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Form **990-EZ**

EXTENDED TO NOVEMBER 15, 2017 Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For the	e 2016 calendar year, or tax year beginning and ending		
В	Check if	C Name of organization) Employer ic	lentification number
	\neg	ress change	, ,	
		e change NEW MEXICO MULTI-CULTURAL FOUNDATION INC	85-04	176529
Ē	\neg		Telephone	
Ē	TFInal	return/ 201 THIRD ST NW STE 1150		336-6700
Ē	Ame		F Group Exer	
Ē		tation pending ALBUQUERQUE, NM 87102	Number >	
G			H Check	
Ť		te: ►N/A		d to attach Schedule B
J		cempt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527		990-EZ, or 990-PF).
		of organization: X Corporation Trust Association Other	11 01111 030,	330 22, 01 330 11).
-		nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	, > \$	144,388.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc		:1)
 ب		Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts, grants, and similar amounts received	Til	75,000.
	2	Program service revenue including government fees and contracts	2	
- i	3	Membership dues and assessments	3	
· •	4	Investment income	4	
-)	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
1/3	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
. 10	6	Gaming and fundraising events		
ď)	a	Gross income from gaming (attach Schedule G if greater than		•
Ž	1	\$15,000) 6a		
Revenue	Ь	Gross income from fundraising events (not including \$ of contributions		
Œ	}	from fundraising events reported on line 1) (attach Schedule G if the sum of such		
	1	gross income and contributions exceeds \$15,000) 69 , 38	38.	
	C	Less: direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	69,388.
	7a	Gross sales of inventory, less returns and allowances 7a		
	Ь	Less: cost of goods sold 7b		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule 0)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	144,388.
	10	Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O	10	25,000.
	11	Benefits paid to or for members	11	
ģ	12	Salaries, other compensation, and employee benefits	12	
Expenses	13	Professional fees and other payments to independent contractors	13	300.
Ç	14	Occupancy, rent, utilities, and maintenance SEE SCHEDULE O	14	3,493.
ú	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O	16	10.
	17	Total expenses. Add lines 10 through 16	▶ 17	28,803.
<i>(</i> A	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	115,585.
Net Assets	19			
As	1	(must agree with end-of-year figure reported on prior year's return)	19	20,888.
f et	20	Other changes in net assets or fund balances (explain in Schedule (1)	20	0.
_	21_	Net assets or fund balances at end of year. Combine lines 18 through 20 SEP 1 2 ZU17	21	136,473.
LH	A For	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2016)
		OGTEN, IIT		, ,
			a-10	
63	2171 12	-08-16) 1	1
		^		<i>L</i> .

	n 990-EZ (2016) NEW MEXICO MULTI-CULTURAL	FOUNDATION	INC	<u>85-</u>	04765	29 Page 2
Pa	Balance Sheets (see the instructions for Part II)	• .				
<u>.</u>	Check if the organization used Schedule O to res	pond to any ques			(D) F	X
20	Cook sawage and investments	-	(A) Beginning of year 2,149	-		nd of year
22 23	Cash, savings, and investments Land and buildings	-	2,143	22	 	<u>121,527.</u>
24	Other assets (describe in Schedule O) SEE SCHEDULE O		18,739		 	14,946.
25	Total assets		20,888			136,473.
26	Total liabilities (describe in Schedule 0)		0	$\overline{}$		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		20,888	. 27		136,473.
Pa	art III Statement of Program Service Accomplishmen					penses
	Check if the organization used Schedule O to res		stion in this Part II		(Required 501(c)(3)	tor section and 501(c)(4)
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE O				organizatio	ons; optional for
	ribe the organization's program service accomplishments for each of its three largest program i her, describe the services provided, the number of persons benefited, and other relevant inform		enses in a clear and concise		others.)	
	TO PROMOTE THE MULTIPLE CULTURES WI		ATE OF NEW		 	
	MEXICO AND TO EDUCATE THE PUBLIC AB		ULTURES.			
		001 111202 0	OHI ORED V		}	
	(Grants \$) If this amount includes foreign g	rants, check here	>		28a	28,803.
29						
					1 1	
00	(Grants \$) If this amount includes foreign g	rants, check here		<u> </u>	29a	
30					}	
					1 1	
	(Grants \$) If this amount includes foreign g	rants, check here	>	X	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign g	rants, check here	▶		31a	
	Total program service expenses (add lines 28a through 31a)				32	<u> 28,803.</u>
Pa	List of Officers, Directors, Trustees, and Key E				instructions fo	or Part IV)
				,		1-1
	Check if the organization used Schedule O to res	·	1			(a) Fatimated
		(b) Average hours	(C) Reportable compensation (Forms	(d) He	ealth benefits,	(e) Estimated amount of other
	(a) Name and title	·	(C) Reportable	(d) He conti emple plans,	ributions to byee benefit and deferred	
JA		(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti emple plans,	ributions to oyee benefit	amount of other
	(a) Name and title	(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti emple plans,	ributions to byee benefit and deferred	amount of other
PR RE	(a) Name and title MES M. LONG ESIDENT BECCA LONG	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) He conti emple plans,	ributions to byee benefit and deferred apensation	amount of other compensation
PR RE SE	(a) Name and title MES M. LONG ESIDENT BECCA LONG CRETARY	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) He conti emple plans,	ributions to byee benefit and deferred apensation	amount of other compensation
PR RE SE AD	(a) Name and title MES M. LONG ESIDENT BECCA LONG CRETARY ORIAN PEREZ	(b) Average hours per week devoted to position 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He conti emple plans,	ributions to byee benefit and deferred apensation	amount of other compensation 0.
PR RE SE AD	(a) Name and title MES M. LONG ESIDENT BECCA LONG CRETARY	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He conti emple plans,	ributions to oyee benefit and deferred ipensation	amount of other compensation
PR RE SE AD	(a) Name and title MES M. LONG ESIDENT BECCA LONG CRETARY ORIAN PEREZ	(b) Average hours per week devoted to position 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He conti emple plans,	ributions to byee benefit and deferred apensation	amount of other compensation 0.
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	1990-EZ (2016) NEW MEXICO MULTI-CULTURAL FOUNDATION INC 85-0476			Page 3
. Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Sch. O to respond to any question in thi			\mathbf{x}
		$\neg \neg$	Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		_X_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<u> </u>
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		<u> </u>
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	<u>A</u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	1 1		v
07.	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	36		<u>X</u>
		076		v
	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	37b		<u> X</u>
JUA	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	304		
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1 1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			2.
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			- 6
_	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			*
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	,	, ·	
	by the organization O.		\$	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400	٠١.	v
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NM	40e	L	<u> </u>
	The organization's books are in care of ► JAMES LONG Telephone no. ► 505-83	6-6	700	
72 W	Located at ► 201 THIRD ST NW STE 1150, ALBUQUERQUE, NM ZIP+4 ► 8			
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	720		
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		1	\\\-	
	Daths are not a section of the desired for the desired for the section of the sec		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
L	Form 990-EZ	44a	 	X
Q	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	AAL	1	v
•	Did the organization receive any payments for indoor tanning services during the year?	44b 44c	\vdash	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	740	_	1
u	In Schedule O	44d	1	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			T
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<u>L</u>	
		Form 9	90-EZ	(2016

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NEW MEXICO MULTI-CULTURA	L FOUNDATION	INC	85-04765		Page 4
C Did the expression areas described as a second described as a se			" Г	Yes	No
Did the organization engage, directly or indirectly, in political campaign activ	rities on behalf of or in opposit	tion to candidates for pi	i		7.7
If "Yes," complete Schedule C, Part I				46	X
Part VI Section 501(c)(3) organizations only	47.401 150 1 1		50 154		
All section 501(c)(3) organizations must answer questions	•		es 50 and 51.		
Check if the organization used Schedule O to respond to a	iny question in this Part VI			W	
				Yes	
47 Did the organization engage in lobbying activities or have a section 501(h) e	-	year? If "Yes," complete		47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,	•		├	48	X
49a Did the organization make any transfers to an exempt non-charitable related	organization?)—	49a	X
b If "Yes," was the related organization a section 527 organization?			L-	49 <u>b</u>	
50 Complete this table for the organization's five highest compensated employed	·	ors, trustees, and key e	mployees) who ea	ch received	d more
than \$100,000 of compensation from the organization. If there is none, ente	r "None."			·	
(a) Name and title of each employee	(b) Average hours	(C) Reportable	(d) Health benefits, contributions to	(e) Estir	
	per week devoted to	compensation (Forms W-2/1099-MISC)	employee benefit plans, and deferred	amount o	
NONE	position		compensation	compen	sation
]	1	
				İ	
]		
			L		
			1		
			}	1	
			1	}	
			 	 	
	7			1	
f Total number of other employees paid over \$100,000			1		
51 Complete this table for the organization's five highest compensated indepen	dent contractors who each re-	ceived more than \$100	000 of compansa	non from th	าด
organization. If there is none, enter "None." NONE	ident contractors who cach re-	ceived illote than \$100;	ooo or compensa	מטוו וויטווו נו	.10
(a) Name and business address of each independent contractor		(b) Type of service		ompensati	
(a) Name and business address of each independent contractor		I Type of Service		unpensan	UII
					
					
			[
					
			ł		
			}		
·			}		
d Total number of other independent fontractors each receiving over \$100,00		>			
52 Did the organization complete Schellule AP Note: All section 501(c)(3) orga	nizations must attach a				
completed Schedule A			▶ [3	Yes [No
Under penalties of perjury, I declare that Imave examined this return, including aci	companying schedules and st	atements, and to the be	est of my knowled	ge and beli	ef, it is
true, correct, and complete. Declaration of prepartr (other than officer) is based o	n all information of which pre	parer has any knowledo	ge. / /		
			9/6/17		
Sign Signature of officer			Date		
Here JAMES LONG, PRESIDENT			1		
Type or print name and title					
Print/Type preparer's name Preparer's signatu	re Date	Check	If PTIN		
	,	, self- emplo	,		
Paid DOHN GORDON	- $9k$	111	- 1	7314	a
Firm's name > Dammert to TROLDE C HITT	LL, L.L.P.	Eirm's Elf	N ► 74-113		
OSE OTHER	STE B				
		Phone no	<u>. 505–266</u>	-330	*
				Yes	
May the IRS discuss this return with the preparer shown above? See instructions	'	·		orm ODO-F	No

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

Nam	e of t	the organization						Employer	identification number
		NEW_	MEXICO MUL	TI-CULTURAL	FOUND	ATION	_INC	8	5-0476529
Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	ıs part) Se	e instruction	s.	
The	organ	ization 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	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 99	90-EZ))			
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	ın 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	llege or university owne	d or operat	ted by a go	overnmental	unit describ	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II)			• •			
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma						the general	public described in
		section 170(b)(1)(A)(vi). (C		, ,,	Ū			Ū	•
8		A community trust describe		(1)(A)(vi). (Complete Par	t)				
9		An agricultural research org				ed in conju	inction with a	land-grant	college
		or university or a non-land-g							
		university					,	J	
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sur	port from	contribution	ons, member	ship fees, a	and gross receipts from
		activities related to its exer							
		income and unrelated busin		•				• •	-
		See section 509(a)(2). (Cor				•	,	J	,
11		An organization organized	and operated exclus	ively to test for public sa	afety See:	section 50	09(a)(4).		
12		An organization organized						arry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) 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 organization	n and con	plete lines	s 12e, 12f, an	d 12g	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
		organization You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	iving
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s) You mus	t complete Part IV,	Sections A and C.					
c		Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	and functions	ally integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization ope	rated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct							
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or							
f	Ente	er the number of supported o	organizations						
9		ride the following information			* * * · · · · · · · · · · · · · · · · ·			·	_
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	inization listed ing document?	(v) Amount o	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see	nstructions)	support (see instructions)
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-18 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 NEW MEXICO MULTI-CULTURAL FOUNDATION INC85-0476529 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support I Gifts, grants, contributions, and more benching fees received (10 not include any "unusual grants.") 2 Tax revenues level of the organization is benefit and either paid to or expended on its behalf or expended on the behalf or the organization without charge or expended on the behalf or the organization in the three three organization is the expended on the behalf or the organization in the three three organization is the expended on the three three organization is the expended on the three three organization is the expended organization of the expended organization or three three organization organization or three three organization organization or three three organization	800	tails to quality under the tests	ilsted below, pleas		· · · · · · · · · · · · · · · · · · ·			
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Schedule A (Form 990 or 990-EZ) 2016 NEW MEXICO MULTI-CULTURAL FOUNDATION INC85-0476529 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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 qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and		}				
	membership fees received (Do not		ł				
	ınclude any "unusual grants.")	L					
2	Gross receipts from admissions,						
	merchandise sold or services per-						1
	formed, or facilities furnished in any activity that is related to the		1		1)
	organization's tax-exempt purpose	<u>_</u>			1)
3	Gross receipts from activities that			1	1	Ţ	
	are not an unrelated trade or bus-			ļ	1		ļ
	iness under section 513		1		1		ļ
4	Tax revenues levied for the organ-		T				
	ization's benefit and either paid to	ļ	{		1		
	or expended on its behalf	1			1		
5	The value of services or facilities	 				1	
	furnished by a governmental unit to	1			1		
	the organization without charge		1		ľ		
6	Total. Add lines 1 through 5					†	
	Amounts included on lines 1, 2, and		1		 	 	
	3 received from disqualified persons		1		1		1
b	Amounts included on lines 2 and 3 received				 	 	
	from other than disqualified persons that	1 1	Ţ				ł
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	}]	,		ł
c	Add lines 7a and 7b		 		†		
_	Public support. (Subtract line 7c from line 6)	, , ,	 	 	 		
	ction B. Total Support					<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6		10,	10/25.	10/2010	10/2010	17.15.5.
-	Gross income from interest,			 	 	 	
	dividends, payments received on	ı	1		1	1	
	securities loans, rents, royalties and income from similar sources	ı	}				
	Unrelated business taxable income		 	 	 	 	
	(less section 511 taxes) from businesses	1	l		1		ļ
	acquired after June 30, 1975	1		,	1		ļ
_	Add lines 10a and 10b	_ 		 	 	+	
_	Net income from unrelated business	- 	 	 	 	 	
••	activities not included in line 10b,	,	1		1		
	whether or not the business is	ı	ł		1	,	
12	regularly carried on Other income. Do not include gain		 	 	 		
12	or loss from the sale of capital	ı	}		1		
40	assets (Explain in Part VI)		 	 	 		
	Total support (Add lines 9, 10c, 11, and 12)		1	<u> </u>			<u> </u>
14	First five years. If the Form 990 is for	tne organization	s first, second, thi	ra, tourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
50.	check this box and stop here ction C. Computation of Publi	ic Support Do	rcentage				
						7	
	Public support percentage for 2016 (I		•	column (t))		15	
	Public support percentage from 2015 etion D. Computation of Investigation					16	%
						Tarl	
	Investment income percentage for 20	•	•	ne 13, column (t))	•	17	
	Investment income percentage from 2	-	•		.45 !!	18	%
198	33 1/3% support tests - 2016. If the						I/ IS not
	more than 33 1/3%, check this box as						. ▶
b	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che					_	
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
63202	23 09-21-16			_	Sc	hedule A (Form 99	0 or 990- EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 NEW MEXICO MULTI-CULTURAL FOUNDATION INC85-0476529 Page 4

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	A. Ali	Supporting	Organizations
-----------	--------	------------	----------------------

<u> </u>	Sections A, D, and E if you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations		<u> </u>	
	And all of the annual colors and annual colors to the delice of the colors and the		Yes	<u>No</u>
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.	1	\vdash	
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)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
D	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	01-		
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	0.0		
4.	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-	-	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			ı
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	415		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		_
С	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)	4.		
	purposes	4c		
ъа	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	5a		,
	was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		χ.
D	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	1	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	, <u>sc</u>	<u> </u>	
U	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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		T	
•	(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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1	_
Ŭ	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		ļ
Qa.	Was the organization controlled directly or indirectly at any time during the tax year by one or more		1	
Ju	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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ja	1	1
IJ	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	1	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30	1	†
U	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
100	Was the organization subject to the excess business holdings rules of section 4943 because of section	30	1	1
ıva	4043(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			

632024 09-21-16

10a

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

	dule A (Form 990 or 990 EZ) 2016 NEW MEXICO MULTI-CULTURAL FOUNDATION INC85-04	1004	אר <u>כ</u>	ge 5
ra	t IV Supporting Organizations (continued)		Vasil	No.
•	Has the argonization asserted a gift or contribution from any of the following across 2		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
	below, the governing body of a supported organization? A family member of a person described in (a) above?	11b		
		11c		
	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. tion B. Type I Supporting Organizations	110	1	
Jec	tion b. Type i oupporting organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
1	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			
	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		
•	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sac	tion C. Type II Supporting Organizations			
Sec	tion 6. Type if Supporting Organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	[100	1,10
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		-
Sac	the supported organization(s). tion D. All Type III Supporting Organizations	i		<u> </u>
Sec	tion b. All Type in Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		,	<u> </u>
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	, ,	,	
	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		-	
3	significant voice in the organization's investment policies and in directing the use of the organization's	1	ł	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			}
	supported organizations played in this regard.	3	1	
Sec	etion 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 yea(see instructions).			
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	D. I. I. I. II. III. III. III. III. III			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	İ		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	make the second			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
	activities but for the organization's involvement.	2b	<u>L</u> .	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	District the state of the state of the state of the officers discretely			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
ь	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	3b		
		000 0		7) 00 4

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Schedule A (Form 990 or 990-EZ) 2016 NEW MEXICO MULTI-CULTUR	AL FO	UNDATION INC85	5-0476529_Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			art VI) See instructions.
other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E	
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		16.	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 Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	X	
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	ılly ıntegra	ted Type III supporting orga	anization (see

instructions)

Schedule A (Form 990 or 990 EZ) 2016 NEW MEXICO MULTI-CULTURAL FOUNDATION INC85-0476529 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 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 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 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 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions **Excess Distributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016. b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2016 from Section D. line 7 a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 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 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_j and 4c 8 Breakdown of line 7. b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 NEW MEXICO MULTI-CULTURAL FOUNDATION INC85-0476529 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)
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SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization NEW MEX	ICO MULTI-CULTURAL	ਯ∩	רואוו	ATTON THE	Employer ide 85-0476	ntification number ちつり
	· Complete if the organization answe					
Indicate whether the organization rais a	sed funds through any of the following Solicitates for oral agreement with any individual lart VII) or entity in connection with providuals or entities (fundraisers) pursu	ion of interior of the control of th	non-govern govern using of ling of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					ļ	
Total 3 List all states in which the organization or licensing	on is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from re	egistration
		-				
			-			
			·			

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

Schedule G (Form 990 or 990-EZ) 2016

	Γ	of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	pro greater triali \$5,000.
			MONTEZUMA	(b) Event #2	NONE	(d) Total events (add col. (a) through
			BALL (event type)	(overt type)	(total number)	col. (c))
J.			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	69,388.			69,388.
	2	Less Contributions				-
	3	Gross income (line 1 minus line 2)	69,388.			69,388.
		Cook manage	}			
	4	Cash prizes				<u> </u>
es	5	Noncash prizes			 	
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment]		
	9	Other direct expenses				
	1	Direct expense summary. Add lines 4 through	• •			
Pź	irt l	Net income summary. Subtract line 10 from I III Gaming. Complete if the organization		1990 Part IV line 19 or	reported more than	69,388.
		\$15,000 on Form 990-EZ, line 6a.	answered res our om	1 550, Fait IV, line 15, 01	reported more trian	
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enu			(a) biligo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c)
Revenue						
_	1_	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes% No	
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condi				
9		the organization licensed to conduct gaming a			•	└ Yes └ No
а		No " evoluin				
а		No," explain.				
а		No," explain.				
10a	If "	ere any of the organization's gaming licenses r	evoked, suspended, or to		year?	Yes No
10a	If "		evoked, suspended, or to		year?	Yes No

Schedule G (Form 990 or 990 EZ) 2016 NEW MEXICO MULTI-CULTURAL FOUNDATION INC85-		
11 Does the organization conduct gaming activities with nonmembers?	L Yes	L_ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	∟_ No
13 Indicate the percentage of gaming activity conducted in	1 1	
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party		
Name		
Address >		
16 Gaming manager information:		
Name		
0		
Gaming manager compensation > \$		
Description of services provided		
Description of services provided		
Director/officer Employee Independent contractor		
Director/officer Employee Independent contractor		
17 Mandatory distributions.		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III	, lines 9, 9b, 1	0b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
532083 09-12-16 Schedule G (Fo	rm 990 or 99	D-EZ) 201

Schedule G	(Form 990 or 990-EZ)	NEW MEXICO	MULTI-CULTURAL	FOUNDATION	INC85-0476529	Page 4
Part IV	Supplemental Info	mation (continued)	MULTI-CULTURAL			
•	·	<u>-</u>				
						
						
	- 					
					 	
						
						
	 					
						
				· · · · · · · · · · · · · · · · · · ·		
						
		- 				
						
						
						
						
						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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.

OMB No 1545-0047 16 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

NEW MEXICO MULTI-CULTURAL FOUNDATION	INC 8	35-0476529
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS	:	
ACTIVITY CLASSIFICATION:		
GRANTEE NAME: NATIONAL INSTITUTE OF FLAMENCO		
GRANTEE ADDRESS: 1620 CENTRAL AVE SE ALBUQUERQUE, NM	87106	
GRANTEE RELATIONSHIP: UNRELATED		
PROPERTY DESCRIPTION: CASH		
DATE OF GIFT: 07/01/16		
AMOUNT GIVEN:		25,000.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILI	TIES, AN	ND MAINTENANCE:
DESCRIPTION OF EXPENSES:		AMOUNT:
DEPRECIATION		3,493.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
STATE FILING FEE		10.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION BEG	. OF YEA	AR END OF YEAR
ACCOUNTS RECEIVABLE	10,300	10,000.
OTHER DEPRECIABLE ASSETS	8,439	9. 4,946.
TOTAL TO FORM 990-EZ, LINE 24	18,739	9. 14,946.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE	ORGANIZ <i>I</i>	ATION'S PURPOSE
IS TO PROMOTE THE MULTIPLE CULTURES WITHIN THE STATE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-18		MEXICO AND 0 (Form 990 or 990-EZ) (2016)

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► 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.

2016
Open to Public

Open to Public Inspection

Name of the organization	NEW MEXICO	O MULTI-C	ULTURAL 1	FOUNDATION	INC	Employer identification number 85-0476529
TO EDUCATE THE	PUBLIC ABOU	UT THESE	CULTURES	•		
FORM 990-EZ, PA	ART V, INFO	RMATION R	REGARDING	PERSONAL	BENEF	IT CONTRACTS:
THE ORGANIZATIO	TOM DID NOT,	DURING I	HE YEAR,	RECEIVE A	NY FUI	NDS, DIRECTLY,
OR INDIRECTLY,	TO PAY PRE	MIUMS ON	A PERSON	AL BENEFIT	CONTI	RACT.
THE ORGANIZATION	TON DID NOT	, DURING	THE YEAR	, PAY ANY	PREMI	JMS, DIRECTLY,
OR INDIRECTLY,	ON A PERSON	NAL BENEF	TIT CONTRA	ACT.		
		. —				
						