Form 990

JU

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

7	Jniem	al Revenu	ie Service	Go to www.irs.gov/rorm990 for instructions and the latest i			inspection ·
$\overline{}$				endar year, or tax year beginning 7/1/2017 , and er		0/2018	
			applicable	C Name of organization NEW MEXICO CENTER ON LAW AND POVERTY	D Employer	identification	number
	╚	Address o	hange	Doing business as			
	\Box	Name cha	2000	Number and street (or PO box if mail is not delivered to street address) Room/suite	85-0437960		
	''	vallie Cire	ange	924 PARK AVE SW C	E Telephone	number	
	Initial return			City or town State ZIP code	505-255-28	40 '	
				ALBUQUERQUE NM 87102	303-233-20	+0	
	<u> </u>	ınaı retum	nemmateu	Foreign country name Foreign province/state/county Foreign postal	code		
	₽	Amended	return		G Gross rece	eipts \$	1,038,892
	П.	antina tin		F Name and address of principal officer	11/-3 1- 15		Yes X No
	^ لـــا	opplication	n pending		H(a) Is this a group return f		= =
				Sireesha Manne 924 Park Ave SW, Albuquerque, NM 87102	H(b) Are all subordinate	s included?	Yes No
	I Ta	ax-exem _l	pt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	If "No," attach a lis	t (see instruct	ions)
	JV	Vebsite	: ► ww	w.nmpovertylaw.org	H(c) Group exemption r	number 🕨	
						T	
			ganization		r of formation 1995	M State of	legal domicite NM
	P	art I	Su	mmary			
		1	Briefly o	escribe the organization's mission or most significant activities.	New Mexico Center	on Law an	d Poverty is
	ည္တ		dedicate	ed to advancing economic and social justice through education, advocacy a	and		
	Activities & Governance			. We work with low-income New Mexicans to improve living conditions, inc			
	ē	9		nis box If the organization discontinued its operations or disposed		of its not as	
	ó	2			1		
	<u>م</u>	3				3	
	S	4		of independent voting members of the governing body (Part VI, line 1b) .		4	7
	Ę	5		mber of individuals employed in calendar year 2017 (Part V, line 2a)		5	27
	妄	6		mber of volunteers (estimate if necessary)		6	3
	Ā	7a	Total un	related business revenue from Part VIII, column (C), line 12		7a	0
		b	Net unre	elated business taxable income from Form 990-T, line 34		7b	0
					Prior Year		Current Year
	Ð	8	Contribu	itions and grants (Part VIII, line 1h)	2,612	2,784	953,743
	Revenue	9	Progran	service revenue (Part VIII, line 2g)	182	2,197	83,016
	Š	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)	2	2,030	2,133
9	œ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
2019		12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,797	7.011	1,038,892
10		13		and similar amounts paid (Part IX, column (A), lines 1–3)	2,707	0	0
-		14		paid to or for members (Part IX, column (A), line 4)		0	
		15		other compensation, employee benefits (Part IX, column (A), lines 5–10).	1,205		<u> </u>
₹	Şe			· · · · · · · · · · · · · · · · · · ·	1,200		1,398,925
$\mathbf{\Xi}$	ē	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	<u> </u>
NED MAR	Expenses	b		draising expenses (Part IX, column (D), line 25) 115,120			
Щ		17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		3,950	373,557
		18	Total ex	penses. Add lines 13–17 (must equal Part-IX, column-(A), line-25)	1,704	,445	1,772,482
ð		19	Revenu	e less expenses. Subtract line 18 from line 127 = C = 11/ = 1	1,092		-733,590
SCAN	3 07				Beginning of Current	Year	End of Year
တ	set	20	Total as		2,961	,071	2,231,268
	t As	21	Total lia	polities (Part X, line 16)	75	5,670	79,457
	Net Asset Fund Balar	22	Net ass	ets or fund balances Subtract line 21 from ine 20	2,885	5,401	2,151,811
		rt II	Sic	nature Block FOCDEAL LIT			······································
'				, I declare that I have examined this return, including accompanying schedules and statements,	and to the best of my kn	owledge	
				ct, and complete Declaration of preparer (other than officer) is based on all information of which	•	•	
	٥.			5/	RIII	18	
	Sig			Signature of officer	Date	12 (11)	0
	Her	e		SIREESHA MANNE, EXECUTIVE DRECTOR		1 4/11/1	⊅ .
				Type or print name and title			
	_		Prin	Type or print name and title Type preparer's name Preparer's signature	Date		PTIN
	Pai	ч	' '"'	L'i reparet a signature		heck if	""
			, Kha	ryn L Cover Pharin Que	12/2/2018 s	elf-employed	P01469709
		parer		's name Kharyn L. Cover, CPA, PC	Firm's EIN ▶	85-047471	
	US	Only	<i>'</i>				
				's address ► 9636 Villa Del Rey NE, Albuquerque, NM 87111	Phone no	(505) 797-	
	May	the IB	≀S diecuie	s this return with the preparer shown above? (see instructions)			X Yes No

Part I	(2017)			LAW AND PO			0.	5-0 <u>437960</u>	Pa
	III S	tatement o	f Program Ser	vice Accom	plishments	long a consideration to a second	11		ſ
				_	se or note to any	line in this Part I	<u> </u>		. [
			nization's mission:						
					d to advancing ec		• • • • • • • • • • • • • • • • • • • •		
						e New Mexicans to) 		
		g conditions,	increase opportu	inities and pro	tect the rights of p	eople living			
	poverty.		 						
						year which were no			
	-						• • • • •	Yes	· LX
			ew services on S						
	_		_	-	-	it conducts, any pr	ogram	<u> </u>	
	ervices?							· Yes	X
			hanges on Sched						
						ts three largest pro			
						port the amount of	grants and alloca	tions to other	s,
tric	е кокаг ехр	enses, and re	evenue, ir any, for	each prograr	n service reported				
4a (C	ode:	<u> </u>	(Expenses \$	279 203	including grants i	of \$	\ /Revenue \$		
						Center seeks to inc	roaco		
					aid recipients and	indiagnt care	• • • • • • • • • • • • • • • • • • • •		
						services, eligibility			
						nt New Mexicans,			
			llyses of health ca						
J-2-1					·				
						••			
					·				
 4b (C	Code:								
		······································	(Expenses \$	307,299	including grants	of \$) (Revenue \$		484
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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)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	, ,			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	and the second s			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_X_	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			.,
40	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	1.		_
16		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	4.		
17		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	,,		V
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		_X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
13	If "Yes," complete Schedule G, Part III	19		х
	" roo, compact conducted, rate in			

85-0437960 Part IV Checklist of Required Schedules (continued) Yes No Х 20a Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H.... 20a 20b **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х 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 Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c 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 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or Х 25b 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 26 Х 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. 36 Х 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 37 Х

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. . . .

	990 (2017) NEW MEXICO CENTER ON LAW AND POVERTY 85-043	7960	Р	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			\Box
	,	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	•	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	l		
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	X
b 10	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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
b	If "Yes," enter the name of the foreign country:	44		F
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit 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			
_	gifts were not tax deductible?	6b		<u> </u>
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			
1.	and services provided to the payor?	7a	-	Х
b c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		-
C	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		┝
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		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	·		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
-	against amounts due or received from them.)			ĺ
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	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	·		Ì
	the organization is licensed to issue qualified health plans]		l
С	Enter the amount of reserves on hand		<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

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

C = =4	in A Comming Dady and Hannaraman			• • •	<u> </u>
Sect	ion A. Governing Body and Management			V	
4		ام. جا		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year	<u>1a 7</u>			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1 b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint			
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during			
	the year by the following:	-			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the I	nternal Revenue C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such co	hapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pur	poses?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befor		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ŭ			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	ive rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	describe in Schedule O how this was done		12c		Х
13	Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation a	-			
а	The organization's CEO, Executive Director, or top management official		15a	X	A-m Amm.
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement			
	with a taxable entity during the year?		16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg				
	the organization's exempt status with respect to such arrangements?		16b	~ 	
Sect	ion C. Disclosure		100		
17	List the states with which a copy of this Form 990 is required to be filed NM				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Section 501(c)(3)	s only	 /)	-
	available for public inspection. Indicate how you made these available. Check all that apply.	. (55511511 561(6)(6)	iny	,	
		olaın ın Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c		y an	d	,
	financial statements available to the public during the tax year.	ormor or interest poin	y, an	.	
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records	•		
	NMCLP	505-255-2840	-		
	924 PARK AVE SW, STE C, ALBUQUERQUE, NM 87102				

•											-	
Form 990 (2017)	NEW MEXICO CENTER ON LAW	AND POVERTY	,						85-04379	60	Page 7	
Part VII	Compensation of Officers, Dire	ctors, Truste	es, K	ey	Emp	loye	es, l	lighest Comp	ensated			
	Employees, and Independent C Check if Schedule O contains a r		te to	any	y line	in th	ıs Pa	art VII				
Section'A.	Officers, Directors, Trustees, Key E	mployees, and	Highe	est (Comp	ensa	ted E	mployees				
1a Complete organization's	this table for all persons required to be tax year.	listed. Report co	mpen	ısatı	on fo	the c	alen	dar year ending v	with or within the			
of compensat	of the organization's current officers, d ion. Enter -0- in columns (D), (E), and (F) if no compens	ation	wa	s paic	l.			-	unt		
 List the who received 	 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. 											
	of the organization's former officers, ke eportable compensation from the organ							employees who r	eceived more th	an		
	of the organization's former directors of the organization's former directors of the organization of the					•	•			the		
•	n the following order: individual trustees employees; and former such persons	or directors; ins	titutio	nal	truste	es, of	fficers	s, key employees	s; highest			
Check th	s box if neither the organization nor any	y related organiz	ation	con	npens	ated	any c	urrent officer, dir	ector, or trustee.			
	(A) Name and Title	(B) Average hours per week (list any	box, office	unles er an	ss perse d a dire	ore than on is bo ctor/tru	th an stee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimal amount other	ited it of	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee Key employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compens from th organiza and rela organizat	he ation ated	

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	neck ss pe d a d	rson	n of the state of	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Peter Mallery	0.30									
Director	0.00		<u> </u>	X				Ó	0	0
(2) Jim Spadaccini Director	0.00							0	o	0
(3) Regis Pecos	0.30		П							
Director	0 00							О .	o	0
(4) John Boyd	0 30									
Director	0 00	Х						0	0	0
(5) Justice Richard Bossonrid	0.30									
Director	0.00	Х						0	0	0
(6) Jessica R. Terrazas	0 30	•								
Director	0 00	-	╙					0	0	0
(7) Gwen Perea-Warniment	0.50	•								
President	0 00		_					0	0	0
(8) Justice Edward Chavez	0.30									
Director	0.00		<u> </u>	_				0	0	0
(9) Edward Tabet-Cubero	40.00			١.,	1					
Former Executive Director	0.00		├	Х	<u> </u>			88,595	0	14,633
(10) Sireesha Manne	40.00			١.,					_	
Exec. Director	0.00		<u> </u>	Х	_			55,105	0	753
(11)										
(12)						_				
(13)										
(14)										

35-	<u>04</u>	37	'QI	ൈ	
J.J.	$^{-}$	u,	9	-	

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted box, unless person is both an officer and a director/trustee) of individual on the organizations below dotted box, unless person is both an officer and a director/trustee) officer employee employee employee				one nan	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation		of tion e ion ed	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)										***				
(21)				-										
(22)														
(23)														
(24)														
(25)														
1b							<u></u>	•	143,700		0		15	,386
c d	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c).							>	143,700		0		15	<u>0</u> 5,386
2	Total number of individuals (including but not lin reportable compensation from the organization	nited to those lis						ved	more than \$100	,000 of				<u>.</u>
3	Did the organization list any former officer, dire		kov o	mnl	01/0		r biak	2001	componented	•			Yes	No
	employee on line 1a? If "Yes," complete Sched								· · · · ·		.	3		X
4	For any individual listed on line 1a, is the sum of	*	•						•					
	the organization and related organizations grea <i>individual</i>		וו ייטנ	. YE	!S,	соп	ipiete		neauie J for suci	n 		4		
5	Did any person listed on line 1a receive or accr													
Sec	for services rendered to the organization? If "Ye tion B. Independent Contractors	es," complete So	chedu	ile J	for	suc	h per	son	1			5		_X
1	Complete this table for your five highest compe compensation from the organization. Report co year.											ax		
	(A) Name and business addr	ress							(B) Description of sen	vices		(C) ompen		
														0
					-									<u>0</u> 0
											0			
2	Total number of independent contractors (include	-	ed to	tho	se li	ste	d abo	ve)	who received					0
	more than \$100,000 of compensation from the	organization	•				0			İ				

Part VIII Statement of Reven

		Check if Schedule O contains	a response o	r no	ote to any line ir	n this Part VIII			. [_]
in in the second			Land Service	T		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ঠ ই	1a	Federated campaigns	_	a	- 10	37.75	46.4		
ran	b	Membership dues	· · · · -	ь	0				
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	<u> </u>	c	0				
ar /	d	Related organizations	<u> 1</u>	d	0				
S, E	e	Government grants (contributions	s).′. 1	le	0				
to t	f	All other contributions, gifts, gran	ts, and						
혈粪		similar amounts not included abo		1f	953,743				
Contributions, and Other Simi	a	Noncash contributions included in li		\$	0				
ŭ m	h	Total. Add lines 1a-1f		•		953,743			
	<u> </u>			T	Business Code			44.25.00	0.0202225472
Ž	2a	ı		ŀ		• 0			
ě	b	Attorney fees		ŀ	541100	83,016	83,016		
9				ŀ	341100	03,010	05,010	<u></u>	. ,
Ž	٦ ا			ŀ	•	0	 		
Š	u			ŀ					
Lan	e	All al.		ŀ		0			
Program Service Revenue	T	All other program service revenu		L		0	\$05.00 \$00000000 05*40* 57 25	NOT SEALT DOMESTICATION	NO MEETA NOTANINA
	9	Total. Add lines 2a-2f				83,016			
	3	Investment income (including div							
	١.	other similar amounts)				2,133	<u> </u>	•	2,133
	4 .	Income from investment of tax-ex	•			· 0		,	
	5	Royalties		٠,	<u> ▶</u>	0		67 A11V - 5 A1 - 11	* / . * 1
		•	(ı) Real	_	(II) Personal				
	6a	Gross rents							
	b	Less: rental expenses							
	С	Rental income or (loss)		0	0				
	d	Net rental income or (loss)			▶	. 0			ı
	7a	Gross amount from sales of	(i) Securities		(II) Other				证的 的依然是
		assets other than inventory		0	0				
	ь	Less: cost or other basis				La toll or real 22			
		and sales expenses	ļ	ol	0				
	c	Gain or (loss)		히	0				
	d	Net gain or (loss)			. •	0		The state of the s	
	_	110. ga o. (1000)		٦		4 - 4 - 4 - 4 - 4 - 4			
<u>o</u>	8a	Gross income from fundraising							
Ĭ	04	events (not including \$. 0		ž.		1.32	\$ 10 m	
Š		of contributions reported on line	10)		9				
Ř		See Part IV, line 18.	-	₋│	0				
Other Revenue	_			a	0				
5	b	Less direct expenses		b [54.4	
	C	Net income or (loss) from fundral	-	. г	<u> </u>	OUT / COVERED AND STATE OF THE		200 A TORREST NO. 607 (\$1.27) A 607	and the state of the
	9a	Gross income from gaming activi			,				399
	_	See Part IV, line 19		a	0				
	b	Less: direct expenses		Ь	, 0				
	С	Net income or (loss) from gaming	g activities	, [<u> ▶</u>	0	Apparer de Lumbi lember honorippi (former husburgen	** *******************************	
	10a	Gross sales of inventory, less			v .				
		returns and allowances		a [0		100		
	b	Less: cost of goods sold		b [0				
	С	Net income or (loss) from sales of	of inventory		▶	· · 0			
		~- Miscellaneous Revenue ~			Business Code			22.37.753.776	<u> </u>
	11a			\Box		0			
	b				-	. 0			
	c			ı		0			
	ď	All other revenue		t	,	0			
	e	Total. Add lines 11a–11d		L		ő		CONTRACTOR OF STREET	
	12	Total revenue. See instructions		•	•	1,038,892	- / /	0	2,133
					<u>-</u>		1 30,010		

Form 990 (2017)

Par	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other of	organizations must d	omplete column (A)
	Check if Schedule O contains a response or note				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		İ		AND CONTRACTOR SERVICES
	domestic governments. See Part IV, line 21	0			Straightick t
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1			
	individuals See Part IV, lines 15 and 16	0			Will a state of the state of
4	Benefits paid to or for members	0		(数元)(数元)	500 当388年 建新
5	Compensation of current officers, directors,				
	trustees, and key employees	147,164	126,561	8,830	11,773
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	992,410	864,877	57,666	69,867
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	32,095	28,142	1,613	2,340
9	Other employee benefits	143,747	124,922	8,120	10,705
10	Payroll taxes	83,509	73,410	4,393	5,706
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
С	Accounting	32,860	28,071	1,719	3,070
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0	1 to the world with the state of	Total Marie and he was	
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	172,329	172,235	37	57
12	Advertising and promotion	0			
13	Office expenses	43,468	35,416	2,960	5,092
14	Information technology	0			
15	Royalties	0			
16	Occupancy	73,475	64,060	4,624	4,791
17	Travel	15,965	15,965		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	18,049	16,154	1,660	235
20	Interest	0			``
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	12,019	9,699	1,518	802
24	Other expenses Itemize expenses not covered		AND MILITARIA		
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	The state of the state of		100	
а	Repairs & Maintenance	2,902	2,576	180	146
þ	Equipment Purchases	2,490	1,474	480	536
C		0			
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	1,772,482	1,563,562	93,800	115 , 120
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and		1		
	fundraising solicitation. Check here ► if		<u> </u>		
	following SOP 98-2 (ASC 958-720)		<u></u>		

Part X Balance Sheet

		Check if Schedule O contains a response or	note to any	/ line in this Part X			
	•		-		(A)		(B)
	•				Beginning of year		End of year
	1	Cash—non-interest-bearing			166,910	1	81,535
-	2	Savings and temporary cash investments .	925,199	2	841,359		
	-3	Pledges and grants receivable, net			1,850,190	3	1,291,212
,	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and for	ormer office	rs, directors,			
		trustees, key employees, and highest compensations	ated employ	yees			
		Complete Part II of Schedule L			0	5	
	6	Loans and other receivables from other disqualified person	ons (as define	ed under section	Exist Const.		
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing	ng employers and			
		sponsoring organizations of section 501(c)(9) voluntary e					
Ş		organizations (see instructions) Complete Part II of Sche			0	6	
Assets	7	Notes and loans receivable, net			0	7	0
ĕ	8	Inventories for sale or use			0	8	
	9	Prepaid expenses and deferred charges			18,772	9	17,162
	10a	Land, buildings, and equipment cost or		,			PR-2370 VX 63-250 VX
		other basis. Complete Part VI of Schedule D	10a	6,032			
	ь	Less: accumulated depreciation	10b	6,032	0	10c	0
	11	Investments—publicly traded securities			0		0
	12	Investments—other securities. See Part IV, line			0		0
	13	Investments—program-related. See Part IV, line			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			- 0		0
	16	Total assets. Add lines 1 through 15 (must equa			2,961,071	16	2,231,268
	17	Accounts payable and accrued expenses			75,670		79,457
	18	Grants payable	0	18	,		
	19	Deferred revenue		0	19		
	20	Tax-exempt bond liabilities			0	20	
	21	Escrow or custodial account liability. Complete F	Part IV of S	chedule D .	0	21	
S	22	Loans and other payables to current and former			图1982的电路中域的	Marie Control	2000年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日
Liabilities		trustees, key employees, highest compensated	employees	, and		5 1235	
ä		disqualified persons. Complete Part II of Schedu			0	22	
Ë	23	Secured mortgages and notes payable to unrela	ated third pa	arties	0	23	0
	24	Unsecured notes and loans payable to unrelate	d third parti	es	· 0	24	0
	25	Other liabilities (including federal income tax, pa	ayables to r	elated third			
		parties, and other liabilities not included on lines	s 17-24). Co	omplete			
		Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			75,670	26	79,457
		Organizations that follow SFAS 117 (ASC 958	3), check h	ere ► X and			
ės		complete lines 27 through 29, and lines 33 ar				33 X W	
Ĕ	27	Unrestricted net assets			520,036	27	401,679
퍨	28	Temporarily restricted net assets			2,365,365		1,750,132
<u>Б</u>	29	Permanently restricted net assets			2,000,000		1,700,102
or Fund Balances						- 158E	
Ē		Organizations that do not follow SFAS 117 (ASC958),	спеск пеге	► and			
S		complete lines 30 through 34.					
set	30	- Capital stock or trust principal, or current funds			0		
Net Assets	31	Paid-in or capital surplus, or land, building, or ed			0		
e e	32	Retained earnings, endowment, accumulated in	ncome, or o	tner funds	0		
Z	33	Total-net-assets or fund balances	· · · · · · · · · · · · · · · · · · ·		2,885,401		2,151,811
	34	Total liabilities and net assets/fund balances .	<u> </u>		2,961,071	34	2,231,268

1 01111 3	1930 (2017) NEW MEXICO CENTER ON LAW AND POVERTY	60-	0437900	Pag	je IZ
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,038	3,892
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,772	2,482
3	Revenue less expenses. Subtract line 2 from line 1	3		-733	3,590
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	:	2,885	5,401
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		2,151	1,811
Part	·				_
	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 CashX Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
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				li
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Doth consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	······································
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1
	separate basis, consolidated basis, or both:				i
	X Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	,
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit 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 audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization **NEW MEXICO CENTER ON LAW AND POVERTY** 85-0437960 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations. 0 Provide the following information about the supported organization(s) (i) Name of supported organization (n) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

To the real of the second second of the second second of the second of t

(E)

Total

Section A. Public Support

▶

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.)

Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")	1,889,810	630,350	887,732	2,612,784	953,743	6,974,419
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities	-					
	furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	1,889,810	630,350	887,732	2,612,784	953,743	6,974,419
5	The portion of total contributions by each person (other than a						····
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f) .						
_6	Public support Subtract line 5 from line 4						6,974,419
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4 .	1,889,810	630,350	887,732	2,612,784	953,743	6,974,419
8	Gross income from interest, dividends,	-					
	payments received on securities loans,						
	rents, royalties, and income from				_		
_	similar sources	1,532	1,670	1,680	2,030	2,133	9,045
9	Net income from unrelated business						
	activities, whether or not the business is				! 		
10	regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	35,512	289,107	335,471	182,197	92.016	025 202
11	Total support. Add lines 7 through 10	35,512	209,107	333,471	102,197	83,016	925,303 7,908,767
12	Gross receipts from related activities, etc. (s	ee instructions)				12	925,303
13	First five years. If the Form 990 is for the o	· · · · · · · · · · · · · · · · · · ·	econd third fourth	or fifth tay year a	s a section 501(c)		323,303
	organization, check this box and stop here	rgameattorro mot, e	occina, ama, roara	, or martax year a	3 u 30011011 00 1 (0)	(0)	▶□
Sec	tion C. Computation of Public Su	nnort Percents	200	****			
	Public support percentage for 2017 (line 6, c			<u> </u>		14	88.19%
	Public support percentage from 2016 Sched	• • •	•	·///		15	88.63%
	,, ,			and line 14 is 33	1/3% or more, che	<u> </u>	
	and stop here. The organization qualifies as a publicly supported organization in 13, and line 14 is 33 1/3% or more, check this box ■ X						
b	33 1/3% support test—2016. If the organiz		-	r 16a, and line 15 i	s 33 1/3% or more	check this	
	box and stop here. The organization qualified	es as a publicly sup	ported organizatio	n			▶
1/a	10%-facts-and-circumstances test—2017 is 10% or more, and if the organization meet Part VI how the organization meets the "fact organization".	ts the "facts-and-cır	cumstances" test,	check this box and	stop here. Expla	ın ın	▶ [
b	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization me Explain in Part VI how the organization meet supported organization .	eets the "facts-and	-cırcumstances" te	st, check this box a	and stop here.		▶□
18	Private foundation. If the organization did i	not check a box on	line 13, 16a, 16b.	17a, or 17b. check	this box and see		
	instructions .	-	,	,.	•		▶
						Schedule A (Form	990 or 990-EZ) 2017

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.)

	if the organization fails to qu	ality under the	tests listed bei	ow, please com	piete Part II.)		<u>. </u>	
	ction A. Public Support		1 11 2 2 2 1		4.0	· · · · · · · · · · · · · · · · · · ·		
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees							
2	received (Do not include any "unusual grants ") 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						0	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513						0	
4	Tax revenues levied for the organization's					/ /		
	benefit and either paid to or expended on							
	ıts behalf						0_	
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge						0	
6	Total. Add lines 1 through 5	0	0	0	ø	0	0	
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons		<u> </u>		/		0	
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year						0	
С	Add lines 7a and 7b	0	0	0,	0	0	0	
8	Public support (Subtract line 7c from							
	line 6) .		'				. 0	
Sec	ction B. Total Support		•					
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c)/2015	(d) 2016	(e) 2017	(f) Total	
9	Amounts from line 6	0	· · · · · · · · · · · · · · · · · · ·	1 7	0	0	0	
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,			Y				
	royalties, and income from similar sources		/				0	
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975						0	
С	Add lines 10a and 10b	0	/ 0	0	0	0	0	
11	Net income from unrelated business							
	activities not included in line 10b, whether	/	1					
	or not the business is regularly carried on						0	
12	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI)						0	
13	Total support. (Add lines 9, 10c, 11,						. <u></u>	
	and 12)	0	.l o	o o	0	o	0	
14	First five years. If the Form 990 is for the g	rganization's first,	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	· · · · · · · · · · · · · · · · · · ·	
	organization, check this box and stop here		, ,		` ,	` '	▶□	
Sec	ction C. Computation of Public Su	pport Percent	age					
15	Public support percentage for 2017/(line 8, c			(f))		15	0.00%	
16	Public support percentage from 2016 Sched		•	V-77	•	16	0.00%	
	ction D. Computation of Investmen			_	- 	<u> </u>		
17	Investment income percentage for 2017 (line			column (f))		17	0 00%	
18	Investment income percentage from 2016 Se		-			18 0.00%		
	33 1/3% support tests—2017. If the organi			14, and line 15 is m	ore than 33 1/3%		3.5576	
	not more than 33 1/3%, check this box and s						▶ [
b	33 1/3% support tests—2016. If the organi	-	- '		-	33 1/3%, and		
	line 18 is not more than 33 1/3%, check this						. ▶	

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting

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?
- 6 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.
- 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		
	_∠ 3a	234	
	3b 3c		لأثن
	2018 4a	2.40	
	4b		
	2 3334	\$ \$ 50°E	
	4c		
	5a		
	多 5 b	1000	
	6 K 1873		
	6		
	7	1	
	9a 		

•	10a		
	10b	ئىسىڭىلىد ئىسىڭلىد	

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

trustees of each of the supported organizations? Provide details in Part VI.

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	izations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
instructions. All other Type III non-functionally integrated supporting orga	nızatıc	ons must complete Sections	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	0	0		
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	, 0	0		
Section 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):					
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	0	0		
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	0	0		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
see instructions).	4	` 0	0		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0		
6 Multiply line 5 by 035.	6	0	0		
7 Recoveries of prior-year distributions	7	0	0		
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0		
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0		
2 Enter 85% of line 1	2		0		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	, _	0		
4 Enter greater of line 2 or line 3.	4		0		
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		0		
7 Check here if the current year is the organization's first as a non-functiona	lly inte	grated Type III supporting	organization (see		
instructions)	-	, J	- '		

Schedule	A (Form 990 or 990-EZ) 2017 NEW MEXICO CENTER ON LA	W AND POVERTY	8	5-0437960 Page 7
Part \				- contract tage.
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		,
2	Amounts paid to perform activity that directly furthers exemp		, t	ī
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiz	ations	
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.			0
8	Distributions to attentive supported organizations to which the	he organization is respo	nsive	
	(provide details in Part VI). See instructions.	<u> </u>	•	,
9	Distributable amount for 2017 from Section C, line 6		-	0
10_	Line 8 amount divided by line 9 amount	•		0 000
	·	l (i)	(ii)	(iii)
. S	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		l	Pre-2017	Amount for 2017
	Distributable amount for 2017 from Section C, line 6			ACTUAL EXPLICACION WIND, TO LAR THAN THAN UN RE-
_	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in Part VI). See			
	instructions.		A FRANCIS E ENGINEER CA	TO THE WAR COMMENT OF THE STATE
3	Excess distributions carryover, if any, to 2017			
			Control of the Contro	POTONIO CONTRACTOR CON
<u> </u>	From 2013	THE RESERVE THE PROPERTY OF THE PARTY OF THE		
<u>c</u>	From 2014	SPECIAL SECTION AND ADDRESS OF THE SPECIAL SECTION		
d	From 2015	at the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of		A State of the Laboratory of the Control of the Con
e_	From 2016	the of the state and con		TELL TELL TOTAL
	Total of lines 3a through e.	O		
<u>g</u>	Applied to underdistributions of prior years		0 x=1,x5 x x521 (x50) (x54) =225 x 1 x x	A SECOND AND A SECOND IN
<u> </u>	Applied to 2017 distributable amount			4) [2004 2006] # 10 104 1 1 2 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2
<u>-</u>	Carryover from 2012 not applied (see instructions)			Table - Wild Like a label of the said
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		A CONTRACTOR OF THE PROPERTY OF THE
4	Distributions for 2017 from			
	Section D, line 7: \$ 0 Applied to underdistributions of prior years			
<u>a</u> b	Applied to underdistributions of prior years Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.	0	C.S. Serie Sa. (0) C. SERCE, contract to obligate supplied and an array of	U U
	Remaining underdistributions for years prior to 2017, if		(TO A TALL AND THE SAME THAT THE
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2017 Subtract lines 3h	A CONTRACT OF THE PROPERTY OF		一人ないない確認とは異なる。 はないない。
,	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			,
7	Excess distributions carryover to 2018. Add lines 3	Transmission Auto Auto Auto Auto Auto Auto Auto Auto	The second secon	
•	and 4c.	0		
8	Breakdown of line 7:		7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Control of the contro
a	Excess from 2013			7.00

0

b Excess from 2014 . .
 c Excess from 2015 . .
 d Excess from 2016 .
 e Excess from 2017 . . .

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (F	orm 990 or 990-EZ) 2017 NEW MEXICO CENTER ON LAW AND POVERTY	85-0437960	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17	a 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, li		
•	3a, and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Par		
	lines 2, 5, and 6. Also complete this part for any additional information (See instructions)	,	
-			
Part II Sec	ion B Line 10 Other income consists of program fees charged for exempt purpose		
legal-servi	es and legal settlements.		
	······································		
			
	•		
			
	,		
	·		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

NEV	V MEXICO CENTER ON L	AW AND POVERTY			85-0437960
Pa	rt I-A Complete if t	the organization is exempt unc	ler section 501	c) or is a section 527	organization.
1	Provide a description of t	he organization's direct and indirect p	olitical campaign	activities in Part IV. (see ins	structions for
	definition of "political cam				
2		y expenditures (see instructions) .			
3	Volunteer hours for politic	cal campaign activities (see instructio	ns)		
Pa		the organization is exempt unc			
1		excise tax incurred by the organization			
2	•	excise tax incurred by organization m	-	-	<u></u>
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year?	'	Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part	IV.			
Pai	rt I-C Complete if t	the organization is exempt und	ler section 501	(c), except section 501	l(c)(3).
1		expended by the filing organization f			
	activities				
2	Enter the amount of the f	iling organization's funds contributed	-		
	527 exempt function activ				
3		penditures. Add lines 1 and 2. Enter h		•	
	line 17b				
4		file Form 1120-POL for this year?.			
5		ses and employer identification numb			
		ents. For each organization listed, en			
		ntributions received that were promp d fund or a political action committee			
	as a separate segregated	I political action committee	I	T space is necaea, provide	Thomason in Factor
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
(1)					
		· · -			
(2)					
(3)					
(4)			1		
(E)					
(5)					
(6)					
(0)					1

0011	edule e (i eim eee ei eee EE) Ee i					Page Z
Р	art II-A Complete if the organiza under section 501(h)).	tion is exempt (under section 50	01(c)(3) and filed	l Form 5768 (elec	
A	Check ▶ if the filing organization name, address, EIN, ex	•	•		•	ıp member's
В	Check ► If the filing organization					
		obbying Expendit	ures		(a) Filing organization's totals	(b) Affiliated group totals
1a						0
b	Total lobbying expenditures to influence a	a legislative body (direct lobbying)		26,352	0
С	Total lobbying expenditures (add lines 1a	•			30,594	0
d	Other exempt purpose expenditures				1,532,968	0
е	Total exempt purpose expenditures (add	•			1,563,562	0
f	Lobbying nontaxable amount. Enter the a	amount from the fo	llowing table in both	ו		
r	columns.				228,178	0
	If the amount on line 1e, column (a) or (b)		g nontaxable amou	nt is:		
- 1	Not over \$500,000		mount on line 1e	0500.000		
ŀ	Over \$500,000 but not over \$1,000,000		s 15% of the excess			
ł	Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000		s 10% of the excess of the exc			
ŀ	Over \$17,000,000	\$1,000,000	3 3 78 OF THE EXCESS O	<u>Ψει Ψ1,500,000</u>		
	Grassroots nontaxable amount (enter 25				57,045	0
h	Subtract line 1g from line 1a If zero or le	•			0,70	0
i	Subtract line 1f from line 1c. If zero or les				0	0
i	If there is an amount other than zero on				0 reporting	
•	section 4911 tax for this year?					Yes No
			Period Under sec			
	(Some organizations that made a	a section 501(h) e		e to complete all c	of the five columns	below.
_						
	Lobi	oying Expenditure	es During 4-Year A	veraging Period	r	
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount	162,970	186,415	223,909	228,178	801,472
	Lobbying ceiling amount (150% of line 2a, column(e))					1,202,208
	Total lobbying expenditures	48,341	47,651	69,418	30,594	196,004
_d	Grassroots nontaxable amount	40,743	46,604	55,977	57,045	200,369
е —	Grassroots ceiling amount (150% of line 2d, column (e))					300,554
f	Grassroots lobbying expenditures	1,196	2,517	829	- 4,242	8,784

Schedule C (Form 990 or 990-EZ) 2017

Page 3

Par	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	l Fori	n 576	8	
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
		Yes	No	ļ	Amount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
!	Other activities?		-			
J	Total. Add lines 1c through 11					0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912					·
b	If "Yes," enter the amount of any tax incurred under section 4912. If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	Complete if the organization is exempt under section 501(c)(4), section 501(c)	·V5)	or c	ectio		
r. aı	501(c)(6).	·)(•),	, OI 3	CCLICI	•	
	301(c)(d).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1163	110
2		•		2	+-	\vdash
2	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year				+	 -
T all	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."					3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).	,				
а	Current year	./	2a			
b	Carryover from last year		2b			
C	Total	•	2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3			-
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
-	lobbying and political expenditure next year?	•	5			
5 Dor	Taxable amount of lobbying and political expenditures (see instructions)		<u> </u>			0
Pari	Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group li	o+\. E	Dort II	A line	0.1.004	
	e instructions), and Part II-B, line 1. Also, complete this part for any additional information.	ιѕι <i>)</i> , г	ait II-	A, iii le	s I all	J
2 (36	e instructions), and Fart 11-b, line 1. Also, complete this part for any additional information.					
	······································					
						
-						
	•••••					

NEV	V MEXICO CENTER ON LAW AND POVERTY	85-0437960
	form 990 or 990-EZ) 2017	Page 4
Part IV	Supplemental Information (continued)	
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		••••••
		·····
	••••••	••••••••••••••••••
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	······································	
		·
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

► 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.

Open to Public

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name	of the organization		Employer identification number
NEW	MEXICO CENTER ON LAW AND POVERTY		85-0437960
Par		unds or Other Similar Fu	inds or Accounts.
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors	in writing that the assets held	ın donor advised
	funds are the organization's property, subject to the organi	zation's exclusive legal contro	l? Yes No
6	Did the organization inform all grantees, donors, and dono	or advisors in writing that grant	funds can be
	used only for charitable purposes and not for the benefit of	f the donor or donor advisor, o	r for any other
	purpose conferring impermissible private benefit?		Yes No
Par	t II Conservation Easements.		•
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organiz		
	Preservation of land for public use (e.g., recreation or		on of a historically important land area
	Protection of natural habitat		on of a certified historic structure
		Freservation	on of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qui	alified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic s		2c
d	Number of conservation easements included in (c) acquire		2d
3	historic structure listed in the National Register Number of conservation easements modified, transferred,		
3	the tax year	released, extinguished, or ten	minated by the organization during
4	Number of states where property subject to conservation e	assement is located	
5	Does the organization have a written policy regarding the		handling of
•	violations, and enforcement of the conservation easement	· · · · · · · · · · · · · · · · · · ·	
6	Staff and volunteer hours devoted to monitoring, inspecting, han		
	Starr and volunteer flours devoted to morntoning, inspecting, fram	iding of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	n of violations, and enforcing con-	servation easements during the year
•	\$	g of violations, and emoreing cons	servation easements during the year
8	Does each conservation easement reported on line 2(d) at	hove satisfy the requirements	of section 170(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserv		
•	balance sheet, and include, if applicable, the text of the foo		
	the organization's accounting for conservation easements.	-	anotal statements that describes
Par	III Organizations Maintaining Collections of Ar		r Other Similar Assets
	Complete if the organization answered "Yes" or		
	If the organization elected, as permitted under SFAS 116 (
	works of art, historical treasures, or other similar assets he	·	
	of public service, provide, in Part XIII, the text of the footnot		
ь	If the organization elected, as permitted under SFAS 116 (
	works of art, historical treasures, or other similar assets he		
	of public service, provide the following amounts relating to	these items:	
	(i) Revenue included on Form 990 Part VIII line 1		▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical f	treasures or other similar ass	ets for financial gain, provide the
_	following amounts required to be reported under SFAS 116		The state of the s
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$
			· · · · · · · · · · · · · · · · · · ·

Sched	ule D (Form 990) 2017 NEW MEXICO CENTER						85-043			Page 2
Part										
3	Using the organization's acquisition, access	sion, and other	records,	check any	of the follow	ing that	are a significan	t use of its	S	
	collection items (check all that apply).									
а	Public exhibition		d	Loan	or exchange	progran	ns			
b	Scholarly research		e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's of XIII	collections and	explain h	ow they fu	urther the orga	anızatıo	on's exempt purp	ose in Pa	art	
5	During the year, did the organization solicit assets to be sold to raise funds rather than							∏ Ye	s 🦳	No
Part			 -							<u> </u>
	Complete if the organization answ 990, Part X, line 21.		n Form 9	90, Part	IV, line 9, o	r repoi	rted an amour	it on For	m	
1a	Is the organization an agent, trustee, custoo	dian or other in	ntermediar	y for cont	ributions or of	ther ass	sets not			
	included on Form 990, Part X?							Ye	s 🔙	No
b	If "Yes," explain the arrangement in Part XII	I and complete	e the follov	ving table	•	_				
	_					-		Amount		
C	Beginning balance			•		10				0
d	Additions during the year					10				
e	Distributions during the year									
f	Ending balance					1f				0
2a	Did the organization include an amount on	Form 990, Par	t X, line 2	1, for escr	ow or custod	ıal acco	unt liability?	Ye	s X	No
b	If "Yes," explain the arrangement in Part XII	I Check here	if the expl	anation ha	as been provi	ded on	Part XIII .			
Part	V Endowment Funds.					 .				
	Complete if the organization answ	ered "Yes" o	n Form 9	90. Part	IV. line 10.					
) Current year		or year	(c) Two years	back	(d) Three years bac	k (e) Fo	ur years	back
1a	Beginning of year balance	0		0		0		0		
b	Contributions							Ť		
c	Net investment earnings, gains,					<u> </u>				
	and losses									
d	Grants or scholarships					i i				
e	Other expenditures for facilities					The state of the s				
	and programs									
f	Administrative expenses							+		
q q	End of year balance	0		0		0		0		
2	Provide the estimated percentage of the cu		1					<u> </u>		
a	Board designated or quasi-endowment	► Pear end	%	iiile 19, cc	nullil (a)) liei	u as.				
b	Permanent endowment	%								
C	Temporarily restricted endowment	<u>/^</u> %								
·	The percentages on lines 2a, 2b, and 2c sh		•							
За	Are there endowment funds not in the poss			n that arc	held and add	ministai	red for the			
ou	organization by	6331011 01 1110 0	n garnzanc	in that are	ricia ana aai	iiiii ii 3tCi	ica for the		Yes	No
	(i) unrelated organizations							3a(i)	103	110
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi							3b		
4	Describe in Part XIII the intended uses of the		•					_ 00		<u> </u>
Part			13 CHUOWI	nent lunu	3					
rail	Complete if the organization answ		n Form (OO Dort	IV line 11a	Sool	Form 000 Par	t V lina	10	
						Ĭ				
	Description of property	(a) Cost or of			ost or other is (other)		Accumulated depreciation	(d) B	ook valu	е
10	Land	/invesin	0			 	.opresidation			
1a	Land		0		0	_				0
b	Buildings	——	0		0		0			0
C C	Leasehold improvements				6 022	-				0
d	Equipment	——	0		6,032		6,032			0
e Total	Other		0	L	0		0			0
rotal	. Add lines 1a through 1e (Column (d) must	equal Form 99	ы, гап Х,	column (i), ווחe IUC)		🗲 📗			0

85-0437960

Part VII		Other Securities.		N David IV I Iva a 441- O Favor	000 DtV l 40
	,		rea "Yes" on Form 990), Part IV, line 11b. See Forr	
,	(a) Description of securi (including name of	ity or category security)	(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financial	derivatives		0		
(2) Closely-he	eld equity interests	3	0	-	
(3) Other					
(4)					
(B)					
(C)					
(D)					
(E)	, 				•
(F)					
(G)					·- ·
(H)		,	_	Subject of Many of Many 1920 and Art of Assessing the State of the Sta	90 . Aut - 385 (. 152 () 1.0
		90, Part X, col (B) line 12)	, 0	A STATE OF THE STA	Anthaliannia (na 1864) (na 1864) (na 1864)
Part VIII		—Program Related. e organization answe	ered "Yes" on Form 990), Part IV, line 11c. See Forr	n 990 Part X line 13
,	(a) Description of in		(b) Book value	(c) Method of v	
		ive stille in	(b) book value	Cost or end-of-year	
_ (2)					
(3)		•			
(4)					
(5)					
(6)					
(7)				,	
(8)					
(9)	(b) much a much Farm (t	90, Part X, col (B) line 13)	0		大大学。"少别的"特别"的"特别人的"个"强
Part IX	Other Assets		0	CT 1.8 1 V 24 12 27 28 45 20 1.00	Broker Charles & Broker & B. S. W. C.
raitiA			red "Ves" on Form 990), Part IV, line 11d. See Forr	n 000 Part Y line 15
	Complete ii tii		escription		(b) Book value
(1)		(-/			(2) 200
(2)					
(3)					· · · · · · · · · · · · · · · · · · ·
(4)					
(5)					
_(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Fo	rm 990, Part X, col (B) lin	e 15)	<u> </u>	
Part X	Other Liabilit	ies.			
	Complete if the	e organization answe	red "Yes" on Form 990), Part IV, line 11e or 11f. Se	ee Form 990, Part X,
	lıne 25.				
1.	(a) Description	of liability	(b) Book value		
(1) Federal	income taxes		0		
(2)					
(3)					
(4)				通过的企业	
(5)					
(6)	 				
(7)				Distribution of the Community of the Com	
(8)			=		
(9)					
		90, Part X, col (B) line 25) 🏲	0	A STATE OF THE STA	
				organization's financial statements	
organization's	liability for uncertain	tax positions under FIN 4	8 (ASC 740) Check here if the	the text of the footnote has been pr	rovided in Part XIII

	dule D (Form 990) 2017 NEW MEXICO CENTER ON LAW AND POVERTY			85-0437960	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statement	ts Witl	h Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, lin	e 12a.		
1	Total rèvenue, gains, and other support per audited financial statements.			1	1,038,892
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				<u> </u>
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	· · · · · · · ·	7	
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d		1	
e	Add lines 2a through 2d				0
3	Subtract line 2e from line 1			3	1,038,892
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i .	. <i></i>		1,030,032
		10			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			•
b	Other (Describe in Part XIII)	4b		 	_
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	1,038,892
Pai	rt XII Reconciliation of Expenses per Audited Financial Statemer			er Return.	
	Complete if the organization answered "Yes" on Form 990, Part	t IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements			1	1,772,482
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		7	
С	Other losses	2c	, . ,	1	
d	Other (Describe in Part XIII.)	2d		1	
e	Add lines 2a through 2d		<u> </u>		0
3	Subtract line 2e from line 1			3	1,772,482
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	 I	• -	1,772,402
		10			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-{	
b	Other (Describe in Part XIII)	4b		 	_
_С				4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u></u>	5	1,772,482
	t XIII Supplemental Information.				
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P				t X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide an	iy additional inforn	nation.	
					·
					·

Schedule D (Forr		NEW MEXICO CENTER ON LAW AND POVERTY	<u>85-04379</u> 60	Page 5
Part XIII	Suppler	nental Information (continued)	-	
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	. 		. 	

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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name	or the organization							= 1111	ioyer iu	enunca	uon nu	mber		
NEW	NEW MEXICO CENTER ON LAW AND POVERTY							85-0437960						
Par	t Excess Benefi	it Transactions organization ar	(section 501(d	c)(3), s on Fo	section 50 orm 990, P	1(c)(4), and art IV, line	501(25a o	c)(29) organızat r 25b, or Form 9	ions oi 90-EZ	nly). , Part	V, line	40b		
		-	(b) Relationship b	etween	disqualified	person and		-					(d) Cor	rected?
1	(a) Name of disqualifi	ed person	organization					(c) Description	n of trai	saction			Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)												·		
2	Enter the amount of under section 4958.	•	•		_	•	•	ons during the y 		1	▶ \$			
3	Enter the amount of	tax, if any, on lir	ne 2, above, re	eimbui	rsed by the	e organizat	ion			1	\$			
Part	Complete if the	or From Interes organization ar ported an amou	nswered "Yes"				ne 38	a or Form 990, F	Part IV	line 2		ıf the		
(a) l	Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?					(g) In default? (h) Appr by boar commit		ard or	or agreemer		
				То	From	1			Yes	No	Yes	No	Yes	No
(1)	-													
(2)									1					
(3)					Ī									
(4)										I				
(5)													_	
(6)														
(7)														
(8)														
(9)										<u> </u>				
(10)														
Total							<u>▶</u> \$	(
Part	Grants or Assi Complete if the	istance Benefit e organization ar				art IV, line	27							
(6	a) Name of interested person		ship between intere		(c) Amount	of assistance		(d) Type of assistance	e	(€	e) Purpo	ose of a	ssistand	e :e
(1)		-								1				
(2)														
(3)										Ì		•		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

HTA

(10)

(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	rever	haring onization'	
					Yes	No	
	is Pecos	Director	10,000	Outreach to tribal communities		<u> </u>	
2)					<u> </u>	 -	
3)	-				 -	 	
4)	.		_		-	├	
5)						╁	
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art V	Supplemental Information	I				<u> </u>	
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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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internat Revenue Service Name of the organization

NEW MEXICO CENTER ON LAW AND POVERTY

Employer identification number

85-0437960

Form 990, Part III, Line 4d ⁻ Program Service Expenses 8,450, Grants and allocations: 0,
Revenue: 0 Civil Legal Services - Increase the availability of legal services for the poor in
New Mexico by planning with other providers in the system, attempting to increase resources
available to providers and revising regulations and rules where doing so reasonably increases
access to legal services.
Form 990, Part III, Line 4d: Program Service Expenses 465,787, Grants and allocations 0,
Revenue 0 Education - Increase the Center's understanding of the educational needs of New
Mexico's unique student populations through research and community engagement in order to
advance educational opportunities and improve outcomes for all New Mexican children.
Form 990, Part III, Line 4d. Program Service Expenses: 117,361, Grants and allocations: 0,
Revenue. 0 Fair Lending. Improve access to fair loans by advocating for strong enforcement
against predatory lending practices and protecting the rights of low-income borrowers.
Form 990, Part III, Line 4d ⁻ Program Service Expenses: 83,658, Grants and allocations: 0,
Revenue: 0 Native American Institute. Partner with the UNM Native American and Budget Policy
Institute to conduct research and advocacy to advance systemic changes for the health,
education and economic well-being of Native American children and families.
Form 990, Part VI, Section A, Line 8b: NMCLP does not have any committees with the authority
to act on behalf of the governing board.
Form 990, Part VI, Section B, Line 11b: The external accountant prepares a draft of the 990
for preliminary review by the executive director and bookkeeper. Once all guestions have been
answered, the final draft is forwarded to the bookkeeper and executive director for final
review and approval. The finalized 990 is forwarded onto the board of directors for comment
prior to filing with the IRS
Form 990, Part VI, Section B, Line 15 The board of directors determine compensation for the
executive director and the legal director. Subcommittees review evaluations, salary
Information for comparable positions, and make recommendations to the full board for their

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
NEW MEXICO CENTER ON LAW AND POVERTY	85-0437960
vote:	
Form 990, Part VI, Section C, Line 19: The organization makes its governing documents,	
conflict of interest policy, and financial statements available to the public upon request.	
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