For Paperwork Reduction Act Notice, see the separate Instructions DAA

3930 0	5/23/2019	4	08	РΜ
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Form

Department of the Treasury Internal Revenue Service

2949323606000 9 Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection Do not enter social security numbers on this form as it may be made public

1	A Fo	r the 2017 c	calendar year, or tax year beginning C Name of organization New Mexic	10/01/17 and co Veterans In	ending 09/30/2	18			
!	B Chec	ck if applicable		D Employer Identification number					
;	Addı	ress change	Centers				155090		
۶ ا	Nam	e change	Doing business as			_	**-*	**1604	
ì	=	ıl return	Number and street (or PO box if mail is not delived 13032 Central Ave SE	ered to street address)		Room/suite	E Telephor	265-0512	
l I	_	return/	City or town, state or province, country, and ZIP of	or foreign postel code				EUS USIE	
Į		inated	Albuquerque	NM 87123			- 0		
	Ame	nded return	F Name and address of principal officer	MM 6/123			G Gross rec	elpts \$ 1,909,199	
Ī	Acol	cation pending	Bobby S. Ehrig			H(a) Is this a gro	up return for s	ubordinates? Yes X No	
١			13032 Central Ave	C To		H(b) Are all sub	-edination inc	uded? Yes No	
					2 2	1		(see instructions)	
-			Albuquerque	NM 871		- " ""	BRIGGI G 1151	(see institutions)	
		exempt status		(insert no) 4947	(a)(1) or 52	4			
-			ww.nmvic.org		v	H(c) Group exer			
		n of organization	X Corporation Trust Association	Other -	∫L Y	ear of formation 2	005	M State of legal domicile NM	
	Part		ımmary						
	-	•	scribe the organization's mission or most	significant activities					
	8	See	Schedule O		·			1.1	
	된							***	
	<u> </u>		بننع						
	Activities & Governance	2 Check thi	s box ▶ if the organization discontin	ued its operations or di	sposed of more than 25%	6 of its net asse	ts , ,	_	
	ಶ	3 Number o	of voting members of the governing body	(Part VI, line 1a)			3		
	ies	4 Numbero	of independent voting members of the go	verning body (Part VI, I	ne 1b)		4	8	
	<u>;</u> <u>;</u>	5 Total num	nber of individuals employed in calendar	year 2017 (Part V, line	2a)		_5	35	
	Act	6 Total num	nber of volunteers (estimate if necessary)	4 11			6	350	
	1	7a Total unre	elated business revenue from Part VIII, co	olumn (C), line 12			7a	0	
_		b Net unrela	ated business taxable come from Form	AAA-T-line 34	-0-0		7b	0	
			<i>(' </i>	_ N	1 '1 NH	PN or Year	. 564	Current Year	
	e 5		ions and grants (Fart VIII-life 1h)	_ I V I		1, 47	764	1,837,536	
	9		service revenue (Part vIII, ime zg)			-4 6		29,662	
	<u>ا چُر</u>		nt income (Part VIII, column (A), lines 3, 4	• •	Ĺ		, 920	5,246	
	1		enue (Part VIII, column (A), lines 5, 6d, 8	•			,021	36,755	
_	1:	2 Total reve	nue – add lines 8 through 11 (must equa	i Part VIII, column (A),	line 12)	2,044	,196	1,909,199	
	1:	3 Grants an	d similar amounts paid (Part IX, column (A), lines 1–3)	_			0	
	14	4 Benefits p	eald to or for members (Part IX, column (A	A), line 4)	_			0	
	ທູ 1:	5 Salaries, o	other compensation, employee benefits (Part IX, column (A), line	es 5–10)	958	,212	1,080,588	
	ž 1	6a Profession	nal fundraising fees (Part IX, column (A),	line 11e)				0	
	Expenses	b Total fund	Iraising expenses (Part IX, column (D), lir	ie 25) ▶	22,169				
-	ਘ 17	7 Other exp	enses (Part IX, column (A), lines 11a–11	d, 11f-24e)			,829	995,409	
	18	3 Total expe	enses Add lines 13-17 (must equal Part	IX, column (A), line 25)		1,891		2,075,997	
٠_		Revenue	less expenses. Subtract line 18 from line	12			,155	-166,798	
	Fund Balances Tund Balances Tund Balances Tund Balances				_	Beginning of Curre		End of Year	
. 1	20 20 20 20 20 20 20 20 20 20 20 20 20 2		ets (Part X, line 16)		<u> </u>		,334	500,405	
) {	[21		ities (Part X, line 26)		ļ		,019	76,495	
-			s or fund balances Subtract line 21 from	line 20		588	, 315	423,910	
	Part		nature Block_		····				
-	Under	penalties of pe	erjury, I declare that I have examined this retu	m, including accompanying	ig schedules and statement	s, and to the best	of my knov	vledge and belief, it is	
_	true, co	orrect, and cor	mplete Declaration of preparer (other than off	icer) is based on all inform	nation of which preparer has	any knowledge			
	ign	'	gnature of office				Date		
۲	lere		Bobby S. Ehrig		/ CEO				
			pe or print name and title		/				
_		Print/Type	preparer's name	Preparer's signature		Date	Check	If PTIN	
	aid). Waters	Ollie D Waters		05/23/	19 self-emp		
	repare	Fill 3 Hally				Firm	n's EIN ▶	**-***5985	
U	se Oni	ly	3311 Candelari						
_		Firm's addr	ess > Albuquerque, N	M 87107-19	52	Pho	one no	505-260-0616	
V	ay the	IRS discuss	this return with the preparer shown above	e? (see instructions)			<u></u>	X Yes No	

Fon	Form 990 (2017) New Mexico Veterans Integration **-***1604		Page 2
P	Part III Statement of Program Service Accomplishments		T
_	Check if Schedule O contains a response or note to any line in this Part III		X
1	1 Briefly describe the organization's mission See Schedule O		
•	pee pouedate o	• • •	
	<u> </u>		
2	2 Did the organization undertake any significant program services during the year which were not listed on the		
	рпог Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	3 Did the organization cease conducting, or make significant changes in how it conducts, any program	□ v	₹
	services? If "Yes," describe these changes on Schedule O	Y#5	X No
4	4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
·	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others.		
	the total expenses, and revenue, if any, for each program service reported		
	4a (Code) (Expenses \$ 1,882,245 including grants of \$) (Revenue \$	29,	,662)
	Significant accomplishments in FY18.		
-	1. We assisted over 400 Veterans and 165 family members with		
_	1. We assisted over 400 Veterans and 165 family members with Emergency, Transitional and Rapid Re-Housing options	ī	
	2. Our Emergency Housing program provided over 264 nights of	 eafo	
	and stable housing to literally homeless Veterans and their famili		
	3. Our Jail Diversion program assisted 22 Veterans exiting		
	incarceration with developing a permanent housing plan of sustaina	bilitv	•
	and independence		
	4. Our permanent housing placement rate, measured by continu	ed	
Į	permanent housing stability 12-honths after Exet from a VIC progra	m,	
			
4b	4b (Code) (Expenses) (Revenue \$)
		ı	
4.	As /Cods \/ \(\sum_{\text{Paramage}} \\ \(\text{Paramage} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
4C	4c (Code) (Expenses \$ including grants of \$) (Revenue \$	i	,
		•	
	\cdot		
A =1	Ad Other program appured (Describe in Schodule C.)		
4 0	4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$	١	
4e	4e Total program service expenses ► 1,882,245		
	· · · · · · · · · · · · · · · · · · ·		

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Form 990 (2017) New Mexico Veterans Integration

-*1604

	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,"		ŀ	
	complete Schedule A	_ 1	X	ļ _
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	<u> X</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
'	candidates for public office? If "Yes," complete Schedule C, Part I	3	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	J	1	ļ.
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		ĺ	İ
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		l	
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	j	ŀ	
	complete Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		ļ	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	ļ		l
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted]	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	i i		
	VII, VIII, IX, or X as applicable			
а				
	complete Schedule D, Part VI	11a	X	
ь				
	of its total assets reported in Part X, line 16? If "Yes, complete Safredule D, Part VI	11b		<u> </u>
С	Did the organization report an amount for investmenter program related in Part X, invest that we've or more	l		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	İ		
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	}		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	} }		
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1 1		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	į į		
	Part IX, column (A), tines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Form **990** (2017)

X

17

18

19

If "Yes," complete Schedule G, Part III

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		ļ	
•	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			•
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	L	<u> </u>
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		'	
	disqualified persons? If "Yes," complete Schedule L, Pert II	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 alf "les," couplete Schedule L, Pat III	27		Х
28	Was the organization a party to a business transliction with one of the following parties (see Schedille E.,			
	Part IV instructions for applicable filing the study, committens, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
10	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
11	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		_X_
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	l		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ilne 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		- 1	
_	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ł	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
_	Part VI	37		<u> </u>
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note All Form 990 filers are required to complete Schedule O	38	X	
		Form	, 990	(2017)

DAA

Form 990 (2017)

-*1604 Form 990 (2017) New Mexico Veterans Integration Page 6 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local mapters branch 10a X b If "Yes," did the organization have written affiliates, and branches to ensure h the organizat 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a X b Other officers or key employees of the organization 15b 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 arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NM 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 Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records: >

13032 Central Ave SE

505-265-0512

NM 87123

Organization

Albuquerque

Form 990 (20	17) New Mexico Veterans Integration	** <u>-</u> ***1604	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key E	mployees, Highest Compensated	Employees, and
	Independent Contractors		• •
	Check if Schedule O contains a response or note to any l	ine in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compe	ensated Employees	

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- . List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations
 List persons in the following order, individual trustees or directors; institutional trustees, officers, key employees; highest
 compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any hours for	D:	ox, unic fficer a	Pos check ess pe nd a c	C) sition more th erson is director/t	both an rustee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Former Highest compensated	(W-2/1099-MISC)	(W-21035-MI3C)	organization and related organizations	
(1) Henry L. Andrews	2.00									
Chair	.00	∐K.		C.	$\mathbf{A} \perp$				0	
(2) Charles P. Price		.[]			1	!		PY		
Secretary	0.00	X					0	0	0	
(3) Gerard Becker										
	2.00									
Treasurer	0.00	X					0	0	0	
(4) Patricia M. Knig	hten									
,	2.00									
Director	0.00	X					0	0	0	
(6) Edward Lovato								•		
	2.00									
Director	0.00	X		- 1			0	0	0	
(6) Marc Powell								1,		
	2.00		1 1		- 1					
Director	0.00	X					O	o	0	
(7) Elise Wheeler		_								
	2.00									
Director	0.00	X					0	ol	0	
(8) Lawrence W Wilso				\neg				-		
	2.00				- 1					
Director	0.00	X					0	0	0	
(9) Bobby S. Ehrig										
	40.00				-					
CEO	0.00			X		_ _	46,501	0	. 0	
(10)										
(11)										
DAA									Form 990 (2017)	

P	art VII Section A. Officers	, Directors, Tru	ste	es, K	ey E	mpl	oyee	s, a	nd Highest Compensated	d Employees (continued)			
	(A) Name and title	(B) (C) Average hours per (do not check more than c box, unless person is both flust any officer and a director/trust hours for					is bott	h an from		(E) Raportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensatio	n.
,		related organizations below dotted line)	organizations in Modular in India (in India) i		organization and related organizations								
•													
									5.50				
•									- CO	PY			
		OL.					7	•		1 1			
1b c d	Sub-total Total from continuation shee Total (add lines 1b and 1c)	ts to Part VII, S	ecti	on A				•	46,501				
2	Total number of individuals (inc reportable compensation from the			to th	nose	liste	d ab	ove)	who received more than \$	100,000 of		Ye	s No
3	Did the organization list any forcemployee on line 1a? If "Yes," c For any individual listed on line	omplete Schedu	ile Ĵ	for s	uch	indıv	idua	<i>.</i>	, ,			3	х
5	organization and related organization and individual Did any person listed on line 1a	receive or accru	ie co	mpe	nsat	lion f	rom	any (unrelated organization or in	1	-	4	X
Sect	for services rendered to the orga- ion B. Independent Contractors		s," c	отрі	lete :	Sche	dule	J fo	r such person			5	X
1	Complete this table for your five	highest compen	sate	ed inc	depe	nder	nt co	ntrac	ctors that received more that	an \$100,000 of			
	compensation from the organize	(A) usiness address	nper	isatio	on 10	rine	cale	noai		(8) on of services	\neg	(C) Compen	sation
					,								
-	1												
						-						 -	
					-								
2	Total number of independent co received more than \$100,000 of								listed above) who	0			

Part	V	III Statement Check if So	of Reve hedule (e nue O contains	a respons	e or note to any lin	e in this Part VIII		
			-		•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
nts nts	la	Federated campaign	18	1a					
	b	Membership dues		1b				1	1
Am.	C	Fundralsing events		1c		_			-
<u> </u>	d	Related organization	ıs	1d		_			
, E	e	Government grants (contribu	tions)	1e	1,656,02	4			
9 2		All other contributions, gifts,							
떮		and similar amounts not inclu		1f	181,51	<u>2</u>			
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions includ		1f \$		1		1	
	<u>n</u>	Total. Add lines 1a-	1f		<u> </u>	1,837,53	6	<u> </u>	
Program Service Revenue		•			Busn Code	_	4 30 77		
' اقِ	a.	Program Serv		9		38,77			
8	b	less Thrift	Snop		-	-9,11	2 -9,112		
2	c d				ļ	-			
E	ч ө	1 1					 		
면	_	All other program ser	vice reven	u.e					-
로		Total. Add lines 2a-2			<u> </u>	29,662	2	J	
3		Investment income (i		ıvıdends, inte	erest,				<u> </u>
-		and other similar amo	_	•	· •	5,246	5,246	;	
4		Income from investme	ent of tax-	exempt bond	proceeds >				
5	. 1	Royaltles			>				
			(ı) Real		ii) Personal				
6	a (Gross rents							
1	b I	Less: rental exps		7			Γ		
] '		Rental inc. or (loss)		<u>, </u>		\mathbf{N}		Y	
	dif a {	Net rental income or i		/ 	<u> </u>	1			
		sales of assets	i) Securities		(ii) Other				1
Ι.		other than inventory				4		ļ	
· ['		Less cost or other							
		pasis & sales exps Gain or (loss)				-{			
i		Sain or (loss) [Net gain or (loss)				-			
		Gross income from fundra	Sising avent	,					
eune 		not including \$	alsing even	'					
S		of contributions reported	on line 1c)						
Other Rev		See Part IV, line 18	on into 70,	a	9,112				
<u> </u>		ess direct expenses	:	ь					
٦ ٥		Vet income or (loss) for		ising events	. •	9,112			
		Gross income from gamin							
		See Part IV, line 19	•	a					
l b	L	ess direct expenses		b]	i		
0	: N	vet income or (loss) fi	rom gamın	g activities					
102	a (Gross sales of invento	ory, less						
	r	eturns and allowance	:s	a					
b	L	ess cost of goods so	old	b	 ·	1	ļ		
	: 1	let income or (loss) fr		of inventory	<u> </u>	ļ			
-		Miscellaneous	Revenue		Busn Code				
11a		Other Income			<u> </u>	27,643	27,643	 .	
þ							 		
C		D = 64= = ::			<u> </u>				
		ill other revenue	4 4 4			27 642			
		otal. Add lines 11a-				27,643 1,909,199			
12		otal revenue. See in	iatructions		<u> </u>	1,303,199	62,551		0

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a res			mplete column (A)	
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			gonoral expenses	d/periods
1	and domestic governments See Part IV, Ilne 21				
2	Grants and other assistance to domestic				-
	individuals. See Part IV, line 22				
۱3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	46,501	28,621	13,410	4,470
6	Compensation not included above, to disqualified				_
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	884,729	832,901	49,973	1,855
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	54.600			
9	Other employee benefits	74,600			507
10	Payroll taxes	74,758	69,162	5,088	508
11	Fees for services (non-employees)				
a	,			1	
b		-			"-
C	• • •				
d					
e f	Professional fundraising services Se Part V, Lie 17 Investment management fees	 	- (` ()		
g	Other (If line 11g amount exceeds 10% of line an solumin				
9	(A) amount, list line 11g expenses on Schedule ()	78,087	45,179	23,133	9,775
12		15,508	15,508		9,113
13	Office expenses	31,545	29,808	1,579	158
14	Information technology	20,625	19,081	1,404	140
15	Royalties				240
16	Occupancy	419,123	377,366	41,757	
17	Travel	33,224	33,224		
18	Payments of travel or entertainment expenses	, , , , , ,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				***
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,147 13,343	19,829	7,318	
23	Insurance	13,343	10,674	2,669	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Program Expense	247,266	247,266		
b	Meals	36,545	36,545		
C	Training	20,306	20,306		
d	Equipment Non Capital	20,088	17,389	2,699	
	All other expenses	32,602	10,371	17,475	4,756
25 26	Total functional expenses Add lines 1 through 24e	2,075,997	1,882,245	171,583	22,169
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Pi	art :	X Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	245,735	1	99,07
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	97,965		77,05
	4	Accounts receivable, net	3,880		3,46
- 1	5	Loans and other receivables from current and former officers, directors,		 	
.		trustees, key employees, and highest compensated employees]
		Complete Part II of Schedule L		5	1
	6	Loans and other receivables from other disqualified persons (as defined under section		Ť	
- 1		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	,		
ı		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
S		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
AS	8	Inventories for sale or use	<u> </u>	8	
	9	Prepaid expenses and deferred charges	5,870		26,490
ĺ	10a	Land, buildings, and equipment. cost or			
		other basis Complete Part VI of Schedule D 10a 182, 08	31		
	b	Less accumulated depreciation 10b 146,53	54,352	10c	35,544
	11	Investments—publicly traded securities	253,532	11	258,779
- 1	12	Investments—other securities See Part IV, line 11		12	2007.70
- 1	13	Investments—program-related See Part IV, line 11		13	
	14	intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
- 1	16	Total assets Add lines 1 through 15 (must equal line 34)	661,334	16	500,405
寸	17	Accounts navable and accrued expenses	73,019	17	76,495
	18	Grants payable Deferred revenue Tax-exempt bond liabilities Deferred revenue Tax-exempt bond liabilities		18	
- 1	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
9	22	Loans and other payables to current and former officers, directors,			
≝		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	
: ⊏	23	Secured mortgages and notes payable to unrelated third parties		23	
;	24	Unsecured notes and loans payable to unrelated third parties		24	
:	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	73,019	26	76,495
ļ		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			<u></u>
Ses		complete lines 27 through 29, and lines 33 and 34.		İ	
	27	Unrestricted net assets	540,320	27	375,915
<u> </u>	28	Temporarily restricted net assets	47,995	28	47,995
일 2	29	Permanently restricted net assets		29	
로		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Net Assets or Fund Balances		complete lines 30 through 34.			
ig 3	0	Capital stock or trust principal, or current funds		30	
S 3	1	Paid-in or capital surplus, or land, building, or equipment fund		31	
j 3	2	Retained earnings, endowment, accumulated income, or other funds		32	
_ 3	3	Total net assets or fund balances	588,315	33	423,910
3	4	Total liabilities and net assets/fund balances	661,334	34	500,405

<u>Fon</u>	m 990 (2017) New Mexico Veterans Integration **-**1604			P	age 12
P	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,9	09,	199
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,0	75,	997
3	Revenue less expenses Subtract line 2 from line 1	3	-1	66,	798
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	88,	315
٠5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
48	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	·	2,	393
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			•	
	33, column (B))	10	4:	23,	910
Pá	art XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accruel Other		$-\Box$		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				j
	Schedule O.				l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				ŀ
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				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation on its linancial still tements and selection of an independent accountant?		2c	X	
	If the organization changed either its ove sight placess or selector process during the tax year, exclaiming				
	Schedule O				
3a	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
þ	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		3b		
			Form	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 601(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

2017

Open to Public Inspection

New Mexico Veterans Integration Name of the organization Employer identification number **-**1604 Centers Part I 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)(lii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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 il) 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 university 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) 11 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 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3) ough 1 d that les moss the type of su Check the box in lines 12a 12f, and 12g orting of Type I. A supporting organization opera the supported organization(s) the power to requiarly open 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) 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, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (IV) is the organization (v) Amount of monetary (vi) Amount of (III) Type of organization (described on lines 1-10 listed in your governing organization support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D)

(E)

Total

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) Schedule A (Form 990 or 990-EZ) 2017 Part II

Se	ction A. Public Support						· · · - · · ·
Cale	endar year (or flacal 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")	1,405,632	1,902,921	1,979,619	1,947,764	1,837,536	9,073,472
. 2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,405,632	1,902,921	1,979,619	1,947,764	1,837,536	9,073,472
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						9,073,472
	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	1,405,632	1,902,921	1,979,619	1,947,764	1,837,536	9,073,472
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				2,227		2,227
9	Net income from unrelated business activities, whether or not the business is regularly carried on	JE1	JT	CO	PY		
10	Other income Do not include gain or	- : {					
	loss from the sale of capital assets (Explain in Part VI.)	15,076	375	458	7,347		23,256
11	Total support. Add lines 7 through 10			<u></u>			9,098,955
12	Gross receipts from related activities, etc. (s	· · · · · · · · · · · · · · · · · · ·		_i		12	234,102
13	First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	n, or fifth tax year as	s a section 501(c)(3)	. —
500	organization, check this box and stop here tion C. Computation of Public Su	nnort Porcents				 	P
					**		
14 15	Public support percentage for 2017 (line 6, c		•	7))		15	99.72%
16a	Public support percentage from 2016 Scheo 33 1/3% support test—2017. If the organiz			and line 14 is 22 1	1/29/ as mara abas	. —	99.68%
IVa	box and stop here. The organization qualifi				1/3 % Of Infole, chec	or uns	▶ 🗓
b	33 1/3% support test—2016. If the organization				33 1/3% or more	chack .	
~	this box and stop here The organization qu			•	3 00 170 70 0: 111010;	Officer	▶ □
17a	10%-facts-and-circumstances test—2017				or 16h and line 14	. 19	ــا -
	10% or more, and if the organization meets	•		•	•		
	Part VI how the organization meets the "fact				•		
	organization			-and-r qualified all	a padaloly dappolit		▶ □
b	10%-facts-and-circumstances test—2016	. If the organization	did not check a be	ox on line 13, 16a, 1	16b. or 17a. and lir	ne	
	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization mee			•	•	ly	
	supported organization					•	▶ □
8	Private foundation. If the organization did i	not check a box on I	ine 13, 16a, 16b. 1	17a, or 17b, check t	this box and see		- 🗀
	instructions				_		▶ 🗌
						hedule A /Form 990	000 E7\ 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	qualify under the	ne tests listed	below, please	complete Part II	l)	
	ction A. Public Support						
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		ļ				
	fees 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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			İ			
<u> </u>	line 6)			L			
	tion B. Total Support					,	
	ndar year (or fiscal year beginning in)	a) :013	0) 20 4	(c) 20/B	(d) of	(e) 2017	(f) Total
9	Amounts from line 6		-				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				•	ĺ	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				•		
13	Total support. (Add lines 9, 10c, 11,						
14	and 12)	reeningle of Sect	and the f	all autities -		\(\frac{1}{2}\)	
14	First five years. If the Form 990 is for the o organization, check this box and stop here	iganization's first, s	second, third, four	ıın, or iitth tax year	as a section 501(c)(3)	⊾ □
Sec	tion C. Computation of Public Su	nnort Percents	200				
				. (8)		45	
5 6	Public support percentage for 2017 (line 8, or Public support percentage from 2016 School Public support percentage from 2016 School Public support percentage from 2016 School Public support percentage from 2016 School Public support percentage from 2016 School Public support percentage from 2016 School Public support percentage from 2016 School Public support percentage from 2017 (line 8, or Public support percentage from 2016 School Public support p	• • •	•	(1))		15	<u>%</u>
	tion D. Computation of Investmen					16	<u> %</u>
7	Investment income percentage for 2017 (lin			antium (0)		147	
8	Investment income percentage for 2017 (MI			column (1))		17	%
9a	33 1/3% support tests—2017. If the organi			 14 and line 15 is s	nore than 33 1/20/	and line	%_
Ju						•	▶ □
b	17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and					P U	
•	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
0	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2017

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

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

- 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," enswer (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,
- 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.
- 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
- 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
- Did the organization add, sub litute, or 5a answer (b) and (c) below (if a numbers of the supported organic nove**d**, (ii) the i (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)
- 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?
- 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)
- 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.
- 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 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - 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
			- 11
	1		
	2		
	3a		
	<u>3b</u>		
	3c		
	4a		
	4b		
	ĺ		
	_4c	<u> </u>	
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	_10b		
A (Fo	orm 990	or 990-f	Z) 2017

b 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

Sched	ule A (Form 990 or 990-EZ) 2017 New Mexico Veterans Integra	tior	<u> </u>	604 Page 6
<u>Pa</u>	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v 20, 1	970 (explain in Part VI) See	•
	instructions. All other Type III non-functionally integrated supporting organizations mus	st comp	lete Sections A through E	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
co	llection of gross income or for management, conservation, or			
m	aintenance 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		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
เกร	structions for short tax year or assets held for part of year)			
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	ļ		
2	Acquisition indebtedness applicable to non-exempt-use assets	2_		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	L		
se	e instructions).			
5	Net value of non-exempt-use assets (s btract the a from line s	5	PY	
6	Multiply line 5 by 035	L		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u>,</u>
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
em	ergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integrated T	ype III s	supporting organization (see)
	instructions)		,	

	ule A (Form 990 or 990-EZ) 2017 New Mexico Veteral			604 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sec	tion D - Distributions	<u>-</u> -		Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See Instructions			
· 7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization	tion is responsive		
	(provide details in Part VI) See instructions.			_
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(il) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI) See			
	instructions			<u> </u>
3	Excess distributions carryover, if any, to 2017			
<u>a</u>				
	From 2013			
	From 2014			
	From 2015			
	From 2016			· · · · · · · · · · · · · · · · · · ·
	Total of lines 3a through e			
	Applied to underdistributions of price years			
	Applied to 2017 distributable amount	\ \ \ \		
- 	Carryover from 2012 not applied (see it structions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			
	Section D, line 7.			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
0	and 4c			
8	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015	· · · · · · · · · · · · · · · · · · ·		
	Excess from 2016 Excess from 2017			
E	LAGESS HORI ZOTZ			

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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, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No 1545-0047
2017
Open to Public

► Go to www.irs.gov/Form990 for instructions and the latest information Inspection Name of the organization Employer identification number New Mexico Veterans Integration **-***1604 Centers Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 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 in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c. Number of conservation easem hts c. a 2c d Number of conservation easen historic structure listed in the Na 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(il)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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	Form 990) 2017 New Mexico Veterans in	tegration	**-**1604	Page
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on f	Form 990 Part IV Jun	e 11h See Form 990 Part X	line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuatio	
	(including name of security)	(5) 55511 74355	Cost or end-of-year marke	
(1) Financial	derivatives			
• •	eld equity interests			
(3) Other	• •			
(A)				
(B)	• • •			
(C)				
(D)	• •			
(E)	•			
(F)	·			
(G)	·			
(H)	'			
•	ın (b) must equal Form 990, Part X, col. (B) line 12) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	e 11c. See Form 990, Part X,	line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 90, Part 1, col (1) life 13) l			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	e 11d. See Form 990, Part X,	line 15.
	(a) Description			(b) Book value
(1)				
(2)	· · · · · · · · · · · · · · · · · · ·			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15)		<u> </u>	<u>.</u>
Part X	Other Liabilities.	000 D (II)	446.0	5 4 W
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	e 11e or 11f See Form 990, i	Part X,
	line 25.			
<u>. </u>	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25.)		·	
Liability for	uncertain tay positions. In Part XIII, provide the text of the footbol	o to the eraanization's fine	ancial etatemente that renorte the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part X - FIN 48 Footnote

Supplemental Irin

NMVIC annually evaluates all federal and state income tax positions. This process includes an analysis of whether these income tax positions the Organization takes meet the definition of an uncertain tax position under the Income Taxes Topic of the Financial Accounting Standards Codification. As of September 30, 2017 there were no uncertain tax positions noted. NMVIC's policy is to classify income tax penalties and interest, when applicable, according to their natural classification. Under the statute of limitations, NMVIC's tax returns are no longer subject to examination by tax authorities for years prior to 2014.

Part XII, Line 4b - Expense Amounts Included on Return - Other

Schedule D (Form 990) 2017 New Mexico Veterans Integration

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Page 5

Part XIII Supplemental Information (continued)

Book / Tax Depreciation Difference

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Schedule D (Form 990) 2017

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.

2017

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organizatio

Department of the Treasury

Name of the organization New Mexico Veterans Integration Centers

Form 990, Part III, Line 4a - First Accomplishment

-*1604

Employer identification number

Form 990 - Organization's Mission

To improve the quality of life of United States Armed Forces veterans, their spouses, and dependents through the provision of temporary, transitional and permanent housing; case management and social services; employment training and technical assistance; and economic, job development technical assistance.

increased to 78%. Approximately 12% higher than the national average

5. We continue to maintain a low overhead of less than 11% of our operating costs

community members while operating a free community shuttle in the downtown Albuquerque corridor connecting them to essential social service resources

7. We provided over 2689 food boxes and home delivered meals to Veterans and community members living in poverty in Albuquerquear.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A copy of the Form 990 was provided to the Board of Directors for
review and acceptance prior to submission to the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Directors are required to self report any and all potential conflicts of interest.

Name of the organization

New Mexico Veterans Integration

Employer Identification number

-*1604

Form 990, Part VI, Line 15a - Compensation Process for Top Official Executive Directors salary is reviewed and approved by the Board of Directors on an annual basis.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are made available to the public upon written request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book / Tax Depreciation Difference \$ 2,393

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