29493U5303522 OMB No 1545-0047

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2018 ca	endar year, or tax year	beginning	7/1/2018	, and e	nding		0/2019	
В	Check if a	pplicable	C Name of organization	NEW MEXICO	CENTER ON LAW AND	POVERTY		D Employe	r identifica	tion number
	Address o	hange	Doing business as					Į.		
	Name cha	2000	· ·	box if mail is not	delivered to street address)	Room/suite		85-0437960		
	Manie Che	inge	924 PARK AVE SW_			<u> C</u>		E Telephone	e number	
Ш	Initial retu	rn	City or town		State	ZIP code		505-255-28	340	
	Final return	/terminated	ALBUQUERQUE		NM	87102				
	 •		Foreign country name	Foreign	province/state/county	Foreign postal	code	G Gross rec	einte S	3,326,041
느	Amended	return				·-	ī	G Gloss lec	eipis s	
	Applicatio	n pending	F Name and address of prir	cipal officer			H(a) is ti	his a group return	for subordina	ales? Yes X No
·			Sireesha Manne 924 F	Park Ave SW, A	Albuquerque, NM 8710	$\frac{1}{2}$	H(b) Ar	e all subordinate	es ıncluded	? Yes No
1 1	Tax-exemp	ot status	X 501(c)(3) 501(c	:) () <	I (insert no) 4947(a)(1) or 7 \$27	lf.	"No," attach a li	st (see inst	tructions)
<u> </u>	Website	· • www	w nmpovertylaw org			$\overline{}$	H(c) Gr	oup exemption	number 🕨	
					ation Other ▶	l Vas				te of legal domicile NM
	Form of or			rust Associa	duon Other P	Liea	ar of form	ation 1995	IW Stat	te of legal domicile NM
	Pantle		mmary			-				
Ź.	1		escribe the organizatio					exico Cente	r on Law	and Poverty is
			d to advancing econor							
SCARIN Activities & Governance			We work with low-inc							
ဟန္	2		nis box ▶ if the oi	•	•	s or disposed	of mor	e than 25%	of its net	assets
Ğ	3		of voting members of t						3	_5
90	4		of independent voting			-			4	5
<u>:</u>	5	Total nu	mber of individuals em	oloyed in caler	ıdar year 2018 (Part V,	line 2a)			5	29
- ₹	6		mber of volunteers (est		= -				6	2
ĕ	7a		related business reven						7a	0
	b	Net unre	elated business taxable	income from I	Form 990-T, line 38		·		7b	0
								Prior Year		Current Year
<u>a</u>	8 8		itions and grants (Part						3,743	2,973,642
Ē	9	_	service revenue (Part						3,016	350,223
Revenue	10		ent income (Part VIII, c				:	2,133	2,176	
	11		venue (Part VIII, colum						0	0
_	12		enue—add lines 8 throug			ine 12)		1,03	8,892	3,326,041
	13		and similar amounts pa	•					0	0
	14		paid to or for members	•					0	0
o d	15		, other compensation, employee benefits (Part IX, column (A), lines 5–10)					1,398,925		1,313,441
Expenses	16a		onal fundraising fees (f						이	0
Ž	b		idraising expenses (Pa			177,995				
ш	` ''	Other ex	penses (Part IX, colum	ın (A), lines 11	a-11d, 11f-24e)				3,557	793,733
	18	Total exp	penses Add lines 13-1	7 (must equal	Part IX COUNTY (VICE)	25)			2,482	2,107,174
	19	Revenu	e less expenses Subtra	act line 18 frot	n line HOLULI	781			3,590	1,218,867
Assets or	<u>ق</u>				10 10 201	a 191	Begini	ning of Current		End of Year
536	20		sets (Part X, line 16)	,	DEC 1 8 201	, 181			1,268	3,524,515
Net A	밑 21		oilities (Part X, line 26)		L l				9,457	153,837
			ets or fund balances S	ubtract line 21	rora-line 20 EN			2.15	1 811	3,370 678
	art II		nature Block y, I declare that I have examin		udina sasamaanung aabadula	a and statements	and to t	ha hast of my ke		
	•		ct, and complete Declaration					-	-	
_			Som	- -				10	113/19	
	gn	- 	Signature of officer					Date	-11711	
H	ere	1 1		HA N	LANNE exde			00.0		
			Type or print name and title	(111)	WINNE 24 Ca	<u>~</u>				
		Pnn	/Type preparer's name		Preparer's signature		Da	te	· _	PTIN
P	aid				1/.	C		c	heck X]
	reparer	Kha	ryn L Cover		Maryn	Cover	<u>-12/12</u>	/13/2019 s	elf-employe	ed P01469709
	se Only		's name ► Kharyn L (Cover, CPA	<u> </u>			Firm's EIN		
J.	iii		's address ► 9636 Villa [buquerque, NM 87111		-	Phone no	505-797	7-0995
M	av the IP		s this return with the pr			ns)	*			X Yes No
_						,			 	
Fo	r Paperv	vork Red	uction Act Notice, see t	ne separate in	structions.					Form 990 (2018)

	THE Statement of Brown Service Accomplishments	7 age =
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission	
	The New Mexico Center on Law and Poverty is dedicated to advancing economic and social	
	justice through education, advocacy and litigation. We work with low-income New Mexicans to	
	improve living conditions, increase opportunities and protect the rights of people living	
	in poverty	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
-	services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by
-	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	
	the total expenses, and revenue, if any, for each program service reported	
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
4a	(Code) (Expenses \$ 766,680 including grants of \$) (Revenue	\$ 186,858)
	at it don't any letters through respects and community approximent in order to advance adjustings.	
	opportunities and improve outcomes for all New Mexican children	
4b	(Code) (Expenses \$ 265,050 including grants of \$) (Revenue	\$ 7,500)
	Medicaid & Access to Healthcare - With special emphasis on children, the Center seeks to increase	*/
	and south appear to be although a protect the rights of Medicard registrants and indigent core	
	and the second s	
	criteria and administration of health care programs intended to serve indigent New Mexicans, and	
	provide research and analyses of health care proposals	
	<u></u>	
4c	(Code) (Expenses \$ 249,258 including grants of \$) (Revenue	\$ 155,865)
	Public Benefit Programs - Increase access to nutrition and income assistance programs for	
	low-income New Mexicans, protect the rights of public benefits-eligible New Mexicans as a group,	
	generate systemic improvements in the benefits, services, eligibility criteria and administration	
	of the programs, and ensure adequate funding of the programs	
4.4	Other program convece (Decembe in Eghadula O.)	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O) (Expenses \$ 501,494 including grants of \$ 0) (Revenue \$	0)
	(Expenses \$ 501,494 including grants of \$ 0) (Revenue \$ Total program service expenses ► 1,782,482	<u> </u>

			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		Χ
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 98-197 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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			
2	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	ا ا		.,
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	j	Х
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X_
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	115		~
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	l l		
46	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	\longrightarrow	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
Đ	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
•	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ĺ	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		1	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	[- 1	v
20~	If "Yes," complete Schedule G, Part III Did the organization operate one or more bospital facilities? If "Yes," complete Schedule H.	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	-+	<u>X</u> _
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Гаг	Checklist of Required Schedules (continued)		ı	
	D. (1)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		╵
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Ιx
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		X
b		24b		₩
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	, , , , , , , , , , , , , , , , , , ,	24d		
	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			١.,
20		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, Part II	26		l x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)	200	х	
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	28a	_^	_
•		28b	х	ŀ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			.,
31	Conservation contributions? If "Yes," complete Schedule M	30 31		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		┝
02	If "Yes," complete Schedule N, Part II	32		l x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
	, , , , , , , , , , , , , , , , , , ,	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	222		\vdash
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	L
Par			!	\Box
	Check if Schedule O contains a response or note to any line in this Part V	 ,		닏
10	Enter the number reported in Box 3 of Form 1006. Enter 0, if not englished		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 14 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) with backup with lockup	4.	\ \ \	1

rar	Statements Regarding Other IRS Finings and Tax Compliance (communical)		Yes	No
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 29	l		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
	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	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u> </u>	Ь—
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			١.,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u></u> '	X
b	If "Yes," enter the name of the foreign country			1
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	 	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 	 ^
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	 	1
Va	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		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	l	l	l
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			l
е	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	 	\vdash
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 organization mave excess business nothings at any time during the year. Sponsoring organizations maintaining donor advised funds.	۰		\vdash
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	<u> </u>	
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		Ì	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1]	
11	Section 501(c)(12) organizations. Enter		1	
а	Gross income from members or shareholders	l	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources		ł	İ
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	₩	₽
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ŀ		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	├─	₩
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	┼──	+-
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes." complete Form 4720. Schedule O			

Part VI

NEW MEXICO CENTER ON LAW AND POVERTY

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

Sect	ion 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	<u>1a</u> 5	<u>i</u>	. '	, , (
	If there are material differences in voting rights among members of the governing body, or			i i	'				
	if the governing body delegated broad authority to an executive committee or similar		1		1 1				
	committee, explain in Schedule O								
b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	nip with	2		X				
	any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under								
	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 w		5		X				
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets /	6		X				
6	Did the organization have members or stockholders?	onnoint	₽	\vdash	├^-				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	7a		x				
h	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members		1 a		├^				
b	stockholders, or persons other than the governing body?	1	7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertake	n durina	"	-	 -				
•	the year by the following	i dainig	1		l 1				
а	The governing body?		8a	$\overline{\mathbf{x}}$	-				
b	Each committee with authority to act on behalf of the governing body?		8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached							
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x				
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code)					
				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 of				1				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	Х	<u> </u>				
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		12a	X	<u> </u>				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could go		12b	X	<u> </u>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes,"	40-		J				
42	describe in Schedule O how this was done		12c	\vdash	X				
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?		13	Х	 ^-				
15	Did the process for determining compensation of the following persons include a review and appro	val by	14	\vdash					
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation								
а	The organization's CEO, Executive Director, or top management official	and decision.	15a	$ \overline{\mathbf{x}} $	-				
b	Other officers or key employees of the organization		15b	X					
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		100						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement							
	with a taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		l						
_	the organization's exempt status with respect to such arrangements?		16b						
Sect	ion C. Disclosure								
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 (1024 or 1024-A if applicable), 990,	and 990-T (Section 5	501(c)						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app								
		plain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest pol	icy, ar	ıd					
	financial statements available to the public during the tax year		_						
20	State the name, address, and telephone number of the person who possesses the organization's b		•						
	NMCLP	505-255-2840							

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Position (A) (B) (do not check more than one (D) (E) (F) Average box, unless person is both an Reportable Reportable Estimated Name and Title hours per officer and a director/trustee) compensation compensation amount of week (list any from from related other Officer employee Individual trustee Key employee Institutional trustee Highest compensated the organizations compensation hours for director related organization (W-2/1099-MISC) from the organizations (W-2/1099-MISC) organization below dotted and related organizations (1) Peter Mallery 030 0.00 Х 0 0 Director 0 50 (2) Jim Spadaccini 0 President 0.00 Х Х 0 0 030 (3) Regis Pecos 0 0.00 Х 0 0 Director 030 (4) John Boyd 0.00 Х 0 0 Director (5) Justice Richard Bosson 030 Vice President 0.00 Х 0 0 (6) Shammara Henderson 030 0.00 Treasurer Х 0 0 0 030 (7) Gwen Perea-Warniment 0.00 Х 0 0 0 Director 030 (8) Justice Edward Chavez 0 0 0 00 0 Director (9) Edward Tabet-Cubero 40 00 0 00 0 Х 23,944 7,096 Former Exec Director 40 00 (10) Sireesha Manne 0.00 Х 0 85.836 Exec Director 3,487 (11) (12)

Pa	Section A. Officers, Directors, Tru	istees, Key Emj	pioye	es,	ano	HI	gnes	tu	mpensated Em	ipioyees (c	<u>onuni</u>	uea)		
	(A) Name and title	(B) Average hours per	box,	unles er and	s pe	ition more rson irecte	than	n an tee)	(D) Reportable compensation	(E) Reportabl compensat			(F) stimate	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relate organizatio (W-2/1099-M	ns	org ar	other npensa from the ganizat nd relat janizati	e ion ed
(15)														
(16)														
(17)														
(18)														
(19)														
(20)						-								
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Sub-total	•	•					>	109,780	-	0		10	0,58
С	Total from continuation sheets to Part VII, S	ection A						•	0		0			
d_	Total (add lines 1b and 1c)			.	\	ا،		▶	109,780	000 of	0		10	0,58
2	Total number of individuals (including but not lir reportable compensation from the organization		ileu a		е) w 0	VIIO	rece	iveu	more man \$100	1,000 01				
	Toportable compensation from the organization	·											Yes	No
3	Did the organization list any former officer, dire		-	-	oye	e, c	r hig	hest	compensated					
	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 greaters.									h				
	ine organization and related organizations grea	ater than \$150,00	00 / 11	76	<i>:</i> S,	COII	ipiet	, 30	nedule 3 for Suci	11		4		X
5	Did any person listed on line 1a receive or acci	rue compensatio	n froi	m ai	าง น	nre	lated	ora	anization or indiv	/idual				
	for services rendered to the organization? If "Y	•						-				5		Х
	tion B. Independent Contractors									****				
1	Complete this table for your five highest compe compensation from the organization. Report co year											ax		
	(A) Name and business add	lress							(B) Description of ser	vices	c	(C Compe	;) nsation	
Strat	egies 360 1505 Westlake	Ave N , 1000 Se	attle	, WA	98	109)	Me	dia communicati	ions camp			102	2,06
								\vdash						
								╁						
								+						

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

Form 990 (2018) Statement of Revenue

		Check if Schedule O contains	a response of	or n	ote to any line ir	this Part VIII			
Will Wort				ind.		(A) Total revenue	(B) Kelåled or exempt function revenue	(C) Unreläted business revenue	(D) Revenue excluded from tax under sections 512–514
S &	1a	Federated campaigns	1a	0		Part of Great			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	L	1b	0				
, G mo	С	Fundraising events	L	1c	0				
sifts ar /	d ·	Related organizations	1d	· 0					
ıs, (Imil	е	e Government grants (contributions) 1e			0				
itlor ar S	f	All other contributions, gifts, gran	ts, and						
ribu Oth		similar amounts not included abo	ve [1f	2,973,642			10	
ont	g	Noncash contributions included in li	nes 1a–1f [.]	\$	10,950	52/2			
о e	h-	Total. Add lines 1a-1f				2,973,642	阿尔德 蒙古诗	新 拉尔·罗克斯克	经验的
9					Business Code				
Ken	2a					0			
æ	b	Attorney fees			541100	350,223	. 350,223		
/tce	c c					0	-		
Sen	d	·		,		0			
Ë	e				•	0			
Program Service Revenue	f	All other program service revenue	e			. 0		di 636 Y	
_ <u>~</u> _	g	Total. Add lines 2a-2f	2			350,223		The state of the s	
	3	Investment income (including div	idends, intere	est,	and ·	• '			, -
		other similar amounts)	,		, •	2,176		,	2,176
	4	Income from investment of tax-ex	cempt bond p	roc	eeds >	0			
•	5	Royalties	·		<u> </u>	0	07. Th Continues (1. 27.20)	UNION . C > A. N.Y./Y. BARRONERO A. 2	. J. N. 600 March 200 . 1.70 . 100 C.
		,	(ı) Real		(II) Personal				
	6a	Gross rents							
	, b	Less rental expenses							
	· С	Rental income or (loss)		0					
	d	Net rental income or (loss)			<u> </u>	0	たたり第2条を 1************************************	42 cm % 4 2 3 8 98 36 36	1
~,	7a	Gross amount from sales of	(ı) Securities	_	(II) Other				
•		assets other than inventory		0	0				
	'b	Less cost or other basis			,				
		and sales expenses		_0	0				
•	c'.	Gain or (loss)	`	0	, 0		12.00	SHEET	
	d	Net gain or (loss)	7			0	, *** x ,2000005, ` / () ** r	89976N151 15 2 4 492N 15	TAP 3 3890 7.9536
•	' -								
ž	8a	Gross income from fundraising							
Š		events (not including \$	0						
8		of contributions reported on line	1C) '						
Ē	١.٠	See Part IV, line 18		a	0				
Other Revenu	b	Less direct expenses		þ	0				
	C	Net income or (loss) from fundrai	-	•			1. (1.46)	SERVICE STREET C	でいなで発 ^っ いと、 → とこと (************************************
	ya	Gross income from gaming activities See Part IV, line 19	ues	_	<u>"</u> م		X 7		
				a b	0				
	b	Less direct expenses		D		0	211111111111111111111111111111111111111		
	C	Net income or (loss) from gaming	gactivities			Secretary and the	N. (1) 2/19/2019 (19/20)	1000 25 C 35 No. 25 C	/S1920/02/02/02/02/02/02/02/02/02/02/02/02/0
_	10a	•		_	,				
1	, ,	returns and allowances		a	, 0				
	b	Less cost of goods sold	of inventor	b	L		1 245 Main 12 -	Maria Maria	
	С	Net income or (loss) from sales of Miscellaneous Revenue	n inventory		Business Code		\$3.7476488928877777	**************************************	TTERESENTATION
•	14-	iviiscellaneous Revenue			Duamess Code				
	11a					. 0	1	<u> </u>	
	d,					0			
	C	All other revenue				0	•		-
	d	All other revenue				0	REF TRANSPORTS NO		\#####################################
	12 e	Total. Add lines 11a–11d Total revenue. See instructions				3.326.041	350 223	0	2.176
		TOTAL PERSONS SEE DISTURBORS	-				・ コンバレフノス		i Z.1/D

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response or note				X
	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				
_	domestic governments See Part IV, line 21	- 0			
2	Grants and other assistance to domestic				
•	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	l			
4	Benefits paid to or for members) of			
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	89,308	74,126	8,931	6,251
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	974,578	751,943	98,424	124,211
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	30,652	26,289	1,990	2,373
9	Other employee benefits	137,622	118,740	7,471	11,411
10	Payroll taxes	81,281	63,430	8,189	9,662
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	147,770	147,770		
С	Accounting	32,681	24,127	3,450	5,104
d	Lobbying	52,657	52,657		
е	Professional fundraising services See Part IV, line 17	0			
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)	363,619	363,221	12	386
12	Advertising and promotion	0		•	
13	Office expenses	55,086	43,339	5,184	6,563
14	Information technology	0			
15	Royalties	0			
16	Occupancy	73,779	58,556	7,180	8,043
17	Travel	18,844	18,747	27	70
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	21,450	18,789	2,311	350
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	658	0	658	0
23	Insurance	13,186	9,944	1,560	1,682
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)	10.000		4.040	4 000
а	Repairs & Maintenance	13,082	9,883	1,310	1,889
b	Equipment Purchases	921	921		······
C		0			
d	All other eveness	0			
e	All other expenses	2 107 174	4 700 400	146 607	477.005
25	Total functional expenses. Add lines 1 through 24e	2,107,174	1,782,482	146,697	177,995
26	Joint costs. Complete this line only if the			j	
	organization reported in column (B) joint costs	1			
	from a combined educational campaign and				
	fundraising solicitation Check here		ł		
	following SOP 98-2 (ASC 958-720)				5 000

Part 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			81,535	1	245,766
	2	Savings and temporary cash investments			841,359	2	1,259,026
	3	Pledges and grants receivable, net			1,291,212	3	1,989,434
	4	Accounts receivable, net	0	4			
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Complete Part II of Schedule L			0	5	
	6	Loans and other receivables from other disqualified person	ons (as o	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd conti	ributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	mployee	es' beneficiary			
Ş		organizations (see instructions) Complete Part II of Sche	dule L		0	6	
Assets	7	Notes and loans receivable, net			0	7	0
¥	8	Inventories for sale or use			0	8	
	9	Prepaid expenses and deferred charges			17,162	9	17,095
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	19,884	<u> </u>		
	b	Less accumulated depreciation	10b	6,690	0	10c	13,194
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line	11		0	12	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	15	0		
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	2,231,268	16	3,524,515
	17	Accounts payable and accrued expenses		79,457	17	153,837	
	18	Grants payable	0	18			
	19	Deferred revenue			0	19	
	20	Tax-exempt bond liabilities			0	20	
	21	Escrow or custodial account liability Complete I	art IV	of Schedule D	0	21	
S	22	Loans and other payables to current and former	office	rs, directors,			
Liabilities		trustees, key employees, highest compensated	emplo	yees, and			
abi		disqualified persons Complete Part II of Sched	ule L		0	22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties	0	23	0
	24	Unsecured notes and loans payable to unrelate	d third	parties	0	24	0
	25	Other liabilities (including federal income tax, pa	ayables	s to related third			
		parties, and other liabilities not included on lines	s 17–2	4) Complete Part X			
		of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			79,457	26	153,837
		Organizations that follow SFAS 117 (ASC 958	3), che	ck here ► X and			
ê		complete lines 27 through 29, and lines 33 ar	nd 34.				
Ĕ	27	Unrestricted net assets			401,679	27	670,749
<u> </u>	28	Temporarily restricted net assets			1,750,132	28	2,699,929
9	29	Permanently restricted net assets		1	0	29	
5		·					
Ē		Organizations that do not follow SFAS 117 (ASC958),	here ► and				
Net Assets or Fund Balances		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds			0	30	
Asi	31	Paid-in or capital surplus, or land, building, or e			0	31	
et	32	Retained earnings, endowment, accumulated in	icome,	or other tunas	0 2 454 844	32	2 070 070
Z	33	Total net assets or fund balances		}	2,151,811	33	3,370,678
	34	Total liabilities and net assets/fund balances			2,231,268	34	3,524,515

Form 9	990 (2018) NEW MEXICO CENTER ON LAW AND POVERTY	85	<u> 5-0437960 </u>	Pag	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI		٠	,	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,326	3,041
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,107	7,174
3	Revenue less expenses Subtract line 2 from line 1	3		1,218	3,867
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,151	1,811
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	;	3,370	0,678
Part	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		_		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O			<u></u>	<u>'</u>
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				1
	reviewed on a separate basis, consolidated basis, or both				1 (
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1
	separate basis, consolidated basis, or both	(1
	X Separate basis Consolidated basis Both consolidated and separate basis				
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	\overline{x}	············
	If the organization changed either its oversight process or selection process during the tax year, explain in				1
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
Ja	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		"		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	indiginal addition addition orbitally in contegues a cite december any stope taken to entering education		1 02		

Form **990** (2018)

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 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

Employer identification number Name of the organization 85-0437960 NEW MEXICO CENTER ON LAW AND POVERTY 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 11 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

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

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

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

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.

requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.

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) (III) Type of organization (i) Name of supported organization (n) FIN (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) (E) Total O

organization You must complete Part IV, Sections A and B.

organization(s) You must complete Part IV, Sections A and C.

0

h

d

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)

	Tarem mano organización la	no to quanty and					
Sec	tion A. Public Support		.				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	630,350	887,732	2,612,784	953,743	2,973,642	8,058,251
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 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	630,350	887,732	2,612,784	953,743	2,973,642	8,058,251
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						52,611
6	Public support. Subtract line 5 from line 4						8,005,640
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	630,350	887,732	2,612,784	953,743	2,973,642	8,058,251
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,670	1,680	2,030	2,133	·- 2,176	9,689
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	289,107	335,471	182,197	83,016	350,223	1,240,014
11	Total support. Add lines 7 through 10						9,307,954
[12 	Gross receipts from related activities, etc. (si First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first, s		n, or fifth tax year a	s a section 501(c)	(3)	
Sec	ction C. Computation of Public Su						
14 15	Public support percentage for 2018 (line 6, c Public support percentage from 2017 Sched			7))		14 15	86 01% 88 19%
16a	33 1/3% support test—2018. If the organiz and stop here. The organization qualifies as	ation did not check	the box on line 13	, and line 14 is 33 1	1/3% or more, che	ck this box	▶ X
b	33 1/3% support test—2017. If the organiz box and stop here. The organization qualifie				s 33 1/3% or more	, check this	▶ [
17a	10%-facts-and-circumstances test—2018 10% or more, and if the organization meets to Part VI how the organization meets the "fact organization	the "facts-and-circu	mstances" test, ch	eck this box and st	t op here . Explain	ın	▶ [
b	10%-facts-and-circumstances test—2017 15 is 10% or more, and if the organization m 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	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		·
	instructions					•	▶

85-0437960

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	e organization failed to qualify under Par	ťΗ
If the organization fails to qualify under the tests listed below, plea		

	If the organization fails to qu	ality under the	tests listed bei	Jw, please con	ipiele Part II)	/	/
	ction A. Public Support					/	
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 /	(f) Total
1	Gifts, grants, contributions, and membership fees					/	
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise					/ /	
	sold or services performed, or facilities furnished in any activity that is related to the					/	
	organization's tax-exempt purpose					/	C
3	Gross receipts from activities that are not an			-	-		
Ŭ	unrelated trade or business under section 513					/	C
4	Tax revenues levied for the						
~		\				l i	
	organization's benefit and either paid to					ľ	C
_	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	0	\ 0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3			,	/		
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified			\ /		1	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			X			0
С	Add lines 7a and 7b	0	0	/ 0	0	o	0
8	Public support (Subtract line 7c from				<u> </u>		
•	line 6)						0
Sec	ction B. Total Support					1	
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
		(a) 2014 0	(6) 2013	0	(a) 2017	0	(i) lotai
9	Amounts from line 6		- / - °		1	- 0	
Iua	Gross income from interest, dividends,		/				
	payments received on securities loans, rents,				\		
	royalties, and income from similar sources				-	<u> </u>	<u></u>
b	Unrelated business taxable income (less				\		
	section 511 taxes) from businesses						
	acquired after June 30, 1975		/				
C	Add lines 10a and 10b	Ø	0	0	\ \ Q	0	0
11	Net income from unrelated business	/			`	\	
	activities not included in line 10b, whether	/					
	or not the business is regularly carried on	/					0
12							
	loss from the sale of capital assets]		\	
	(Explain in Part VI)					\	O
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	/ 0	o	o	0	\	0
1.4	First five years. If the Form 990 is for the gi	/					
1-7	organization, check this box and stop here	iganization's inst, s	secona, ima, ioani	i, or murtax year a	is a section sor(c)	(3)	
							
	ction C. Computation of Public Suj						
15	Public support percentage for 2018 (line 8, c		•	(f))		15	0 00%
	Public support percentage from 201 Sched					16	0 00%
Sec	ction D. Computation of Investmen	nt Income Perd	centage				
17	Investment income percentage for 2018 (line	10c, column (f), d	livided by line 13, o	olumn (f))		17	0 00%
18	Investment income percentage from 2017 So					18	0 00%
	33 1/3% support tests-2018. If the organi			4, and line 15 is m	ore than 33 1/3%.	and line 17 is	1
	not more than 33 1/3%, check this box and s						\ >
b	33 1/3% support tests—2017. If the organi				-	33 1/3%, and	/ _
	line 18 is not more than 33 1/3%, check this						

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 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	Support	ing Orgai	nizations
----------------	---------	-----------	-----------

- 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," 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)(D) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - 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
			i
			
	2		
	3a		
	3b		
	3с		
		······································	
	4b		
	4c		
	5a		
	5b		
	5c		
	6_		
-	7	_	
	8		
	9a		
	9b]
}	9c		
ŀ	10a		
	10b	-	

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Secti	on B. Type I Supporting Organizations		\ /	
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			<u> </u>
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			•
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	Ė		
4	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	մա Սուսով ո Կ		
	supervised, or controlled the supporting organization	2		***************************************
Secti	on C. Type II Supporting Organizations			
	•		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			,
	the supported organization(s)	1		ļ
Secti	on D. All Type III Supporting Organizations			1
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ľ		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	—	_	
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	•	•	•
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s)	
а	The organization satisfied the Activities Test Complete line 2 below		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	inetrii	otions	.1
С	The organization supported a governmental entity Describe in Part VI now you supported a government entity (see	II ISU U		_
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		l	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	<u></u>		ļ
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		1
2	activities but for the organization's involvement	20		\vdash
3	Parent of Supported Organizations <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	 	
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	or to depressed a governmente in 100, decision in a state and had be by the organization in the regard	حتنسه		

Schedule A (Form 990 or 990-EZ) 2018 NEW MEXICO CENTER ON LAW AND POVERT	<u>Y</u>	<u>85-0</u>	437960 pa	age 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	izations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	t on Nov 20, 1970 (explain	ın Part VI) See	
instructions. All other Type III non-functionally integrated supporting organ	iizatio	ons must complete Sections	A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Ye (optional)	ar
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		Ō
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 Ye (optional)	ar
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		. <u> </u>	
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)				
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 Yea	r
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		<u> </u>	0
5 Income tax imposed in prior year	5			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

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Part '	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continued)	9.14g1 41 41			
Section	on D - Distributions	-		Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt purposes.		- 7 41 17 1			
. 2	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 purpos	es of supported organiz	ations				
4	Amounts paid to acquire exempt-use assets		<u> </u>				
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						
9	Distributable amount for 2018 from Section C, line 6	,		0			
10	Line 8 amount divided by line 9 amount	A		0 000			
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6			0			
2	Underdistributions, if any, for years prior to 2018		į.				
	(reasonable cause required—explain in Part VI) See						
4	instructions .	機能与光光等人系統的	ALL MACCAET CO.				
3	Excess distributions carryover, if any, to 2018		COMPANY AND A COMPANY				
a.	From 2013 , 0			7/2			
b	From 2014 . 0						
с	From 2015 0						
<u>d</u>	From 2016 0		ATTENDANCE OF THE				
e_	From 2017 0						
<u> </u>	Total of lines 3a through e	0					
<u> </u>	Applied to underdistributions of prior years		0				
<u> </u>	Applied to 2018 distributable amount	がある。 は、 は、 は、 は、 は、 は、 は、 は、 は、 は、		0			
<u>i</u>	Carryover from 2013 not applied (see instructions)						
<u>_</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	O section of the sect					
4	Distributions for 2018 from						
	Section D, line 7 \$ 0	BONGSON TO A STATE OF THE STATE		TO SERVE AND THE PROPERTY OF			
a	Applied to underdistributions of prior years	AND THE PROPERTY OF THE PARTY O	0				
<u>b</u>	Applied to 2018 distributable amount		THE PROPERTY OF THE PROPERTY OF	U			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	0					
5	Remaining underdistributions for years prior to 2018, if		,				
	any Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI See instructions	William Control of the Control of th	0				
, 6	Remaining underdistributions for 2018 Subtract lines 3h						
	and 4b from line 1 For result greater than zero, explain in			,			
	Part VI See instructions	The second of th	SANGAL WALLEYS WAR	U			
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c	<u>U</u> Name (1975) (1975) (1975) (1975)	(1) 发展的点:一种 (2) 新新春季的花卉	A CARACTER SECTION OF THE SECTION OF			
	Breakdown of line 7 Excess from 2014 0	SAMPAGE TO THE PERSONNEL THE E		e outers seement to a compagning			
a	Exocos from Est 1	2000年127日 7月24日 1973年 5月2日 金剛教教 1011日 17日 1880年 5月1日 7日	中央の表現では、これに、一般の意識を行う。 日本の意識を含むして、これの意識を行う。				
<u> </u>	Excess from 2015 0 Excess from 2016 0	CONTROL OF THE PROPERTY OF THE	The American of the Committee of the Com				
<u>c</u>	2,0000 110111 20110		\$7658267777077858888878787				
<u>d</u>	2.0000 (0.000)	ARREST - AT THE A SECURITY JAMES OF					
√ e	Excess from 2018 0	marked thinks are the	1900 45 2 6 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	In a solvention of the property of the			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 201

Open to Public Inspection:

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

Department of the Treasury Internal Revenue Service

▶ 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

Nam	e of organization				Employe	er identification number
NEV	V MEXICO CENTER ON L					85-0437960
Pa		he organization is exempt und				
1		ne organization's direct and indirect p	olitical campaign a	activities in Part IV	(see ins	tructions for
	definition of "political cam	• •				
2		expenditures (see instructions)			▶ \$	
3		al campaign activities (see instruction				
Pa		he organization is exempt und				
1		excise tax incurred by the organization			▶ \$	
2	•	excise tax incurred by organization m	-		▶ \$	·····
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 I	V				
Pa		he organization is exempt und			ion 501	(c)(3).
1	Enter the amount directly	expended by the filing organization f	for section 527 exe	empt function		
	activities	•			▶ \$	
2	Enter the amount of the fi	ling organization's funds contributed	to other organizati	ons for section		
	527 exempt function activ	rities			▶ \$	
3	Total exempt function exp	enditures Add lines 1 and 2 Enter h	ere and on Form 1	1120-POL,		
	line 17b				▶ \$	0
4	Did the filing organization	file Form 1120-POL for this year?				Yes No
5		ses and employer identification numb				
		ents For each organization listed, en				
		ntributions received that were prompt				
	as a separate segregated	I fund or a political action committee	(PAC) if additiona	i space is needed,	provide	Information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political
				filing organizati funds If none, en		contributions received and promptly and directly
				Tanas ii none, en		delivered to a separate
						political organization If none, enter -0-
(1)						
('')						
(2)						
\ - /				<u> </u>		
(3)						
	·					
(4)						
(5)						
						-
(6)						

f Grassroots lobbying expenditures

Page 2

P	art II-A Complete if the organizat	ion is exempt u	nder section 50)1(c)(3) and filed	l Form 5768 (ele	ction
	under section 501(h)). Check ▶ if the filing organization	belongs to an af	filiated group (ar	nd list in Part IV e	each affiliated gro	up member's
•	name, address, EIN, ex					•
В	Check ▶ if the filing organization					
	Limits on Lo (The term "expenditures"	bbying Expenditu means amounts p		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p	ublic opinion (gras	s roots lobbying)	-	5,669	0
b	Total lobbying expenditures to influence a	legislative body (d	lirect lobbying)		144,607	0
С	Total lobbying expenditures (add lines 1a	and 1b)			150,276	0
d	Other exempt purpose expenditures				1,634,530	. 0
е	Total exempt purpose expenditures (add				1,784,806	0
f	Lobbying nontaxable amount Enter the a columns	mount from the foll	owing table in both	1	239,240	0
ſ	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amou	nt is:		
Ì	Not over \$500,000		nount on line 1e			
Ì	Over \$500,000 but not over \$1,000,000		15% of the excess		_	
[Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000		5% of the excess o		,	
\Box	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 259				59,810	0
h	Subtract line 1g from line 1a If zero or les				0	0
i	Subtract line 1f from line 1c If zero or les				0	0
j	If there is an amount other than zero on e	either line 1h or line	1i, did the organiz	ation file Form 472	0 reporting	
	section 4911 tax for this year?					Yes No
	(Some organizations that made a See	the separate instr	ection do not hav ructions for lines	e to complete all c 2a through 2f.)	of the five columns	below.
	Lobb	ying Expenditures	S During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount	186,415	223,909	228,178	239,240	877,742
_b	Lobbying ceiling amount (150% of line 2a, column(e))					1,316,613
С	Total lobbying expenditures	47,651	69,418	30,594	150,276	297,939
d	Grassroots nontaxable amount	46,604	55,977	57,045	59,810	219,436
е	Grassroots ceiling amount (150% of line 2d, column (e))					329,154

2,517

829

4,242

Schedule C (Form 990 or 990-EZ) 2018

13,257

5,669

Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has No (election under section 501(h)).	OT filed	d For	n 576	8	7 <u>1</u>
Eor.	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	cription of the lobbying activity	Yes	No	A	moun	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	-	i i			
	referendum, through the use of					
a	Volunteers?	-				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	-	\vdash			
c d	Mailings to members, legislators, or the public?	-	\vdash			
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?					
i	Other activities?					
j	Total Add lines 1c through 1i					0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		igwdown			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	4(=)(5)		4:		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(0)(0)	, or s	ection	i	
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	163	110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior	vear?		3		
	till-B Complete if the organization is exempt under section 501(c)(4), section 50501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes.") Par			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). Current year					
a h	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?		4			
_5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Part						
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part I-A, line 1, Part I-B, line 4, Part I-B,	ıp lıst), F	Part II-	4, lines	. 1 and	1
2 (se	e instructions), and Part II-B, line 1 Also, complete this part for any additional information					
	•					
						_
					-	
-	•					

NEW MEXICO CENTER ON LAW AND POVERTY 85-0437960 Schedule C (Form 990 or 990-EZ) 2018 Page 4 Part IV Supplemental Information (continued)

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.

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization NEW MEXICO CENTER ON LAW AND POVERTY 85-0437960 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 (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 in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No 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? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 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 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

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

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
 - If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1
- **b** Assets included in Form 990, Part X

and section 170(h)(4)(B)(ii)?

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Schedi	ule D (Form 990) 2018 NEW MEXICO CENTER	R ON LAW ANI	D POVE	RTY			85-0437	7960	Pa	ge 2
Part					sures, or	Other S	Similar Assets	(continu	ed)	
3	Using the organization's acquisition, access	ion, and other	records,	check any	of the follow	ng that a	are a significant	use of its	-	
	collection items (check all that apply)		_	_						
а	Public exhibition		d	Loan or	exchange pr	ograms				
b	Scholarly research		е	Other						
С	Preservation for future generations		_	-		·				-
4	Provide a description of the organization's o	ollections and	explain h	now they fu	rther the org	anızatıor	n's exempt purpo	ose in Part		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							Yes		No
Part	Escrow and Custodial Arrangen Complete if the organization answ 990, Part X, line 21		n Form	990, Part	IV, line 9, c	r report	ed an amount	on Form		
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				ibutions or of	ther asse	ets not	Yes		No
b	If "Yes," explain the arrangement in Part XII	I and complete	the follo	wing table						
_	De average halana					40	 	Amount		
C	Beginning balance		•			1c 1d	 			0
d e	Additions during the year Distributions during the year					1 <u>u</u>				
f	Ending balance					1f	-			0
	-	000 D	V l 0	4 6					N I	
2a	Did the organization include an amount on I							Yes	띰	No
b	If "Yes," explain the arrangement in Part XII	Check here	the exp	ianation ha	is been provi	ded on F	Part XIII			
Part										
	Complete if the organization answ						I.D. There is a second of	1 () 5		
4.		Current year	(b) Pr	or year	(c) Two years		d) Three years back		years ba	
1a b	Beginning of year balance Contributions	0		0	 	0		0		0
C	Net investment earnings, gains,	_						 		
C	and losses					[
d	Grants or scholarships	-						 		
e	Other expenditures for facilities							 		
	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the cui	rent year end	balance (line 1g, co	lumn (a)) hel	d as				
а	Board designated or quasi-endowment	>	%							
b	Permanent endowment	<u>%</u>								
С	Temporarily restricted endowment	<u>%</u>								
	The percentages on lines 2a, 2b, and 2c sh	•								
3a	Are there endowment funds not in the posse	ession of the o	rganızatı	on that are	held and adr	nınıstere	ed for the	_		
	organization by								es I	No_
	(i) unrelated organizations							3a(i)	_	
L	(ii) related organizations			d on 0-1-	tula DO			3a(ii)	_	
b 1	If "Yes" on line 3a(ii), are the related organiz							3b		
4 Post	Describe in Part XIII the intended uses of the		s endow	ment tunds	<u> </u>					
Part			n Earm	200 Do-	IV/ line 11-	٥ ٦	orm 000 Dad	V line 10	,	
	Complete if the organization answ									
	Description of property	(a) Cost or ot (investm			or other basis other)	٠,	ccumulated preciation	(d) Book	value	
1a	Land	\	0		0					

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	0
С	Leasehold improvements	0	0	0	0
d	Equipment	0	19,884	6,690	13,194
е	Other	0	0	0	0
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X,	column (B), line 10c)	•	13,194

Part VII	Investments—Other Securities. Complete if the organization answere	od "Vos" on Form 990	Part IV line 11h See Form 0	ION Part Y line 12
	(a) Description of security or category		(c) Method of va	
	(including name of security)	(b) Book value	Cost or end-of-year r	
. ,	ıl derivatives	0		
	held equity interests	0		
				
		<u> </u>		
		<u> </u>		·
(D)				
<u>(E)</u>		.		
(F)				
(G)				.1
(H)	nn (b) must equal Form 990, Part X, col. (B) line 12.)	0		305-5
Part VIII		<u> </u>		
Part VIII	Complete if the organization answers	od "Ves" on Form 990	Part IV line 11c See Form 9	90 Part X line 13
			(c) Method of va	· · · · · · · · · · · · · · · · · · ·
	(a) Description of investment	(b) Book value	Cost or end-of-year	
(1)		··-		• •
(2)				<u>.</u>
(3)	· · · · · · · · · · · · · · · · · · ·	•		
(4)				
(5)				
(6)				
(7)		<u> </u>		
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets.			
	Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11d See Form 9	90, Part X, line 15
	(a) Do	escription		(b) Book value
(1)				
(2)				
(3)				
(4)	•			
(5)				
(6)				
(7)			***	
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col (B) lin	e 15)	>	0
Part X	Other Liabilities.			
	Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11e or 11f See I	Form 990, Part X,
	line 25			
<u>1.</u>	(a) Description of liability	(b) Book value		
(1) Federa	I income taxes	0		
(2)				
(3)				•
(4)				•
(5)]	
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25) ▶	0		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	e text of the footnote to the o	organization's financial statements the	at reports the

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

Schedule D (Fo		NTER ON LAW AND POVE	RTY	85-0437960	Page 5
Part XIII	Supplemental Information	(continued)			

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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.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 85-0437960 NEW MEXICO CENTER ON LAW AND POVERTY Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Part I

	Complete if the organization	on answered "Yes" on Form 990, Part IV, line 25a	or 25b, or Form 990-EZ, Part V, line	40b		
		(b) Relationship between disqualified person and	(-) December of transaction	(d) Corrected?		
1	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)			<u> </u>		ļ	
(6)						

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) In (default?	(h) Ap by bo comm	ard or	(i) W agree	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)							<u> </u>					
(5)												
(6)												
(7)												
(8)												
(9)												
(10)						L						
Total					▶ \$	0						1

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			<u>.</u>	
(7)				
(8)				
(9)			·_ ·-	
10)				

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

Schedule L (Form 990 or 990-EZ) 2018

Page 2

NEW MEXICO CENTER ON LAW AND POVERTY

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		zation's nues?
		40.707		Yes	No
(1) Gail Evans	Wife of former exec dir		contracted legal services		X
(2) Edward Tabet-Cubero	Former executive director	12,192	Advocacy		 ^
(3)		·	<u> </u>		
(4)					-
<u>(5)</u> <u>(6)</u>			<u> </u>		
(7)	- - - - - - -	<u></u>		-	
(8)					
(9)					
(10)	- - - - - - - - - - 	· · · · · · · · · · · · · · · · · · ·			
Part V Supplemental Information.	n for responses to questions on S	Schedule L (see ins	tructions)		
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	·				
	·				
					
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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 0 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

85-0437960 **NEW MEXICO CENTER ON LAW AND POVERTY** Form 990, Part III, Line 4d Program Service Expenses 10,484, 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 168,466, Grants and allocations 0, Revenue 0 Workers' Rights - Promote fair treatment of workers by investigating the working conditions of low-income workers and their treatment by employers, informing workers of their rights and employers of their obligations under the law, compelling government agencies to enforce labor laws and filing legal actions Form 990, Part III, Line 4d Program Service Expenses 121,552, 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 200,992, 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 questions 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

Schedule O (Form 990 or 990-EZ) (2018)		<u> </u>
Name of the organization NEW MEXICO CENTER ON LAW AND POVERTY	Employer identification number 85-0437960	
nformation for comparable positions, and make recommendations to the full board for their		_
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		
Form 990, Part IX, Line 11g Communications \$170,639, expert witnesses \$94,977, Collaborators	S	
\$56,764, Surveys \$26,000, Advocates \$13,213, and translators \$2,026		
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