | If "Yes," complete Schedule A | 1 | X | ļ |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | <u> </u> |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | _5_ | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | _ 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8_ | <u> </u> | 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_ | ļ | 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 | 3 2 3 |
| 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 | 1.32 | , ' | |
| | as applicable. | m | | !! |
| 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 | _X_ | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| 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 | | ٠, | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | _X | 77 |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | | | v | |
| 100 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | _X_ | |
| 128 | Schedule D, Parts XI and XII | 10- | | х |
| L | Was the organization included in consolidated, independent audited financial statements for the tax year? | 12a | | |
| U | 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 |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | $\frac{X}{X}$ |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 70 | | |
| _ | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | 1 | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | _ X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | Form | 990 (| 2014) |

| | n 990 (2014) NEW MEXICO BOYS AND GIRLS RANCHES, INC. 85-012 rt IV Checklist of Required Schedules (continued) | <u>5610</u> | <u> </u> | Page 4 |
|-----------|---|-------------|--------------|----------|
| <u> </u> | , | | Tv | T N . |
| 21 | Qid the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | Yes | No |
| 21 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 1 04 | | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 21 | ╁── | X |
| 22 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 00 | | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | 22 | ╁ | X |
| 23 | | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | | | |
| 240 | \cdot | _23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 1 | | 172 |
| | Schedule K. If "No", go to line 25a | 24a | ┼ | X |
| ь | , | 24b | - | - |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ļ |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | İ | ĺ | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | İ | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | ļ | |
| | Schedule L, Part I | 25b | <u> </u> | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | i |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | mi 143 . | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | 4,2 |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | - VE NO. 1 | X |
| b | | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer. | | | |
| _ | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV | 28c | i | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| 00 | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 30_ | | ^ |
| ٠. | If "Yes," complete Schedule N, Part I | 24 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | |
| 02 | Schedule N, Part II | 20 | | v |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | _X |
| 33 | | | | 7.7 |
| 24 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | ۱ ,, ا | |
| 05- | Part V, line 1 | _34 | X | |
| 35a | | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |

Form **990** (2014)

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?

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

Form **990** (2014)

| LOIN! | | <u> </u> | 03-0145 | OTC | <u> </u> | age S |
|----------|--|------------|---------------------------------------|-------------|--------------|--|
| Pai | t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | | | |
| | distant a concodic of contains a response of note to any line in this fact v | | · · · · · · · · · · · · · · · · · · · | | T.: | |
| | 5 | ١. | 2.4 | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 24 | <u>: </u> | 1 | İ |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | <u></u> | 4 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and r | еропа | bie gaming | | - T | - |
| _ | (gambling) winnings to prize winners? | l | • | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | _ | E0 | | | |
| _ | filed for the calendar year ending with or within the year covered by this return | _2a_ | 59 | 1 | 3,5 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | | | _2b | X | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction | S) | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | _ | | 3a | <u> </u> | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | | • | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | accou | nt)? | <u>4a</u> | | X |
| b | If "Yes," enter the name of the foreign country: | | . (50.5) | | _ | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccoun | ts (FBAR). | | | <u></u> |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | • | <u>5a</u> | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction. | iction? | • | _5b | - | X |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | ne orga | anization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | _6a | ļ | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ions o | r gifts | | | |
| | were not tax deductible? | | | <u>6b</u> | | William Wil |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | _ 12. | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | rvices p | rovided to the payor? | 7a_ | - | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | • • | | 7b | | ļ |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | as req | uired | _ | | |
| | to file Form 8282? | | • | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | et? | 7e | | X |
| Ť | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | | | 7f | 3T / | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fi | | • | <u>7g</u> | N/ | Α |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz | | | 7h | X | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | i by th | • N/A | | | |
| _ | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | NT / 7 | ` | (· (B) | . |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | Ņ/A N/A | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | IN/A | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A | ا ۱۹۸۰ | | | | |
| a | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10a 10b | | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter | LIUD | | ł | | |
| 11 | | 140 | | | | |
| a | Gross income from members or shareholders N/A Gross income from other sources (Do not net amounts due or paid to other sources against | 11a | | ł | | l , |
| b | amounts due or received from them) | 446 | | | | |
| 10- | · | 11b | | 40- | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A | | | 12a | | |
| | · · · · · · · · · · · · · · · · · · · | 12b | | | | ; |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | N/A | 10- | | <u> </u> |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | M/A | 13a | | <u> </u> |
| L | 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 | 126 | | | | |
| _ | organization is licensed to issue qualified health plans Enter the amount of reserves on hand | 13b 13c | | | | , |
| C 140 | Did the organization receive any payments for indoor tanning services during the tax year? | LISC | | 14- | | X |
| 14a h | If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul | e O | | 14a 14b | | |
| [1 | ni i ea. Thaa it nieu a'i onn i Eo to fobolt these bayllicills: Il i IVO, biovide an expialiation in ochedul | | | 1940 | | |

432005

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 or note to any line 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> | | Į. | | | |
| | 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 | 7 | , , 2, * | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | o with any other | | | | | | |
| | officer, director, trustee, or key employee? | | 2 | X | L | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under th | e direct supervision | İ | | | | | |
| | 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 S | 990 was 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 approximation of the power to elect or | point one or | | | | | | |
| | more members of the governing body? | | 7a | | Х | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | tockholders, or | | | | | | |
| | persons other than the governing body? | | 7b | | X | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ar by the following: | . 3 | 1 | | | | |
| а | The governing body? | | 8a | X | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | X | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | ched at the | 1 | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | X | | | |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Re | evenue Code) | | | | | | |
| | | | | Yes | No | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | X | | | |
| b | b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | 10b | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing bod | y before filing the form? | 11a | X | | | | |
| b | b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | |
| 12a | 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | 12b | X | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | es," describe | | | | | | |
| | ın Schedule O how this was done | | 12c | X | | | | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | X | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | 78800 | _X_ | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | ıl by ındependent | | | 3 | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | 8 | | , , , , , , , , , , , , , , , , , , , | | | |
| | The organization's CEO, Executive Director, or top management official | | 15a | | <u>X</u> | | | |
| 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) | | 1 3 % | \$ 1 m | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger | nent with a | | 36. | Š | | | |
| | taxable entity during the year? | | 16a | (200 | X | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | • | 3 | 38 | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | nization's | 1 . L | ~ . | | | | |
| | exempt status with respect to such arrangements? | | 16b | | | | | |
| | tion C. Disclosure | <u> </u> | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►NM | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T | (Section 501(c)(3)s only |) avaılab | le | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply | . | | | | | | |
| | | ın Schedule O) | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor | nflict of interest policy, ai | nd finan | cial | | | | |
| | statements available to the public during the tax year. | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bounded in the control of the person who possesses the organization's bounded in the control of the person who possesses the organization's bounded in the control of the person who possesses the organization's bounded in the control of the person who possesses the organization's bounded in the control of the person who possesses the organization is bounded in the control of the person who possesses the organization is bounded in the control of the person who possesses the organization is bounded in the control of the person who possesses the organization is bounded in the control of the person who possesses the organization is bounded in the control of the person who possesses the organization is bounded in the control of the person who possesses the organization is bounded in the control of the person of the control of the person of the person of the control of the person of the control of the person of the person of the person of the person of the control of the person o | oks and records | | | | | | |
| | 6209 HENDRIX NE, ALBUQUERQUE, NM 87110 | · · · | | | | | | |
| 43200 | 3 11-07-14 | | Form | 990 | (2014) | | | |

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

Check if Schedule O contains a response or note to any line 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 | (do box | (C) Position (do not check more than one pox, unless person is both an officer and a director/trustee) | | | | one han | compensation | (E) Reportable compensation | (F) Estimated amount of |
|---|--|--------------------------------|--|----------|--|------------------------------|------------|--|-----------------------------|--|
| | week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | | Highest compensated employee | | from the organizations (W-2/1099-MISC) | | other compensation from the organization and related organizations |
| (1) MICHAEL A ROMERO CHAIRMAN | 2.00 | х | | X | | | | 0. | 0. | 0. |
| (2) WARREN BAUR VICE CHAIRMAN | 2.00 | х | | х | | | | 0. | 0. | 0. |
| (3) WYNONA DAVIS | 2.00 | x | | X | | | | | | - |
| SECRETARY (4) MICHAEL H KULL | 30.00 | | | | | | | 0. | 0. | 0. |
| EXECUTIVE DIRECTOR (5) LEO MENDOZA | 2.00 | Х | | Х | | - | | 57,098. | 6,344. | 2,938. |
| DIRECTOR | | х | | | | _ | | 0. | 0. | 0. |
| (6) JON BARELA DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0. |
| (7) LINDA YATES DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0. |
| (8) DR JACOB MOBERLY | 2.00 | X | | | | | | | | |
| DIRECTOR (9) HEATH KULL | 40.00 | X | | х | | | | 0. | 0. | 0. |
| PRESIDENT AND CEO (10) ROBERT WALLACE | 30.00 | Λ | | | | | | 80,028. | 0. | 6,323. |
| TREAS/PRES OF FOUNDATION (11) NIKKI KULL | 40.00 | | | х | | | | 66,611. | 28,548. | 8,533. |
| EXEC VICE PRESIDENT/COO (12) MICHELE KULL | 40.00 | | | <u>X</u> | | | | 68,293. | 0. | 2,960. |
| VICE PRESIDENT (13) GARY WHITE | 40.00 | | | X | | - | | 59,019. | 0. | 6,226. |
| VICE PRESIDENT | | | | Х | | | | 62,032. | 0. | 11,896. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | 5 990 (2014) |

Form 990 (2014)

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|----------------------------------|---------------------|
| PHILADELPHIA INSURANCE CO P.O. BOX 70251, PHILADELPHIA, PA 19176 | INSURANCE | 202,388. |
| NM HEALTH CONNECTIONS, 2440 LOUISIANA BLVD. NE, STE 601, ALBUQUERQUE, NM 87110 | HEALTH INSURANCE | 186,347. |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those list \$100,000 of compensation from the organization ▶ 2 | ed above) who received more than | |

Form 990 (2014)

| , | | ` Check if Schedule O cont | | | (/ | | (B) | (C) | (D) |
|--|----------|---|------------------|----------------|----------|--|------------------------------------|---|--|
| i | • | | | | Total re | • | Related or exempt function revenue | Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ants unts | 1 a | Federated campaigns | 1a | | | | | | 312 311 |
| ira our | | Membership dues | 1b | | | | | | |
| S, G | С | Fundraising events | 1c | |] | | | | |
| ar jit | d | Related organizations | 1d 2 | ,433,295. | | | | | |
| S, E | е | Government grants (contribut | tions) 1e | • | | | | | |
| r S | f | All other contributions, gifts, gran | its, and | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | sımılar amounts not ıncluded abo | ve 1f | 14,830. | | | | - | |
| | g | Noncash contributions included in lines | s 1a-1f \$ | <u>8,750</u> . | | | | | |
| <u>8 0</u> | _ h | Total. Add lines 1a-1f | | <u> </u> | 2,448 | <u>,125.</u> | | | |
| | | | | Business Code | - | | ^ ^ - | . 2 % | |
| ဥ | 2 a | | | 110000 | | <u>,603.</u> | | | |
| e Z | b | AGRICULTURAL PR | ROGRAMS | 624100 | 28 | <u>,737.</u> | 28,737. | | |
| n S | С | | | | | | 100 - 11 | | |
| Rev | d | | | | | | | | |
| Program Service Revenue | е | | | | | | | | |
| - | f | All other program service reve | enue | | 65 | 240 | | | /s*. |
| | | Total. Add lines 2a-2f | | _ | 6.5 | <u>,340.</u> | 3 * //-6 | | i na v na |
| | 3 | Investment income (including | aiviaenas, inter | est, and | | 16. | | | 1.0 |
| | 4 | other similar amounts) Income from investment of tax | v avamat hand | orooodo | | 10. | | | 16. |
| | 4 5 | Royalties | x-exempt bond | proceeds | <u> </u> | | | | |
| | 3 | noyalies | (ı) Real | (II) Personal | | ~ % | · * * * | 78.5 7 | |
| | 6 2 | Gross rents | 25,870 | | 1 | | | | |
| | i - | Less. rental expenses | 0 | | | \$ } | | ' ' ' ' ' ' ' (* | |
| | | Rental income or (loss) | 25,870 | | | | e | , , , | |
| Ì | 1 | Net rental income or (loss) | | <u> </u> | | ,870. | ' C X2.000.00 | 42 <u> h.ā.Riw.</u> }_ | 25,870. |
| | | Gross amount from sales of | (ı) Securities | (II) Other | , 35 7 |) | 1 303.2 | Ber Mar | 25,070. |
| | | assets other than inventory | () | 161,587. | | 3,7 | *** | | |
| | b | Less: cost or other basis | | | 1 | 1 14 | | | |
| | | and sales expenses | | 112,928. | | | | | * |
| | С | Gain or (loss) | | 48,659. | | | | e. iki | |
| | d | Net gain or (loss) | | > | 48 | ,659. | | | 48,659. |
| <u>.</u> | 8 a | Gross income from fundraising | g events (not | | .4 | _ | 3 , :: | " / « · · · · · · · · · · · · · · · · · · | · 🖟 💘 · |
| e l | | including \$ | of | | | | , | § | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Š | | contributions reported on line | 1c) See | | | ~ * | | άģ 4 | * |
| Other Revenue | | Part IV, line 18 | а | · | | | _ | | |
| 됩 | | Less direct expenses | ħ | · | li . | _ | / X * ** | | 22 - 26 |
| _ | | Net income or (loss) from fund | _ | > _ | | | | | |
| | 9 a | Gross income from gaming ac | ctivities See | | | | | , i | |
| | | Part IV, line 19 | a | | | | 4 | | |
| | | Less direct expenses | b | · | 1 | | | - | |
| - 1 | | Net income or (loss) from gam | = | | | | | | |
| | 10 a | Gross sales of inventory, less and allowances | | | | | • | | |
| | L | | a b | | 1 | | | | |
| ļ | | Less cost of goods sold Net income or (loss) from sale | _ | 'L | 1 | | | - | |
| ł | <u> </u> | Miscellaneous Revenu | | Business Code | | | , , , <u>-</u> . | | |
| ŀ | 11 a | OTHER REVENUE | | 900099 | | ,784. | 9,843. | | 23,941. |
| | b | | | | | <i>, ,</i> , , , , , , , , , , , , , , , , , | <u> </u> | | 27,741. |
| | c | | | | | | | | |
|] | d | All other revenue | | | | | | | |
| | e | Total. Add lines 11a-11d | | > | 33 | ,784. | | | |
| | 12 | Total revenue See instructions. | | <u> </u> | 2,621 | | 75,183. | 0. | 98,486. |
| 43200 11-07- | | | | | | | <u> </u> | | Form 990 (20 |

| Do | Check if Schedule O contains a response tinclude amounts reported on lines 6b. | (A) | (B) | (C) | (D) Fundraising |
|-----------------|---|----------------|--------------------------|---|---------------------------------------|
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Managèment and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | _ | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | 76. | · |
| 5 | Compensation of current officers, directors, | 420 101 | 265 452 | 62 640 | |
| _ | trustees, and key employees | 429,101. | 365,453. | 63,648. | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 888,787. | 881,515. | 7 272 | |
| 7 | Other salaries and wages | 000,/8/• | 001,313. | 7,272. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) Other employee benefits | 186,649. | 177,624. | 9,025. | |
| 9 10 | Payroll taxes | 96,317. | 91,094. | 5,223. | |
| 10 11 | Fees for services (non-employees) | 90,311. | 91,094. | 3,223. | |
| | Management | | | | |
| a b | Legal | 39,651. | 39,651. | - | |
| | Accounting | 17,634. | 17,634. | **** | - |
| d | Lobbying | 17,054. | 17,034. | | |
| e | Professional fundraising services. See Part IV, line 17 | | . /3 3 | | |
| f | Investment management fees | | | 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| g | | | 1 | - | |
| 9 | column (A) amount, list line 11g expenses on Sch O.) | 17,824. | 16,981. | 843. | |
| 12 | Advertising and promotion | 2,147. | 1,984. | 163. | - |
| 13 | Office expenses | 99,616. | 91,387. | 8,229. | |
| 14 | Information technology | • | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 328,393. | 316,026. | 12,367. | |
| 17 | Travel | 76,270. | 73,628. | 2,642. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | · |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 419,380. | 403,634. | 15,746. | |
| 23 | Insurance | 186,556. | 184,941. | 1,615. | · · · · · · · · · · · · · · · · · · · |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) | | | | • |
| _ | amount, list line 24e expenses on Schedule 0.) GROCERIES/HOUSEHOLD | 119,489. | 119,489. | | |
| | TRAINING/RECRUITMENT | 30,023. | 20,046. | 9,977. | |
| b | PROGRAM ACTIVITIES | 18,693. | 18,693. | 3,311. | |
| c d | DECEDENTAL | 13,791. | 13,791. | | |
| | All other expenses | 3,837. | 3,837. | - | |
| 25 | Total functional expenses Add lines 1 through 24e | 2,974,158. | 2,837,408. | 136,750. | 0 |
| <u>25</u> 26 | Joint costs. Complete this line only if the organization | 2,2,2,1300 | 2,001,400. | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | ļ | | |

| all | | Check if Schedule O contains a response or note to any line in this Part | X . | | |
|-----------------------------|-----|--|-------------------------|-----|--|
| · | • | | (A) . Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 353,275. | | 104,912. |
| | 2 | Savings and temporary cash investments | 10,000. | 2 | 10,000 |
| ŀ | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | Ì | |
| | | trustees, key employees, and highest compensated employees. Complete | ete | | _ |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | under | 1 | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and conti | ributing | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | The second secon |
| 2 | | employees' beneficiary organizations (see instr) Complete Part II of Sch | L . | 6 | |
| Assets | 7 | Notes and loans receivable, net | 3,450. | 7 | 2,526 |
| < | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges . | 17,696. | 9 | 39,355 |
| - | 10a | Land, buildings, and equipment cost or other | | | , |
| | | basis. Complete Part VI of Schedule D 10a 7,760, | 134. | | |
| - 1 | b | Less: accumulated depreciation 10b 5,844, | 844. 2,030,519. | 10c | 1,915,290 |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 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) | 5,478,461. | 16 | 5,135,604 |
| - | 17 | Accounts payable and accrued expenses | 84,436. | 17 | 93,943 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| 2 | 20 | Tax-exempt bond liabilities | | 20 | |
| 2 | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| g 2 | 22 | Loans and other payables to current and former officers, directors, trust | ees, | | 1 44 7 |
| <u> </u> | | key employees, highest compensated employees, and disqualified person | ons | | |
| Liabilities | | Complete Part II of Schedule L | | 22 | |
| - : | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 2 | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 2 | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part 2 | K of | | |
| | | Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 84,436. | 26 | 93,943. |
| ĺ | | Organizations that follow SFAS 117 (ASC 958), check here ▶ \(\text{X}\) | and - | | * , |
| မွ | | complete lines 27 through 29, and lines 33 and 34. | × - × · · · · · | | <u> </u> |
| ב ב | 27 | Unrestricted net assets | 3,733,025. | 27 | 3,380,661. |
| ğ 2 | 28 | Temporarily restricted net assets | 1,661,000. | _28 | 1,661,000. |
| Net Assets or Fund Balances | 29 | Permanently restricted net assets | | 29 | |
| 로 | | Organizations that do not follow SFAS 117 (ASC 958), check here | • 🗀 | | |
| <u> </u> | | and complete lines 30 through 34. | - | | |
|) je | 30 | Capital stock or trust principal, or current funds | | 30 | |
| ž 3 | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| គ្ន ៖ | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| ~ 3 | 33 | Total net assets or fund balances | 5,394,025. | 33 | 5,041,661. |
| 3 | 34 | Total liabilities and net assets/fund balances | 5,478,461. | 34_ | 5,135,604. |

| | 990 (2014) NEW MEXICO BOYS AND GIRLS RANCHES, INC. | <u>85</u> . | -0125610 | Page 12 |
|----|---|-------------|---------------------------------------|-------------------|
| Pa | rt XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u>-</u> | |
| | · | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | L,794. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1,158. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 2,364. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 5,394 | 1,025. |
| 5 | Net unrealized gains (losses) on investments | 5 | | |
| 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 | | <u> </u> |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | |
| | column (B)) | 10 | 5,041 | L,661. |
| Pa | rt XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | . | |
| | | | | Yes No |
| 1 | Accounting method used to prepare the Form 990 L Cash X Accrual Cother | | 🕺 | , ,3 |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | ا ا . ـ ـ ـ |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | l on a | | * 3 |
| | separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basıs | , [*] | |
| | consolidated basis, or both: | | | , , |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | - 3 |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt | , | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Scho | edule C | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Au | ıdıt 🛴 🛄 | الأنفذ السك |
| | Act and OMB Circular A-133? | | 3a | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | red au | dıt | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | |
| | | | Form 9 | 990 (2014) |

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection . ..

Name of the organization

Employer identification number

| | NEW | <u>MEXICO BOY</u> | S AND GIRLS | RANCH | ES, I | NC. | 8 | <u> </u> |
|------------|--------------------------------|-------------------------|--|--------------------------|---------------|-------------------------------------|--------------------|----------------------|
| Part I | Reason for Public | Charity Status (| All organizations must c | omplete th | s part) S | ee instruction: | \$. | |
| The organ | ization is not a private found | lation because it is: (| (For lines 1 through 11, | check only | one box) | | | |
| 1 🔲 | A church, convention of ch | urches, or association | on of churches describe | d in sectio | n 170(b)(| 1)(A)(i). | | |
| 2 | A school described in sect | | | | , ,, | | | |
| з 🔲 | A hospital or a cooperative | hospital service orga | anization described in s | ection 170 | (b)(1)(A)(i | ii). | | |
| 4 | A medical research organiz | | | | | | Viii). Enter | the hospital's name |
| | city, and state: | · | , | | | ., ., | ,,,. - | and market and, |
| 5 | An organization operated for | or the benefit of a co | ollege or university owne | d or operat | ed by a o | overnmental : | ınıt descrit | ned in |
| | section 170(b)(1)(A)(iv). (C | | , , , | | , 3 | | | , o a |
| 6 🗌 | A federal, state, or local go | | mental unit described in | section 17 | '0/b\/ 1\/ A\ | (v) | | |
| 7 🗓 | An organization that norma | | | | | | ho gonoral | ouble desembed in |
| | section 170(b)(1)(A)(vi). (C | | india part of its support | om a gov | Similarita. | dille of from t | ie general | public described in |
| . \Box | A community trust describe | | (1)(A)(vi) (Complete Par | + II \ | | | | |
| * | | | | | | | | |
| 9 | An organization that norma | | | | | | | - |
| | activities related to its exer | | | | | | | - |
| | income and unrelated busin | | (less section 511 tax) fr | om busine: | sses acqu | iired by the or | ganization | after June 30, 1975. |
| | See section 509(a)(2). (Co | | | | | | | |
| 10 | An organization organized | | | | | | | |
| 11 | An organization organized | | | | | | | |
| | more publicly supported or | | | | | | | Check the box in |
| _ | lines 11a through 11d that | | | | | | - | |
| a 🗀 | | | | | | | | |
| | the supported organization | on(s) the power to re | gularly appoint or elect | a majority o | of the dire | ctors or truste | es of the s | upporting |
| | organization You must o | complete Part IV, Se | ections A and B. | | | | | |
| ь <u> </u> | | anızatıon supervised | or controlled in connec | tion with it | s support | ed organizatıo | n(s), by ha | ving |
| | control or management of | of the supporting orga | anization vested in the s | same perso | ns that co | ontrol or mana | ge the sup | ported |
| | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| с <u></u> | Type III functionally inte | grated. A supporting | g organization operated | ın connect | ion with, a | and functional | ly integrate | ed with, |
| | its supported organizatio | n(s) (see instructions | s). You must complete | Part IV, Se | ctions A, | D, and E. | • | |
| d 🗀 | Type III non-functionally | y integrated. A supp | orting organization ope | rated in cor | nection v | vith its suppor | ted organi | zation(s) |
| | that is not functionally int | tegrated The organiz | zation generally must sa | tisfy a distr | bution re | quirement and | an attent | iveness |
| | requirement (see instruct | | | | | | | |
| е 🗆 | Check this box if the orga | | | | | | II. Type III | |
| | functionally integrated, or | | | | | , , , , , , , , , , , , , , , , , , | , .,,, | |
| f Ente | er the number of supported o | • • | 3 | | | | | |
| | vide the following information | - | ed organization(s). | | | | | <u> </u> |
| | i) Name of supported | (ii) EIN | (iii) Type of organization | | | (v) Amount of | monetary | (vi) Amount of |
| | organization | | (described on lines 1-9 | listed in governing d | | support | (see | other support (see |
| | | | above or IRC section (see instructions)) | Yes | No | Instructi | ons) | Instructions) |
| | | | (See Histroctions)) | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | - | | | | |
| | | | | | | | | |
| | | | | - | | | | |
| | | | | | | | ļ | |
| | · · | | | | | | | |
| | · | | | | | | | |
| | | | | | | | | |
| Total | | | <u>L., </u> | <u> </u> | | | ; | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 NEW MEXICO BOYS AND GIRLS RANCHES, INC. 85-0125610 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 2351634. 2662325. 2959301. 2448125.13435092. include any "unusual grants") 3013707. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2662325 3013707. 2351634. 2959301 2448125.13435092. 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 13435092. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2010 Calendar year (or fiscal year beginning in) ▶ (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 3013707 2351634 2662325. 2959301 2448125.13435092. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 642,011. 563,715. 410,447. 16,761. 25,886. 1658820. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 9,843, assets (Explain in Part VI.) 15103755 11 Total support. Add lines 7 through 10 301,011 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 88.95 87.18 15 15 Public support percentage from 2013 Schedule A, Part II, line 14 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990 or 990-EZ) 2014

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

| Sec | ction A. Public Support | | | | | | |
|------|--|----------------------|---------------------|----------------------|---------------------|-----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | - | - | |
| • | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | i | | | | | |
| _ | The value of services or facilities | | | | , , _ - | | |
| 5 | | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| _ | the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| 7 a | Amounts included on lines 1, 2, and | | | | | i | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | <u> </u> | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| | Public support (Subtract line 7c from line 6) | <u> </u> | \$, * ^ , , | , % () | | 1 2 | |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | İ | |
| | dividends, payments received on securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| 13 | assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) | | | | | | |
| | First five years. If the Form 990 is for | r the organization's | first second thir | 1 fourth or fifth to | v voar as a soctio | 1 501(a)(2) organiz | ation . |
| • | check this box and stop here | the organization t | 3 m3t, 3ccona, time | a, rourer, or merrea | A year as a section | on soricits, organiza | ation, |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2014 (I | | | olumo (fi) | | 45 | |
| | Public support percentage from 2013 | | - | olullii (i)) | | 15 | % |
| | ction D. Computation of Inves | | | | | 16 | <u>%</u> |
| | | | | - 10 (6) | | T.= T | |
| | Investment income percentage for 20 | • | • | e 13, column (i)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2014. If the | | | | | | / is not |
| | more than 33 1/3%, check this box a | • | • | , , | | | ▶∟_ |
| b | 33 1/3% support tests - 2013. If the | - | | | | • | and |
| | line 18 is not more than 33 1/3%, che | | | • | | • | ▶ᆜ |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19a | ı, or 19b, check th | is box and see in | structions | |

Schedule A (Form 990 or 990 EZ) 2014 NEW MEXICO BOYS AND GIRLS RANCHES, INC. 85-0125610 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
|----|---------------|---------------------|--------------|
| | 1 | | _ |
| | 2 | | |
| | 3a | | |
| | 3b | , | |
| | 3c | 5.4.5 | 4 |
| | 42 | 2 4 8 22 | <u> </u> |
| | 4b | | **** |
| | | . ** | 2.4 |
| | 4c | | |
| | \$\$\.',\text | | |
| | 5a | | |
| | 5b 5c | | |
| | | Sign Sign | |
| | 6 | | |
| | | ^&\$ \~ | · · · |
| | 8 | - | , |
| | , . | | |
| | 9a 9b | | |
| | 9c | | |
| | 10a | | e. |
| | 10b | | į |
| 99 | 90 or 996 | 0-EZ) | 2014 |

| | rt IV Supporting Organizations (continued) | 12561 | <u>.U Pa</u> | age 5 |
|----------|--|-----------------|------------------------|--|
| <u> </u> | rt IV Supporting Organizations (continued) | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | res | NO |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| а | below, the governing body of a supported organization? | 11a | | |
| . | A family member of a person described in (a) above? | 11b | | ├─ |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | ├── | |
| | etion B. Type I Supporting Organizations | 110 | | <u> </u> |
| | ion 2. Typo Toupporting Organization | _ | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | 1.00 | |
| - | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | ŀ |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | ******* | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | ٤, , , | 1,432 | 18 |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | 1. | | ا المنافعة ب |
| | Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, | 4 | | 74.3 |
| | supervised, or controlled the supporting organization | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | - | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | 4 | 2.2 | . \$ |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | , a., | 3. | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | ction D. Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | * | 55 | ۸.3 |
| | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax | 4 ×6.4 | *** | - 4 |
| | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the | | | <u></u> |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 11 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | , | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | A | - 15: | _ 1 |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | i in the second | . 8.8 | 类。· |
| | significant voice in the organization's investment policies and in directing the use of the organization's | 7.1 | 3 | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | 100 | 1976 |
| | supported organizations played in this regard | 3 | | |
| | ction E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions) |): | | |
| a | The organization satisfied the Activities Test Complete line 2 below. | | | |
| b | | _4 | | |
| c | | structions | | |
| 2 | Activities Test Answer (a) and (b) below. | - | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | l |
| | | | | l |
| | | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 0- | - | |
| | that these activities constituted substantially all of its activities | 2a | \vdash | , |
| D | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | 1 |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | | 25- | | |
| _ | Parent of Supported Organizations Appear (a) and (b) below | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 3- | | |
| L | trustees of each of the supported organizations? Provide details in <i>Part VI</i> . | 3a_ | $\vdash \vdash \vdash$ | |
| D | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI_the role played by the organization in this regard | 21- | | |
| 43202 | Schedule A (Form | 3b 990 or 99 | ∩-EZ\ | 2014 |
| -0202 | Conedule A (FOIII | | | 14 |

| Sche Par | dule A (Form 990 or 990-EZ) 2014 NEW MEXICO BOYS AND GIR Type III Non-Functionally Integrated 509(a)(3) Supportin | | | 5-0125610 Page 6 |
|-------------|--|------------|---|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin | | | tions All |
| • | other Type III non-functionally integrated supporting organizations must co | | | tions. All |
| Sect | ion A - Adjusted Net Income | mpieto C | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | - | |
| | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | , | * .* |
| | instructions for short tax year or assets held for part of year) | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| | Discount claimed for blockage or other | 7.87 | · ***** | |
| | factors (explain in detail in Part VI) | 1, 3, | ţ,* | ` |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | × | |
| 2 | Enter 85% of line 1 | 2 | , * · | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | ., | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly-ıntegra | ited Type III supporting organ | nization (see |
| | instructions) | | | · |

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 NEW MEXICO BOYS AND GIRLS RANCHES, INC. 85-0125610 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

Amounts paid to supported organizations to accomplish exempt purposes

Section D - Distributions

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity

3 Administrative expenses paid to accomplish exempt purposes of supported organizations

4 Amounts paid to acquire exempt-use assets

5 Qualified set-aside amounts (prior IRS approval required)

6 Other distributions (describe in Part VI) See instructions.

7 Total annual distributions. Add lines 1 through 6.

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions.

9 Distributable amount for 2014 from Section C, line 6

10 Line 8 amount divided by Line 9 amount

(i)

(ii)

Excess Distributions | Underdistributions Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions
Pre-2014 | Distributable Amount for 2014 |
|-----------|---|---------------------------------------|--|--|
| 1 | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 | , , , , , , | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014 | 1. 3(1 e 1 | | |
| а | | | * \$ \$ | |
| b | | * 3. | , S, | \\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| c | [[2] \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | · · · ; ####### | | 48 4 |
| d | | , ž, "(*) | × | |
| е | From 2013 | >. '\', \\\ | ^ | . afa. e.d |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | ž . Ø |
| <u>h</u> | Applied to 2014 distributable amount | *###### \ | Million of the sign | |
| i_ | Carryover from 2009 not applied (see instructions) | `* \$ * | * * * | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | , ` , , |
| 4 | Distributions for 2014 from Section D, | | , , * * * , , , , , , , , , , , , , , , , , | |
| | line 7. \$ | | %, | , <u>, </u> |
| a | Applied to underdistributions of prior years | 4 | | 1, 2 |
| b | Applied to 2014 distributable amount | ! * ¹ | ** ; | |
| c | Remainder. Subtract lines 4a and 4b from 4 | | , | , * <u> </u> |
| 5 | Remaining underdistributions for years prior to 2014, if | | | *** |
| | any Subtract lines 3g and 4a from line 2 (if amount | , , | | |
| | greater than zero, see instructions). | <u> </u> | | : \$! |
| 6 | Remaining underdistributions for 2014 Subtract lines 3h | | | |
| | and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions) | *: | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j | | ` * | |
| | and 4c | | | L. |
| _8_ | Breakdown of line 7 | , , , , , , , , , , , , , , , , , , , | | 3 1 |
| <u>_a</u> | 1 | | | |
| <u>b</u> | · · · · · · · · · · · · · · · · · · · | | | |
| c | | | | |
| d | Excess from 2013 | | | |
| е | Excess from 2014 | | | < |

Schedule A (Form 990 or 990-EZ) 2014

(iii)

| art VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. |
|-------------|---|
| | Also complete this part for any additional information. (See instructions) |
| • | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE 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.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Name of the organization **Employer identification number** NEW MEXICO BOYS AND GIRLS RANCHES 85-0125610 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 a historically important land area Preservation of land for public use (e.g., recreation or education) 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 a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 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 year > 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? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

| | | ICO BOYS A | | | | | C::1 | 85-01 | 2561 | 0 P | age 2 |
|-----|---|-----------------------|---------------------------------------|------------------|----------------|--------------|-----------|-----------------|------------|----------------------------|--------------|
| | Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) | | | | | | | | | | |
| 3 | 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items | | | | | | | | | | |
| | (check all that apply). | | | | | | | | | | |
| а | | | | | | | | | | | |
| þ | | | | | | | | | | | |
| С | • | | | | | | | | | | |
| 4 | Provide a description of the organization's co | | | | | | | ose in Pai | t XIII | | |
| 5 | During the year, did the organization solicit or | | | | - | er sımılar | assets | r | _ | | _ |
| | to be sold to raise funds rather than to be ma | | | | | | | | _ Yes | L_ | No |
| Par | t IV Escrow and Custodial Arrang | | ete if the | organizatio | n answered " | 'Yes" to F | orm 990 |), Part IV, | lıne 9, or | | |
| | reported an amount on Form 990, Par | | | _ | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | diary for o | contribution | ns or other as | sets not i | ncluded | _ | _ | | - |
| | on Form 990, Part X? | | | | | | | | Yes | <u> </u> | No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the fo | llowing t | able: | | | | r: | | | |
| | | | | | | | | | Amoun | t | |
| ¢ | Beginning balance . | | | | | | 1c | | | | |
| d | Additions during the year . | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance . | | | | | | 1f | | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21, for e | scrow or co | ustodial acco | unt liabilit | ty? | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | <u> </u> |
| Par | t V Endowment Funds. Complete if | the organization an | swered | "Yes" to Fo | rm 990, Part | IV, line 10 |) | | | _ | |
| | | (a) Current year | (b) P | rior year | (c) Two year | s back (| d) Three | years back | (e) Fou | r years | back |
| 1a | Beginning of year balance | 4,724,406. | 4 | 645,867. | 6,622 | 305. | 6.7 | 720,687. | 5 | 870 | 243. |
| b | Contributions | 33,725. | 1 | 661,643. | 365 | 149. | • | 42,325. | | | 005. |
| С | Net investment earnings, gains, and losses | | | | | 814. | | | | | |
| d | Grants or scholarships | - | | • | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | 0. | 1 | 725 619. | 1.551 | 104. | | 4,636. | | 126 | 513. |
| f | Administrative expenses | 5,898. | | 9.077. | | 258. | | 15,506. | | | |
| g | End of year balance | 4,637,371. | 4 | 724.406. | | 867. | 6 6 | 22,305. | · | | |
| 2 | Provide the estimated percentage of the curr | ent year end balanc | e (line 1 | g, column (a | | | • | | · | , , | <u></u> |
| а | Board designated or quasi-endowment | • | % | , | | | | | | | |
| b | Permanent endowment ► 100.00 | % | _ | | | | | | | | |
| С | Temporarily restricted endowment ▶ | | | | | | | | | | |
| _ | The percentages in lines 2a, 2b, and 2c shou | | | | | | | | | | |
| За | Are there endowment funds not in the posse | • | ation tha | t are held a | nd administe | red for th | e organi | zation | | | |
| | py. | | | | | | 9 | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | X |
| | (ii) related organizations | | | | | | | | 3a(ii) | Х | |
| b | If "Yes" to 3a(II), are the related organizations | listed as required o | n Sched | lule R? | | | | | 3b | X | |
| 4 | Describe in Part XIII the intended uses of the | • | | | | | | | <u> </u> | | |
| Pai | t VI Land, Buildings, and Equipm | | , , , , , , , , , , , , , , , , , , , | <u>unus.</u> | _ - | | | | _ | | |
| | Complete if the organization answered | | Part IV | line 11a S | ee Form 990 | Part X lu | ne 10 | | | | |
| | Description of property | (a) Cost or o | | | or other | | cumulate | ad | (d) Boo | k value | |
| | bescription of property | basis (investr | | • • | (other) | | reciation | | (u) BUU | n value | - |
| 10 | Land | | | | 4,969. | 300 | 30.2001 | | 72 | 4,9 | 60 |
| | Buildings | | | | 7,522. | 3 3 | 63,0 | 16 | | $\frac{4}{4}, \frac{9}{4}$ | |
| b | • | | | - ,20 | ,,,,,,,,, | J, J | 00,0 | - 0. | - 54 | , 4 | <i>,</i> 0 • |
| C | Leasehold improvements | | | 2 71 | 7,643. | 2 1 | 81,7 | 98 | 26 | 5 0 | 1 E |
| d | Equipment | | | 4,14 | 1,040. | 4,4 | <u> </u> | 20. | | 5,8 | ± J • |
| | Other | aual Form 000, Port | Y 00/1:0 | n /P) /mc 1 | 1001 | | | | 1 01 | 5 2 | 0.0 |

Schedule D (Form 990) 2014

2. Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2014

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

| | dule D (Form 990) 2014 NEW MEXICO BOYS AND GIRLS RANCHES, INC. t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R | | 0125610 Page 4 | | |
|---|---|---------|-----------------------|--|--|
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 3,769,261. | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | | | | |
| b | Donated services and use of facilities 2b | | | | |
| c | Recoveries of prior year grants 2c | | | | |
| d | Other (Describe in Part XIII) 2d 3,580,762. | | | | |
| | Add lines 2a through 2d | 2e | 3,580,762. | | |
| e | Subtract line 2e from line 1 | 3 | 188,499. | | |
| 3 | | 3 | 100,400. | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 4a 4b 2,433,295. | | | | |
| b | | | 2 422 205 | | |
| C | Add lines 4a and 4b | 4c | <u>2,433,295.</u> | | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | Dot: | <u>2,621,794.</u> | | |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | Hetu | rn. | | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | | | |
| 1 | Total expenses and losses per audited financial statements . | 1 | <u>3,741,828.</u> | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of facilities . 2a | | | | |
| b | Prior year adjustments | | | | |
| С | Other losses | , | | | |
| d | Other (Describe in Part XIII) . 2d 767,670. | | | | |
| е | Add lines 2a through 2d | 2e | 767,670. | | |
| 3 | Subtract line 2e from line 1 | 3 | 2,974,158. | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | , | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b | Other (Describe in Part XIII.) | \$ 2 . | | | |
| | 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 | 2,974,158. | | |
| | tiXIII Supplemental Information. | | 2/3/1/1301 | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information. | 1; Part | X, line 2; Part XI, | | |
| PA | RT V, LINE 4: | | . | | |
| TH | E ENDOWMENT FUNDS ARE HELD BY THEIR RELATED ORGANIZATION T | HE 1 | NEW MEXICO | | |
| BO | S & GIRLS RANCH FOUNDATION, 85-0328251. THE ENDOWMENT FUN | DS A | ARE USED TO | | |
| PRO | OVIDE SCHOLARSHIPS TO CHILDREN TO ENABLE THEM TO ATTEND TH | E RA | ANCHES AND | | |
| <u>TO</u> | SUPPORT THE PROGRAM ACTIVITIES OF THE RANCHES. THIS YEAR, | \$2 | ,814,392 OF | | |
| TH | E ENDOWMENTS WERE ALLOCATED FOR SCHOLARSHIPS. | | | | |
| | | | | | |
| PA | RT X, LINE 2: | | | | |
| TH | ORGANIZATION APPLIES THE PROVISIONS OF FINANCIAL ACCOUNT | ING | STANDARDS | | |
| BO | ARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, IN | COMI | E TAXES. | | |
| FASB ASC 740 PROVIDES DETAILED GUIDANCE FOR THE FINANCIAL STATEMENT | | | | | |
| RE0 | COGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN TAX PO | | IONS IN AN | | |
| | | | | | |

| Schedule D (Form 990) 2014 NEW MEXICO BOYS AND GIRLS RANCHES, INC. 85-0125610 Page 5 Part XIII Supplemental Information (continued) |
|---|
| 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, 2015 AND 2014, THE |
| ORGANIZATION RECOGNIZED NO INCOME TAX PENALTIES. AS OF JUNE 30, 2015 AND |
| 2014, 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 3,580,762. |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: |
| DONATION FROM NEW MEXICO BOYS AND GIRLS RANCH FOUNDATION 2,433,295. |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: |
| NEW MEXICO BOYS AND GIRLS RANCH FOUNDATION 767,670. |
| |
| |
| |
| |
| |
| |
| |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

NEW MEXICO BOYS AND GIRLS RANCHES, INC.

Employer identification number 85-0125610

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| THE RANCHES IS A NON-PROFIT ORGANIZATION THAT OPERATES |
| MULTI-DENOMINATIONAL CHRISTIAN HOMES FOR CHILDREN WHO ARE NOT ABLE TO |
| LIVE AT HOME. THE SERVICES OFFERED PROVIDE STRUGGLING CHILDREN WITH A |
| STRUCTURED ENVIRONMENT, CONSISTENCY AND PREDICTABILITY AS THEY LEARN |
| LIFE SKILLS, INCLUDING COMMUNICATION, PEER RELATIONSHIPS, ADULT |
| RELATIONSHIPS, CULTURAL DIVERSITY, WORK SKILLS, SOCIAL SKILLS, COOKING |
| SKILL, CARING FOR ANIMALS, ETC. THE ON-CAMPUS SERVICES PROVIDE |
| COUNSELING FOR BOTH THE INDIVIDUAL AND THE FAMILY, EDUCATIONAL SKILLS, |
| FAMILY LIVING OPPORTUNITIES AS WELL AS PHYSICAL AND SOCIAL ACTIVITIES. |
| |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
| LIFE SKILLS, INCLUDING COMMUNICATION, PEER RELATIONSHIPS, ADULT |
| RELATIONSHIPS, CULTURAL DIVERSITY, WORK SKILLS, SOCIAL SKILLS, COOKING |
| SKILL, CARING FOR ANIMALS, ETC. THE ON-CAMPUS SERVICES PROVIDE |
| COUNSELING FOR BOTH THE INDIVIDUAL AND THE FAMILY, EDUCATIONAL SKILLS, |
| FAMILY LIVING OPPORTUNITIES AS WELL AS PHYSICAL AND SOCIAL ACTIVITIES. |
| |
| FORM 990, PART VI, SECTION A, LINE 2: |
| CERTAIN BOARD MEMBERS/KEY EMPLOYEES ARE MARRIED TO OTHER BOARD MEMBERS/KEY |
| EMPLOYEES AND HAVE CHILDREN WHO ARE EMPLOYEES. |
| |
| FORM 990, PART VI, SECTION B, LINE 11: |
| THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS |
| HAS THE ABILITY TO COMMENT. IF NO COMMENTS ARE MADE, THE FORM 990 IS FILED, |

IF THERE ARE COMMENTS MADE BY THE BOARD OF DIRECTORS THOSE COMMENTS ARE

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

Schedule O (Form 990 or 990-EZ) (2014)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

| 2014 | Open to Pub |
|------|-------------|
| | |
| | |

OMB No 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990

Employer identification number 85-0125610

INC GIRLS RANCHES NEW MEXICO BOYS AND Name of the organization Department of the Treasury Internal Revenue Service

(g) Section 512(b)(13) controlled å × entity? Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year Direct controlling End-of-year assets status (if section Public charity 501(c)(3)) 509(A)(3) Total income Exempt Code ਉ section 501(C)(3) Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) NEW MEXICO 85-0328251, 6209 HENDRIX NE, ALBUQUERQUE, NM MANAGEMENT FOR NEW MEXICO NEW MEXICO BOYS AND GIRLS RANCH FOUNDATION - FUNDRAISING & INVESTMENT BOYS AND GIRLS RANCHES Primary activity Primary activity 9 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part II Part 87110

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

Schedule R (Form 990) 2014

Page 2 85-0125610 Schedule R (Form 990) 2014 NEW MEXICO BOYS AND GIRLS RANCHES, INC.

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (C) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | 1 | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) Si General or managing ule Patner? Ule Patner? (65) Yes No | General or Percentage managing ownership Partner? Yes No |
|--|-------------------------|---|-------------------------------|---|------------------------------|---------------------------------|--|--|---|--|---|
| | | | | | | | | | | - | |
| | | | | | • | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Identification of Related Organizations Traxable as a Corporation or Trust Complete if the organization of trust during the tax year (a) (f) (f) (f) (f) (f) (h) (h) (h) (h) (h) (i) | anizations Taxable a | as a Corporing the tax | oration or Trust Co | mplete if the (c) | organization ar | nswered "Yes" (e) | on Form 990 | Part IV, line | 34 because it ha | id one or i | nore related |
| Name, address, and EIN of related organization | 7 | Prim | Primary activity | Legal domicile (state or foreign country) | Direct controlling entity | G corp, S corp, or trust) | | Share of total income | Share of end-of-year assets | Percentage ownership | ge 512(b)(13) controlled entity? |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | , | | | | | | | |
| 432162 08-14-14 | _ | | _ | 33 | | | - | | Schec | dule R (Fc | Schedule R (Form 990) 2014 |

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

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | χ | Yes No |
|---|----------------------------|-----------------------------|--|----------------------------|-------------|
| 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? | is with one or more re | lated organizations listed | ın Parts II·IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | > | | | - | × |
| b Gift, grant, or capital contribution to related organization(s) | | | | 2 | × |
| c Gift, grant, or capital contribution from related organization(s) | | | | ئ X | |
| d Loans or loan guarantees to or for related organization(s) | | | | 1d | × |
| e Loans or loan guarantees by related organization(s) | | | | <u>-</u> | × |
| | | | | | |
| f Dividends from related organization(s) | | | | = | × |
| g Sale of assets to related organization(s) | | | | 10 | × |
| h Purchase of assets from related organization(s) | | | | ŧ | × |
| ı Exchange of assets with related organization(s) | | | | = | × |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | ÷ | × |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | * | × |
| I Performance of services or membership or fundraising solicitations for related organization(s) | anızatıon(s) | | | = | × |
| $$ $$ Performance of services or membership or fundraising solicitations by related organization(s) | anization(s) | | | Ę | × |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | ion(s) | | | 1n X | + |
| o Sharing of paid employees with related organization(s) | | | | 9 | × |
| | | | | | > |
| | | | | d. | 4 : |
| Reimbursement paid by related organization(s) for expenses | | | | p. | × |
| r Other transfer of cash or property to related organization(s) | | | | ÷ | × |
| s Other transfer of cash or property from related organization(s) | | | | 15 | × |
| 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 | who must complete th | iis line, including covered | relationships and transaction thresholds | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | involved | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | , |
| (9) | | | | | |
| 432183 08-14-14 | 34 | | Schedule | Schedule R (Form 990) 2014 | 90) 2014 |

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

| inat was not a related organization. See instructions regarding exclusion for certain investment partities inps | | Sion for certain mive | estingin partifersings. | - | | | [| [| : | |
|---|-------------------------|-----------------------|---|-----------------------------|-----------------|-----------------------|-------------------------|--|--------------------------------|-------------------|
| (a) Name, address, and EIN | (b) Primary activity | (c) Legal domicile | (d) Predominant income har | (e) Are all thers sec | (t) Share of | (g) Share of | Dispropor- | Code V-UBI | (J) General or | (K) Percentage |
| of entity | (1) | | excluded from tax under sections 512-514) | Jer 501(c)(3) Jer 7es No | | end-of-year assets | tionate allocations? | tionale amount in box 20 managing ownership strong of Schedule K-1 parner? | managing partner? Yes No | ownership |
| | | | | | | | | | - | |
| | | | | | | | | | | |
| | | | | | | | | | _ | |
| | | | | | | | | | | |
| | | | | | _ | | | | - | |
| | | | | - | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | - | | | | | |
| | | | | | | | | | | |
| | | | | _ | | ı. | _ | | | |
| | | | | | | | | | - | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | F | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | - | |
| | | | | | | | | | | |
| | | • | | | • | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | - | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | _ | |
| | | | | - | | | | | | |

Schedule R (Form 990) 2014

| Schedule R | (Form 990) 2014 | NEW M | EXICO E | BOYS A | ND GIRLS | RANCHES, | <u>INC.</u> | <u>85-0125610</u> | Page 5 |
|------------|--------------------------------------|----------------|---------------|------------|---------------------------------------|---------------------------------------|-------------|-------------------|--------|
| Part VII | (Form 990) 2014 Supplemental Info | rmation | | | | | | | |
| · | Provide additional inform | | noneae to au | estions on | Schodula B (sac | inetrictions) | | | |
| | Provide additional inform | nation to resp | ponses to qui | estions on | Ochedule 11 (See | instructionsj. | | | |
| , | | | | | | | | | |
| | | | | | <u>_</u> | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| - | | , | | | | • | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | • | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | ·· | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | _ | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | 110 | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | • | | | | |
| | | | | | | | | | |
| | | | | | | | | · | |
| | | | | | | | | | |
| | | | | | | | | | |
| · <u> </u> | | | | | | | | | |
| | | | | | | | | | |
| | | | . | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | *** | | | | | · | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | _ |
| | | | | | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | ··· | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |