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# CANNED NOV 28 2017

Department of the Treasury

### EXTENDED TO NOVEMBER 15, 2017

## Return of Organization Exempt From Income Tax

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

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

2016
Open to Public Inspection

► Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service A For the 2016 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable X Address NEW MEXICO COMMUNITY FOUNDATION Name Ichange Doing business as 85-0311210 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return 135 W. PALACE AVENUE 301 505-820-6860 5,662,805. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amend SANTA FE, NM 87501 H(a) Is this a group return F Name and address of principal officer LINDA S. MILBOURN Yes X No Applicafor subordinates? SAME AS C ABOVE H(b) Are all subordinates included? ∐Yes L No Tax-exempt status  $\mathbf{X}$  501(c)(3)  $\mathbf{\Box}$  501(c) ( ) < (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.NMCF.ORG H(c) Group exemption number ▶ Association Other > K Form of organization: X Corporation Trust Year of formation: 1983 M State of legal domicile: NM Part I | Summary 1 Briefly describe the organization's mission or most significant activities: NMCF IS A STATEWIDE ENDOWMENT Activities & Governance BUILDING AND GRANT MAKING ORGANIZATION THAT SERVES AND INVESTS IN Check this box > I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2016 (Part V. Ine EacEIVFD 5 14 Total number of volunteers (estimate if necessary) 6 OSC 189. 7 a Total unrelated business revenue from Part VIII, column (C). NOV 08 2017 b Net unrelated business taxable income from Form 990-T, line 0. œ **Prior Year Current Year** 2,642,036. 3,318,175. Contributions and grants (Part VIII, line 1h) Revenue 350,564. 341,721. 9 Program service revenue (Part VIII, line 2g) 835,071 243,131. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -41,696 92,705. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 3,777,132 4,004,575. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,083,540. 999,832. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 791, 108 775,129. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 78,198. b Total fundraising expenses (Part IX, column (D), line 25) 1,879,610. 1,428,861. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,754,258 3,203,822. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 22,874. 800,753. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 23,804,559 25,400,564. 20 Total assets (Part X, line 16) 5,911,466. 6,214,254 21 Total liabilities (Part X, line 26) 893.093. 19,186,310 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign LÍNDA S. MILBOURN, INTERIM PRESIDENT & CEO Here Type or print name and title Date Print/Type preparer's name P00527004 Paid RHONDA WILLIAMS ► BARRACLOUGH & Firm's EIN 🛌 85-0378315 Preparer Firm's name Use Only Firm's address ▶ P.O. BOX 1847 Phone no. 505 - 983 - 3387 SANTA FE, NM 87504 X Yes \_\_ May the IRS discuss this return with the preparer shown above? (see instructions)

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Form 990 (2016)

F <u>o</u> rm	990 (2016) NEW MEXICO COMMUNITY FOUNDATION	85-0311210	Page 2
Par	t 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		
	NMCF IS A STATEWIDE ENDOWMENT BUILDING AND GRANT MAKING	G ORGANIZATIO	N
	THAT SERVES AND INVESTS IN NEW MEXICO'S COMMUNITIES AND	THEIR GREAT	EST
	ASSETS PEOPLE. AS A STEWARD OF COMMUNITY RESOURCE	CES, WE SUPPO	RT
	A QUALITY OF LIFE THAT REFLECTS THE DIVERSE VALUES, TRA	ADITIONS, BEA	YTU
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	. Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	us measured by expenses	6
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code ) (Expenses \$ 2,201,707. including grants of \$ 836,295.) (Reve	enue \$ 401,	746.)
	FUND MANAGEMENT - NEW MEXICO COMMUNITY FOUNDATION MANAGEMENT		
	SPONSORSHIPS, ENDOWED AND NON-PERMANENT DONOR ADVISED,	NONPROFIT	
	AGENCY, SCHOLARSHIP, DESIGNATED, COMMUNITY ADVISED, ANI	FIELD OF	
	INTEREST FUNDS, AND PROVIDES BACK OFFICE SUPPORT TO ORC		
	WHICH ADDRESS A WIDE RANGE OF ISSUES: EDUCATION, ARTS	AND CULTURE,	
	RURAL DEVELOPMENT, NATIVE PHILANTHROPY AND ENTREPRENEUR	RSHIP, WOMEN,	
	CHILDREN, AND FAMILIES, ENVIRONMENT AND ANIMAL PROTECTI		Y
	LEADERSHIP, CIVIC ENGAGEMENT, AND HEALTH AND WELLNESS.		
4b	(Code ) (Expenses \$ 499, 251. including grants of \$ 163, 537.) (Reve	enue \$	)
	NM COMMUNITY FOUNDATION POOLS RESOURCES TO SUPPORT NEW	MEXICO'S MOS	T
	UNDERSERVED COMMUNITIES, STRENGTHEN NEW MEXICO'S NONPRO	OFITS AND GRO	W
	PHILANTHROPY - ESPECIALLY IN RURAL NEW MEXICO - CONNECT	r donors to	
	VALUABLE PROJECTS AND VULNERABLE COMMUNITIES AND WORK	<u>ro be reponsi</u>	VE
	TO CURRENT, AND OFTEN URGENT, COMMUNITY NEEDS. NMCF IN	NITIATED AND	RAN
	PHILANTHROPIC PROGRAMS AND ACTIVITIES THAT ADDRESSED IS	SSUES THAT RA	NGE
		ENSURING EQUA	
	FOR WOMEN AND FAMILIES. NMCF DID THIS BY BUILDING RELA		
	COMMUNITY LEADERS, NONPROFITS, DONORS AND ITS FINANCIAL		
	CREATE GREATER OPPORTUNITY AND PROSPERITY IN NEW MEXICO		
	PARTNERSHIPS, WE AWARDED GRANTS TO DEVELOP NEW INITIATI	<u> (VES OR SUPPO</u>	RT
	EXISTING PROGRAMS.		
4c	(Code) (Expenses \$	enue \$	)
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
40	Total program service expenses ► 2.700.958.		

Form **990** (2016)

Form 990 (2016) NEW MEXICO COMMUNITY FOUNDATION
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)?			ļ
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	ļ
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 98-197 If "Yes," complete Schedule C, Part III	_ 5		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ļ		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	X	<b> </b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ĺ		
	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	ļ		
	Schedule D, Part III	8_		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	1		1
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	_9_	X	<del> </del>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			}
	as applicable.			ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	<del> </del> -
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		7.7	}
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	<del> </del>
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			7,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		₹.	•
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<b> </b>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		₹.	
	Schedule D, Parts XI and XII	12a	<u>X</u>	ļ.—
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			· .
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	i	X
14a		14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			l
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u>X</u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		х
40		15		Δ_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19		19		x
	complete Schedule G, Part III		990	(2016)
		. 5,,,,,	-55	(~~ · · · · /

	990 (2016) NEW MEXICO COMMUNITY FOUNDATION 85-03	<u> 11210</u>	<u>P</u>	<u>age 4</u>
Par	t IV Checklist of Required Schedules (continued)			
	•		Yes	No
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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	į
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ĺ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23	1	Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
274	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	[	<u> </u>	}
		04=	Į	X
•-	Schedule K. If "No", go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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	<u> </u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ĺ		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		ļ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			]
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	}		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	}		1
	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			
	instructions for applicable filing thresholds, conditions, and exceptions)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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	23	- 11	
30	contributions? If "Yes," complete Schedule M	30		х
		30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1 24	İ	v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			₹.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 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	1		
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
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	2		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
				2016)
			- 1	

2016) NEW MEXICO COMMUNITY FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or acts to see the second of the s Form 990 (2016)
Part V Sta

	Check if Schedule O contains a response of note to any line in this Part v				<u> </u>
		,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable	102			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	gaming			
	(gambling) winnings to prize winners?		1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	4.4			
	filed for the calendar year ending with or within the year covered by this return  2a	14		3.5	}
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b_	<u>X</u> _	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1	· •
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)				X_
b	If "Yes," enter the name of the foreign country	·	4a_		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(ERAD)	ļ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	(i DAi i).	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	•	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	zation solicit	- 50		
-	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or g	ifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the organization of the organizatio	nded to the payor?	7a		X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	ed			
	to file Form 8282?		7c		<u>X</u> _
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		1 1	٠,	,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f_		<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	. 1	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	a Form 1098-C?	7h_		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	l			
_	sponsoring organization have excess business holdings at any time during the year?		-8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12		- 1		ı
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b				l
11	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
-	amounts due or received from them )		i		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	Ì	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	į			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		- 1	ļ	
	The second secon	ļ	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	·			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1		
_	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand		{		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
			Form	990	(2016)

Form **990** (2016)

statements available to the public during the tax year

THE ORGANIZATION - 505-820-6860

135 W. PALACE AVENUE, NO. 301, SANTA FE,

87501

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

Form 990 (	NEW MEXICO_COMMUNITY FOUNDATION	85-0311210	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
	000 000 100 100 100 100 100 100 100 100		

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.

  • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	//	Positi				one	Reportable	Reportable	Estimated
	hours per	box	, unle	heck more than one ss person is both an d a director/trustee)			han	compensation	compensation	amount of
	week	$\vdash$	cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations	compensation
	related	6 6	gg		[	sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al tru		e G	шрег		(11 27 7000 111100)		and related
	below	Mdual	Institutional trustee	Ę	Кеу етріоуее	Highest compensated employee	je i			organizations
	line)	ig	Inst	Officer	X.	£ £	Former	<del></del>		
(1) ROBERT VALDEZ	1.00								1	
CHAIR	ļ	X	<u> </u>	X	<u>L</u>	L		0.	0.	0.
(2) BRUCE BLEAKMAN	1.00			ŀ	İ		l	_		
VICE CHAIR		X	<u> </u>	X	<u> </u>	<u> </u>		0.	0.	0.
(3) JOANN MELCHOR	1.00	l			ŀ			_	_	_
SECRETARY	ļ <u>.</u>	X	<u> </u>	Х	ļ	<u> </u>		0.	0.	0.
(4) LAURA HALL	1.00					1		_	_	_
TREASURER	1 00	X		X	ļ	<u> </u>		0.	0.	0.
(5) DAVID HENKEL	1.00	1						•		
DIRECTOR	1 00	X			<u> </u>	├—		0.	0.	0.
(6) JANIE MCGUIGAN	1.00	<b> </b>						•		
DIRECTOR	1 00	X	_		-			0.	0.	0.
(7) HOWELL PALMER	1.00	١,,		l				•	0	•
DIRECTOR	1 00	X				-		0.	0.	0.
(8) REGIS PECOS	1.00			l				0	0	0
DIRECTOR	1.00	X	<del> </del>	-		-		0.	0.	0.
(9) BARBARA POLEY	1.00	X						0.	0	0
DIRECTOR	1.00	-	-						0.	0.
(10) MARSHALL POOLE	1.00	X						0.	0.	0.
DIRECTOR (11) TESS WILKES	1.00	^	-						·	
DIRECTOR	1.00	X						0.	0.	0.
(12) TED O. HARRISON	24.00	1					_		· · ·	
PRES/CEO (JAN-JUNE) DIR (JULY-DEC)	21.00	x		Х				52,296.	0.	9,569.
(13) RUSSELL S. SMITH	40.00	-						32,230.	- 0.	2,303.
PRES/CEO (JULY-DEC)		1		x				57,581.	0.	492.
(13) MARYANN LUCERO	40.00	-		-						<u> </u>
FINANCE MANAGER		1		X				75,620.	0.	4,517.
								į		
		L								
	1		Ι.			l				

NEW MEXICO COMMUNITY FOUNDATION

85-0311210

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Form 990 (2016) NEW MEXICO COMMUNITY FOUNDATION

Part VIII Statement of Revenue

	_	Check if Schedule O contain	s a response	or note to any lin	e in this Part VIII			
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
our P		Membership dues	1b					
E,		Fundraising events	1c					
ar f		d Related organizations	1d					
S,E		Government grants (contribution	<del></del>	62,421.				İ
S		All other contributions, gifts, grants, a		********				
her	•	similar amounts not included above	1f	3 255 754				
SE				753,513.		ł		
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines 1a- Total, Add lines 1a-1f	" \$	 	3 318 175,			
-	·	T Total, 7 GG III GG TG TI		Business Code	3,310,173,			<del>                                     </del>
o	9 :	a GRANT AND FUND MANAGEMENT	paaa n	813211	350 564.	350,564.		
Š.				013211	330,304.	330,304.		
Ser								
ES								
Rea		d			<del></del>			<del> </del>
Program Service Revenue		All other program convex revenue			<del></del>			
_		<ul> <li>All other program service revenue</li> <li>Total, Add lines 2a-2f</li> </ul>		250.564		<del></del>	<del> </del>	
		3 Investment income (including dividends, interest, and			350 564.			<del> </del>
	3	•	st, and	204 525			204 506	
		other similar amounts)			204,586.			204,586.
	4	Income from investment of tax-ex	kempt bond p	roceeds				
ļ	5	Royalties	() D1		<del></del>			<del> </del>
	_		(ı) Real	(ii) Personal	6			
		a Gross rents						
		b Less rental expenses			, 12,3,			
		c Rental income or (loss)		L	` ' , \$			
		d Net rental income or (loss)	<del></del>	. •				<del> </del>
	7 2	<u>-</u>	i) Securities	(II) Other				
		assets other than inventory	1,696,775.					
	ŧ	b Less cost or other basis						
			1,658,230.					
	•	Gain or (loss)	38,545.	L		İ		
		d Net gain or (loss)		<b>&gt;</b>	38.545.	38,545.		<u> </u>
ē	8 8	a Gross income from fundraising e	vents (not					
en		including \$	of					
3eV		contributions reported on line 1c	) See	\ 				
Other Reven		Part IV, line 18	а					
Ţ.	t	b Less direct expenses	b					
	•	<ul> <li>Net income or (loss) from fundral</li> </ul>	sıng events	<u> </u>				
	9 8	<ul> <li>Gross income from gaming activities</li> </ul>	ties. See					
		Part IV, line 19	а					
	ŧ	b Less direct expenses	b					
	(	<ul> <li>Net income or (loss) from gaming</li> </ul>	activities	<b>▶</b>				
	10 a	a Gross sales of inventory, less ret	urns	ļ				
		and allowances	а					
	ı	b Less cost of goods sold	b			ļ		-
		c Net income or (loss) from sales o	f inventory	<b></b>				
		Miscellaneous Revenue		Business Code				
	11 2	a INCOME FROM PASS-THROUGH	PARTNERS	900099	80,068.		189	. 79,879.
	l .	b MISC INCOME		900099	12,637.	12,637.		
		c						
		d All other revenue						
	(	e Total. Add lines 11a-11d		<b>&gt;</b>	92,705.			
	12	Total revenue. See instructions.		<b>&gt;</b> _	4 004 575	401 746	189	284 465
								000

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 999,832 999,832 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 200,076. 42,036. 122,173. 35,867. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 448,884. 13,421. 338,324. 97,139. Other salaries and wages 7 Pension plan accruals and contributions (include 4,564, section 401(k) and 403(b) employer contributions) 15,564. 11,000. 52,291. 31,190. 18,429. 2,672. Other employee benefits 58,314. 32,692. 20,978. 4,644. 10 Payroll taxes Fees for services (non-employees) a Management 1,231. 6,662. 5,431. b Legal 23,287. 23,287. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 286,369. 286,369. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 135,462. 86,126. 41,496. 7,840. column (A) amount, list line 11g expenses on Sch O.) 1,102. 752 350. Advertising and promotion 12 38,2<mark>53</mark>. 7,605. 17,942. 12,706. 13 Office expenses 30,368. 13,133. 16,030. 1,205. Information technology 14 Royalties 15 42,927. 24,967. 14,291 3,669. Occupancy 16 13,824. 11,431 2,393 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 11,255. 5,060 6,195 Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 10,989 10,989. Depreciation, depletion, and amortization 22 13,931. 7,604. 5,052. 1,275. Insurance 23 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.) a PROJECT DISBURSEMENT 708,536. 708,536. 37,070. 37,070. **b** EVENTS 26,737. 26,737. c STIPENDS <u>4,</u>780. 14,662. 9,882 d MISCELLANEOUS 10,348 27,427. 17,079 e All other expenses 3,203,822. 424,666. Total functional expenses Add lines 1 through 24e 2,700,958. 78,198. Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SQP 98-2 (ASC 958-720)

Form 990 (2016)

Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check,if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,626,877.	1	2,293,601.
	2	Savings and temporary cash investments			2,785,561.	2	4,374,481.
	3	Pledges and grants receivable, net			5,000.	3	
	4	Accounts receivable, net			47,652.	4	48,205.
	5	Loans and other receivables from current and for	ormer of	ficers, directors,			
	}	trustees, key employees, and highest compensations		}			
	l	Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	ified pers	sons (as defined under			
		section 4958(f)(1)), persons described in section		ļ			
	ļ	employers and sponsoring organizations of sec		<b> </b>			
Ş	ļ	employees' beneficiary organizations (see instr)	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		i		7	
ď	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	7,200.
	10a	Land, buildings, and equipment, cost or other	1 1			<b> </b>	
	1	basis Complete Part VI of Schedule D	10a	110,642.		}	
	b	Less accumulated depreciation	10b	62,341.	17,997.	10c	48,301.
	11	Investments - publicly traded securities	17,078,533.	11	16,444,725.		
	12	Investments - other securities See Part IV, line	1,826,065.	12	1,757,967.		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			416,874.	15	426,084.
	16	Total assets. Add lines 1 through 15 (must equ	ial line 34	4)	23,804,559.	16	25,400,564.
	17	Accounts payable and accrued expenses			81,090.	17	125,237.
	18	Grants payable	500.	18	<u> </u>		
	19	Deferred revenue				19	 
	20	Tax-exempt bond liabilities			5 000 076	20	6 000 017
	21	Escrow or custodial account liability Complete			5,829,876.	21	6,089,017.
Liabilities	22	Loans and other payables to current and former					
Σij	}	key employees, highest compensated employee	es, and d	disqualified persons			
Lial		Complete Part II of Schedule L	_4 4 _ 4		<del> </del>	22	
	23	Secured mortgages and notes payable to unrela				23	<u> </u>
	24	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines	•				
		Schedule D	3 17 2-1,	Complete Fait X of		25	
	26	Total liabilities. Add lines 17 through 25			5,911,466.	26	6,214,254.
		Organizations that follow SFAS 117 (ASC 958	3) check	k here X and	3/3/1/1001		0/211/2011
S		complete lines 27 through 29, and lines 33 ar					
ဥ	27	Unrestricted net assets	•		382,756.	27	345,732.
alar	28	Temporarily restricted net assets			5,602,399.	28	6,840,752.
ã	29	Permanently restricted net assets			11,907,938.	29	11,999,826.
Š		Organizations that do not follow SFAS 117 (A	ASC 958	), check here			
ᇈ	1	and complete lines 30 through 34.		,,			
ţ;	30	Capital stock or trust principal, or current funds	;			30	
SSe	31	Paid-in or capital surplus, or land, building, or ed		t fund	<del></del>	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		Į.		32	
ž	33	Total net assets or fund balances	•	İ	17,893,093.	33	19,186,310.
	34	Total liabilities and net assets/fund balances			23,804,559.		25,400,564.
							Form <b>990</b> (2016)

	990 (2016) NEW MEXICO COMMUNITY FOUNDATION	<u>85</u> -	<u>-0311</u>	<u>. Z I U</u>	Pa	ge 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,20	3,8	22.
3	Revenue less expenses Subtract line 2 from line 1	3		80	0,7	53.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17	,89	3,0	93.
5	Net unrealized gains (losses) on investments	5			3,3	
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		-7	0,8	<u>57.</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	19	,18	6,3	10.
Pa	t 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 Cash X Accrual Other			, ;		ł
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			i	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				1
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					ļ
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	,	1		
	consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			) i		l
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	,	[ ]		1
	review, or compilation of its financial statements and selection of an independent accountant?		-	2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho			1 1		
3a	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	dıt	1		
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red au	dit			[
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			_3b_	000	
				Form	990 (	(2016)

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

<u>Total</u>

(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. Employer identification number

OMB No 1545-0047

Inspection

Name of	lame of the organization Employer identification number										
	NEW_	MEXICO COM	MUNITY FOUND	OITA	<b>J</b>		8	35-0311210			
Part I	Reason for Public	Charity Status (	All organizations must co	omplete th	us part ) S	ee instruction	s				
The organ	nization is not a private found	dation because it is	(For lines 1 through 12, o	check only	one box )	)					
1 🔲	A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(	1)(A)(i).					
2 🗀	A school described in sect	ion 170(b)(1)(A)(ıi). (	(Attach Schedule E (Forr	n 990 or 9	90-EZ))						
з 🔲	A hospital or a cooperative	hospital service org	anization described in se	ection 170	D(b)(1)(A)(i	iii).					
4 🔲	A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,			
	city, and state										
5 🗔	An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental ı	unit descri	oed in			
	section 170(b)(1)(A)(iv). (0	Complete Part II)									
6 🗀	A federal, state, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A	)(v).					
7	An organization that norma						he general	public described in			
	section 170(b)(1)(A)(vi). (Complete Part II )										
8 X	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II )							
9 🗌	An agricultural research org				ed in conji	unction with a	land-grant	college			
	or university or a non-land-	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state o	f the colleg	je or			
	university					-	-				
10 🔲	An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from			
	activities related to its exer										
	income and unrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ured by the or	ganization	after June 30, 1975			
	See section 509(a)(2). (Co	mplete Part III )									
11 🔲	An organization organized	and operated exclus	sively to test for public sa	afety See	section 5	09(a)(4).					
12	An organization organized	and operated exclus	sively for the benefit of, to	o perform	the function	ons of, or to ca	arry out the	e purposes of one or			
	more publicly supported or	rganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2)	See section !	509(a)(3). (	Check the box in			
	_lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line:	s 12e, 12f, and	d 12g.				
a		anızatıon operated, s	supervised, or controlled	by its sup	ported org	ganızatıon(s), t	ypically by	/ giving			
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting			
	organization You must o	complete Part IV, Se	ections A and B.								
b	Type II. A supporting org	anızatıon supervised	d or controlled in connec	tion with i	ts support	ed organizatio	n(s), by ha	ıvıng			
	control or management of	of the supporting org	anızatıon vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported			
	organization(s) You mus	t complete Part IV,	Sections A and C.								
c L	$oldsymbol{ol{ol{ol}}}}}}}}}}}}}}}}}}$	egrated. A supportin	g organization operated	ın connec	tion with,	and functiona	lly integrate	ed with,			
	its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.					
d [	Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	with its suppoi	ted organ	zation(s)			
	that is not functionally int	tegrated The organiz	zation generally must sat	isfy a dist	ribution re	quirement and	an attent	iveness			
	requirement (see instruct	ions) You must cor	mplete Part IV, Sections	A and D	, and Part	٧.					
e	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type	II, Type III				
	functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation						
f Ente	er the number of supported (	organizations						L			
	vide the following information			- / W Le the aver	inization listed			,			
(	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1 10	tu Aont Govern	ing document?	(v) Amount of	•	(vi) Amount of other			
		ļ	above (see instructions))	Yes	No	support (see in		support (see instructions)			
		<b>,</b>									
	··										
	1										
					<u> </u>						
					]						
				<u> </u>	ļ	<u> </u>					
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Schedule A (Form 990 or 990 EZ) 2016 NEW MEXICO COMMUNITY FOUNDATION 85-03112

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	4 593 375	2,192,034.	3,255,760.	2,642,036.	3,318,175.	16,001,380,
2	Tax revenues levied for the organ-	1,0,0,0,0,0	<u> </u>	3,233,100.	2,042,030.	3,310,173.	10,001,300.
	ization's benefit and either paid to	{					
	or expended on its behalf						
2	The value of services or facilities						<del></del>
3	furnished by a governmental unit to						
	the organization without charge				:		
	-						
	Total. Add lines 1 through 3	4,593,375.	2,192,034.	3,255,760.	2,642,036.	3,318,175.	16,001,380.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		ĺ				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		Ì			}	
	column (f)						4.031.258.
	Public support. Subtract line 5 from line 4						11 970 122.
	ction B. Total Support			· · · ·	<del></del>		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	4,593,375.	2,192,034.	3,255,760.	2,642,036.	3,318,175.	16,001,380.
8	Gross income from interest,		}				
	dividends, payments received on					İ	
	securities loans, rents, royalties						
	and income from similar sources	756,549.	272,521.	249,834.	187,978.	284,465.	1,751,347,
9	Net income from unrelated business		ĺ				
	activities, whether or not the		ļ				
	business is regularly carried on	8,129.	8,250.	15,864.	-2,603.	189.	29,829.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)				2,202.	12,637.	14,839.
11	Total support. Add lines 7 through 10						17,797,395.
	Gross receipts from related activities,	etc (see instruction	ons)			12 1	,046,728.
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	י x vear as a sectioi		
	organization, check this box and stor			, ,			
Se	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	67.26 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14		. 1	15	70.02 %
16a	33 1/3% support test - 2016. If the c	organization did no	t check the box or	n line 13, and line 1	 14 is 33 1/3% or m		
	stop here. The organization qualifies					,	$\triangleright x$
b	33 1/3% support test - 2015. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes		• •		13, 16a, or 16b, a	and line 14 is 10%	or more.
	and if the organization meets the "fac	_					•
	meets the "facts-and-circumstances"			•	•	t trition and organ	<b>▶</b>
۲	10% -facts-and-circumstances tes	-		, ,,	•	7a and line 15 is 1	10% or
•	more, and if the organization meets the						. 470 01
	organization meets the "facts-and-circ						
1Ω	Private foundation. If the organization						
_10_	Treate Touridation. If the Organization	did not oneon a t	50% OFF III 10, 102	., .00, 17a, 01 170		dula A (Form 990	

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Sec	qualify under the tests listed be ction A. Public Support	now, please comp	olete Part II )				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(0) 20 12	(0) 20.0	(6) 25	(4)20.0	10,2010	10101
•	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ī	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-				<del> </del>	<del></del>	
•	ization's benefit and either paid to or expended on its behalf	 					
5	The value of services or facilities						
	furnished by a governmental unit to		l				
	the organization without charge					ļ	
6	Total. Add lines 1 through 5	-					
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		ļ	İ			
t	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	i					
ď	: Add lines 7a and 7b						
_	Public support. (Subtract line 7c from line 6)		\$ , a				
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6		3-7	, G/ =			
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)		L	<u> </u>	<u></u>	<u>L</u>	<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2016 (li	ne 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage	,			· · ·
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2016. If the			on line 14, and line	e 15 is more than		
•	more than 33 1/3%, check this box ar	-					▶[_]
t	33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, che-	organization did n	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
20	Private foundation. If the organization			•		-	

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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		
	4a		
	11-		
	4b		
	4c	: 	
	5a		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
; ; !	10a		
	10b		

	dule A (Form 990 or 990-EZ) 2016 NEW MEXICO COMMUNITY FC			85-0311210 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non functionally integrated supporting organizations must co	omplete S	ections A through E	<del></del>
Sect	ion A - Adjusted Net Income		(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		
Sect	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		
_с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).			
_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		<u> </u>
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8	<del></del>	<u></u>
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	<del></del>	<u> </u>
7	Check here if the current year is the organization's first as a non-functional	llv integrat	ed Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

	dule A (Form 990 or 990 EZ) 2016 NEW MEXICO CO			5-0311210 Page 7
Par	Typo III (ton t anotheria) intogratou oo	(a)(3) Supporting Org	anizations (continued)	<del></del>
S <u>ecti</u>	on D - Distributions	<del></del>	<del> </del>	Current Year
1	Amounts paid to supported organizations to accomplish exe	<del></del>	<del> </del>	
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpose			
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	ne organization is responsivi	е	
	(provide details in Part VI) See instructions	<del></del>		
9	Distributable amount for 2016 from Section C, line 6	<del></del>		
10	Line 8 amount divided by Line 9 amount			
		(1)	(ii)	(iii)
C	ion E - Distribution Allocations (ass instructions)	Excess Distributions	Underdistributions	Distributable
secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			(
f	Total of lines 3a through e			
a	Applied to underdistributions of prior years			;= ,
	Applied to 2016 distributable amount			
ì	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7· \$			
а	Applied to underdistributions of prior years			<del></del>
	Applied to 2016 distributable amount	<del></del>		<del> </del>
	Remainder. Subtract lines 4a and 4b from 4		<del>                                     </del>	<del>                                     </del>
5	Remaining underdistributions for years prior to 2016, if		· · · · · · · · · · · · · · · · · · ·	
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h		<del> </del>	<del></del>
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub>	<del> </del>		
•	and 4c			
8	Breakdown of line 7	<del></del>	<del> </del>	<del> </del>
_ <del></del> a				<del> </del>
	Excess from 2013		<del> </del>	<del></del>
	Excess from 2014	<del></del>	<del></del>	<del> </del>
	Excess from 2015		<del> </del>	
	Excess from 2016		<del>                                     </del>	
<u>~</u>	_ <del></del>			<u></u>

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-E	Z) 2016 NEW	MEXICO	<u>COMMUNITY</u>	FOUNDATION	85-0311210 Page 8
Part VI	Supplementa Part IV, Section A line 1, Part IV, Sec	I Information, lines 1, 2, 3b, 3ction D, lines 2 ar, 6, and 8, and Pa	Provide the e.c, 4b, 4c, 5a, 6, nd 3, Part IV, Se	xplanations requir 9a, 9b, 9c, 11a, 1 ection E, lines 1c,	red by Part II, line 10, Pa I1b, and 11c, Part IV, S 2a, 2b, 3a, and 3b, Part	art II, line 17a or 17b, Part III, line 12, ection B, lines 1 and 2, Part IV, Section C, V, line 1; Part V, Section B, line 1e, Part V, for any additional information.
	(See Instructions)	<u></u>				
			<del></del>			
					<del></del>	
	<del></del>			<del></del>		
<del></del>						
			<del> </del>			
						<del></del>
			<del></del>	·		<del></del>
			<del></del>	<del></del>		
	<del></del>	·				

### SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

2016
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Schedule D (Form 990) 2016

Employer identification number Name of the organization NEW MEXICO COMMUNITY FOUNDATION 85-0311210 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 44 Total number at end of year 612,509. 2 Aggregate value of contributions to (during year) 281,650. 3 Aggregate value of grants from (during year) 4,602,938. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes 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 X Yes impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2h c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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 on 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 on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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		ICO COMMUN						Page 2
Par	t III Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collection	ıtems
	(check all that apply)							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other			<del></del>		
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's ex	empt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma						Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	<b>gements.</b> Comple rt X, line 21	ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for contribution	is or other assets no	t included			
	on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table <sup>.</sup>			_		
							Amount	
С	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 F	orm 990, Part X, line	21, for escrow or ci	ustodial account liab	ulity?		Yes	X No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has been	provided on Part XI	11			
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	12,819,250.	13,595,681.	14,194,772.	13.	522,868.	11.	604,666.
b	Contributions	39,939.	129,228.	138,206.		73,943.	1.	577.107.
С	Net investment earnings, gains, and losses	748,459.	-295,399.	298,905.	1,	567,118.	1.	268,993.
d	Grants or scholarships	100,330.	99,629.	479,830.		647,039.		830,356.
е	Other expenditures for facilities							
	and programs	316,187.	368,421.	373,309.		234,029,		
f	Administrative expenses	136,558.	142,210,	183,064.		88,089,		97,542.
g	End of year balance	13,054,573.	12,819,250.	13,595,681.	14	194,772,	13,	522,868.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as				
а	Board designated or quasi-endowment	.00	_%					
b	Permanent endowment ► 89.00	%						
С	Temporarily restricted endowment ▶ <u>1</u>	1.00 %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
<b>3</b> a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organi	zation	-	
	by.							Yes No
	(i) unrelated organizations						3a(ı)	X
	(ii) related organizations						3a(ii)	X
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?							
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	, line 10			
	Description of property	(a) Cost or of	, , ,	I	Accumulat	ed	(d) Book	value
		basis (investm	<del></del>	(other) de	preciation			
1a	Land	8,0	000.				8	3,000.
b	Buildings							
С	Leasehold improvements							
d	Equipment							
	Other			2,642.	62,3	41.		<u>),301.</u>
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, column (B), line 1	(Oc.)		<b>▶</b> i	4.8	3,301.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

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.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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NEW MEXICO COMMUNITY FOUNDATION

85-0311210 Page 4

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

632054 08-29-16

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

e I (Forr	bout Schedule I (Forr	Attach to Form 990.	n 990) and its instructions is at www.lrs.gov/form990.
	bout Schedu	À	le I (Forn
Information 8			$\blacktriangle$

91
20

Open to Public

Inspection

2 | 26. Employer identification number 85-0311210 (h) Purpose of grant or assistance X Yes PROGRAM SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 864,459 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table NEW MEXICO COMMUNITY FOUNDATION (c) IRC section (if applicable) 501(C)(3) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government SEE ATTACHED STATEMENT Name of the organization Part I Part II

Schedule I (Form 990) (2016)

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85-0311210 NEW MEXICO COMMUNITY FOUNDATION Schedule I (Form 990) (2016)

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) A COMMITTEE REPORT ARE REQUIRED FROM GRANTEES; SITE VISITS ARE OFTEN PERFORMED BY NMCF REVIEWS GRANT APPLICATIONS TO DETERMINE WHICH ORGANIZATIONS AND PROPOSALS Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information THE ABOVE STEPS ARE TAKEN IN ORDER TO ENSURE THAT THE FUNDS WERE AT THE END OF A NARRATIVE REPORT OF ACCOMPLISHMENTS AND A FINANCIAL MEET THE CRITERIA, AND THE AMOUNTS TO GRANT TO QUALIFYING APPLICANTS (d) Amount of non-cash assistance THE GRANTEE IN ACCORDANCE WITH THEIR INTENDED PURPOSE. GRANTS ARE AWARDED WITH A LETTER OF TERMS AND CONDITIONS. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance THE GRANT PERIOD, PART I, LINE 2: USED BY STAFF.

Schedule I (Form 990) (2016)

# SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Open To Public Inspection

Name of the organization

NEW MEXICO COMMUNITY FOUNDATION

Employer identification number 85-0311210

Par	rt I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	etermır	_	ts
	Art. Marks of art		items contributed	Form 990, Part VIII, line 1g	<del></del>			
1	Art - Works of art	-					- <del></del>	
2	Art - Historical treasures	<b></b>		<del> </del>				
3	Art · Fractional interests	<b> </b>	<del> </del>					
4	Books and publications	<b></b>	<del> </del>					
5	Clothing and household goods	<b> </b>	ļ					
6	Cars and other vehicles	<b> </b>						
7	Boats and planes	<b></b>						
8	Intellectual property	<u> </u>				=	<del></del>	
9	Securities - Publicly traded	X	9	753,513.	STOCK MARKE	T_Q	UOT	ES_
10	Securities - Closely held stock	<b> </b>	ļ					
11	Securities - Partnership, LLC, or	1						
	trust interests	<u></u>						
12	Securities - Miscellaneous							
13	Qualified conservation contribution -		Į.					
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential		L					
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	ļ						
19	Food inventory	L						
20	Drugs and medical supplies		L	L				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organ	nization durin	g the tax year for c	ontributions				
	for which the organization completed Form 8		-	, ,				
			•				Yes	No
30a	During the year, did the organization receive	by contribution	on any property rei	oorted in Part I, lines 1 throug	ah 28. that it			
	must hold for at least three years from the da	-	· · ·		-		'	1
	exempt purposes for the entire holding period		,			30a		X
b	If "Yes," describe the arrangement in Part II			•		000		
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	31	}	х
	Does the organization hire or use third parties					J.		
-E-0	contributions?	or rolated Of	34.1124110110 to 3011	on, process, or sell floridasit		32a		X
Ь	If "Yes," describe in Part II					UZa		<u> </u>
33	If the organization didn't report an amount in	column (c) fo	r a type of propert	v for which column (a) is cho	ckad	}		
<i>-</i>	describe in Part II	colorini (c) io	i a type of propert	y to without column (a) is one	oneu,	}		1

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

Schedule M	(Form 990) (2016) 1	NEW MEXIC	O COMMUNITY	FOUNDATION	85-0311210	Page 2
Part II	Supplemental I is reporting in Part I, this part for any add	nformation. P column (b), the n itional information	rovide the information umber of contribution	n required by Part I, lines 3 ns, the number of items re	30b, 32b, and 33, and whether the organizaceived, or a combination of both. Also com	ation iplete
		<del> </del>	<del></del>			<del></del>
				<del></del>		
						<del></del>
		,				
	<del></del>					
		<del></del>				
				<del></del>		

### **SCHEDULE 0**

(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. Open to Public Inspection

OMB No 1545-0047

Name of the organization

NEW MEXICO COMMUNITY FOUNDATION

Employer identification number 85-0311210

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NEW MEXICO'S COMMUNITIES AND THEIR GREATEST ASSETS PEOPLE. AS A
STEWARD OF COMMUNITY RESOURCES, WE SUPPORT A QUALITY OF LIFE THAT
REFLECTS THE DIVERSE VALUES, TRADITIONS, BEAUTY AND DREAMS OF NEW
MEXICO. BUILDING COMMUNITY WEALTH AND RELATIONSHIPS, MAXIMIZING
COMMUNITY CAPACITY AND SELF-RELIANCE ARE AT THE HEART OF OUR WORK.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND DREAMS OF NEW MEXICO. BUILDING COMMUNITY WEALTH AND RELATIONSHIPS,
MAXIMIZING COMMUNITY CAPACITY AND SELF-RELIANCE ARE AT THE HEART OF OUR
WORK.
FORM 990, PART VI, SECTION B, LINE 11B:
THE COMPLETED 990 IS SHARED WITH THE ENTIRE BOARD. BOTH THE FINANCE
COMMITTEE AND THE BOARD REVIEWS AND APPROVES FOR SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT
WHEN THEY JOIN THE BOARD, THEN ANNUALLY THEREAFTER. THE STAFF MONITORS FOR
POSSIBLE CONFLICTS OF INTEREST IN THE PROCESS OF MAKING GRANT OR
EXPENDITURE DECISIONS. TRANSACTIONS OR DEALINGS THAT CREATE A POSSIBLE
CONFLICT OF INTEREST MUST BE APPROVED BY THE BOARD.
FORM 990, PART VI, SECTION B, LINE 15:
NO INITIAL CONTRACT OFFER OR SUBSEQUENT CHANGE IN COMPENSATION IS EFFECTIVE
UNTIL IT IS CONSIDERED REASONABLE AND IS APPROVED BY THE BOARD OF DIRECTORS  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2016)