EXTENDED TO NOVEMBER 16, 2020 294903651401 Return of Organization Exempt From Income Tax

Form

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!

Open to Public Inspection

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(Rev January 2020) Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. and ending A For the 2019 calendar year, or tax year beginning D Employer identification number Check if applicable C Name of organization Address change NEW_MEXICO MULTI-CULTURAL FOUNDATION INC Name change 85-0476529 Doing business as]initial return Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 201 THIRD ST NW STE 1150 505-836-6700 236,432. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ALBUOUEROUE, NM 87102 H(a) Is this a group return Applica-Yes X No F Name and address of principal officer JAMES LONG for subordinates? pendina H(b) Are all subordinates included? 」Yes L Tax-exempt status X 501(c)(3) 501(c)() ◀ (insert no.) If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization. X Corporation Other > Year of formation. 2004 M State of legal domicile: NM Trust Association Part I | Summary Briefly describe the organization's mission or most significant activities THE ORGANIZATION'S PURPOSE IS TO Governance PROMOTE THE MULTIPLE CULTURES WITHIN THE STATE OF NEW MEXICO AND TO Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 0 Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 20 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 39 7ь **Prior Year Current Year** 99,027. 0. Contributions and grants (Part VIII, line 1h) 17.881 0. Program service revenue (Part VIII, line 2g) 0. Ο. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 80,316. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) О. 11 17,881. 179,343. Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 5,000. 31,500. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Ο. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 50,622 20,504. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 Total expenses Add lines 13-17 (must equal Part-IX, column:(A); line-25) 55,622. 52,004. Revenue less expenses Subtract line 18 from line 12 RECFIVED <37,741. 127,339. 289 RS **Beginning of Current Year** End of Year 193,790. 66,451. 20 Total assets (Part X, line 16) AUG 0 5 2020 Ò 0. Total liabilities (Part X, line 26) 0. Net assets or fund balances Subtract line 21 from line 29 GDEN, UT 193 66,451. 790. Part II | Signature Block Under penalties of perjury, I declare that I have examined titles return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled Signature of officer Sign JAMES LONG PRESIDENT Here Type or print name and title Date PTIN reparer's signature Print/Type preparer's name P00173149 Paid self-employed JOHN GORDON Firm's name PATTILLO, BROWN A HILL, Firm's EIN > 74-1130599 Preparer Firm's address 5310 HOMESTEAD KD NE, Use Only **STE 100B** Phone no. 505 - 266 - 5904 ALBUQUERQUE, NM 87110 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

<u>Form</u>	990 (2019) NEW MEXICO MULTI-CULTURAL FOUNDATION INC 85-0476529 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
•	TO PROMOTE THE MULITPLE CULTURES WITHIN THE STATE OF NEW MEXICO AND TO
	EDUCATE THE PUBLIC ABOUT THESE CULTURES.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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
3	and the digalization obtains, or many digital and a second a second and a second an
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$
	TO PROMOTE THE MULITPLE CULTURES WITHIN THE STATE OF NEW MEXICO AND TO
	EDUCATE THE PUBLIC ABOUT THESE CULTURES.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$
4d	Other program services (Describe on Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 50,094.
	Form 990 (2019)

	•		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?	2	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
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		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		
Ø	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	.70		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>,,,</u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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(gambling) winnings to prize winners?

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1.03	
	filed for the calendar year ending with or within the year covered by this return 2a 0			ì
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ı
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		•	
За	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 on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			ı
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country ▶			ı
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a		_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				v
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		ı
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	_7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	İ		
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			İ
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	1		l
C	Enter the amount of reserves on hand	44-	 	X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," here it filed a Form 720 to report these payments? If "No," amyude an explanation on Schoolule O.	14a		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15	excess parachute payment(s) during the year?	15		Х
	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	<u> </u>		
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Part VI Governance Management and Disclosure 6

1 41	• to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions	140 7	espon	3 C
	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
Sec	tion 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)		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delogated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent)	i	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	<u>x</u>	\vdash
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NM	2\ '	A = '	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	s)s only) avail	abie
	for public inspection. Indicate how you made these available. Check all that apply Other (explore on Schodule O)			
10	Own website Another's website X Upon request Other (explain on Schedule O)	nd frac	noio!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nu iinai	icial	
20	statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records			
20	JAMES LONG - 505-836-6700			
	201 THIRD ST NW STE 1150, ALBUQUERQUE, NM 87102			

Forth 990 (2019)	NEW M	MEXICO	MULTI-	-CULTURAL	FOUNDATION	INC	85-0476529	Page 7
Part VII Compensa	tion of Offic	ers, Dire	ctors, Tru	ustees, Key E	mployees, Highes	st Com	pensated	
- Employees	s, and Indep	endent C	ontracto	rs				
Check if Sche	dule O contains	a response	or note to a	any line in this Part	: VII			

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 See instructions for the order in which to list the persons above

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than of box, unless person is both officer and a director/trus			than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMES M. LONG	2.00							`		
PRESIDENT/TREASURER		X_		X				0.	0.	. 0
(2) REBECCA LONG	2.00								_	_
SECRETARY		X		Х				0.	0.	0
(3) ADRIAN PEREZ	2.00									•
DIRECTOR		X			_			0.	0.	0
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Form 990 (2019)

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

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenuè excluded Total revenue from tax under business revenue function revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 10 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 99,027 similar amounts not included above 1f Noncash contributions included in lines 1a-1f | 1g |\$ 99,027 h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents 6a 6b b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) 7с d Net gain or (loss) 8 a Gross income from fundraising events (not contributions reported on line 1c) See 8a 137,405 Part IV, line 18 вы 57,089. b Less direct expenses 80,316. 80,316. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a 9ь **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10b b Less cost of goods sold c Net income or (loss) from sales of inventory scellaneous d All other revenue e Total. Add lines 11a-11d 80,316. 179,343 Total revenue See instructions Form **990** (2019)

932009 01-20-20

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon-			mplete column (A)	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	31,500.	31,500.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16		_		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	_			 -
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
a	Management		-		-
b	Legal				
C	Accounting				-
d	Lobbying Professional fundraising services. See Part IV, line 17		-		· -
f	Investment management fees				
q	Other (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion		· -		
13	Office expenses	222.		222.	
14	Information technology	===-			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				_
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	12.551	- 10 501		
а		18,594.	18,594.	1 100	
b	INSURANCE	1,193.		1,193.	
С	OTHER	495.		495.	
d					
	All other expenses			1 010	
25	Total functional expenses Add lines 1 through 24e	52,004.	50,094.	1,910.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2019)

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

2019

Inspection

Employer identification number Name of the organization NEW MEXICO MULTI-CULTURAL FOUNDATION INC 85-0476529 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) 1 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, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(IV). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 L An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (II) EIN (III) Type of organization in your governing documen (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 NEW MEXICO MULTI-CULTURAL FOUNDATION INC85-0476529 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support		<u> </u>	<u>, </u>			
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")		75,000.				75,000.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						-
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		75,000.	_			75,000.
5	The portion of total contributions			•			
	by each person (other than a						
	governmental unit or publicly					}	•
	supported organization) included						
	on line 1 that exceeds 2% of the					ı	
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						75,000.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4		75,000.				75,000.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business			· <u>-</u>			
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10			· · ·			75,000.
	Gross receipts from related activities,	etc (see instruct	ions)			12	64,240.
13	First five years. If the Form 990 is for	the organization	's first, second, third	l, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Pe	ercentage	<u> </u>			
14	Public support percentage for 2019 (li	ne 6, column (f) c	divided by line 11, co	olumn (f))		14	100.00 %
15	Public support percentage from 2018	Schedule A, Part	t II, line 14			15	<u>100.00 %</u>
16	a 33 1/3% support test - 2019. If the o	rganization did n	ot check the box on	line 13, and line	14 is 33 1/3% or	more, check this b	
	stop here. The organization qualifies a	as a publicly sup	ported organization				▶ [X]
ŀ	33 1/3% support test - 2018. If the o	rganization did n	ot check a box on lii	ne 13 or 16a, and	d line 15 is 33 1/3	% or more, check	this box
	and stop here. The organization quali	fies as a publicly	supported organiza	tion			
17	a 10% -facts-and-circumstances test	- 2019. If the org	ganization did not ch	neck a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fact	s-and-circumstar	nces" test, check th	s box and stop	here. Explain in Pa	art VI how the orga	inization
	meets the "facts-and-circumstances"						ightharpoons
ı	10% -facts-and-circumstances test	- 2018. If the on	ganization did not cl	neck a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization						ns 🕨 🗌
							0 or 990-EZ) 2019

'(Complete only if you checked to qualify under the tests listed be Section A. Public Support						
Section A. Public Support Salendar year (or fiscal year beginning in)	(-) 2015	(h) 2016	(a) 2017	(d) 2018	(e) 2019	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(a) 2015	(b) 2016	(c) 2017	(4) 2010	(6) 2013	(1) 1002
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				-		
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge 6 Total. Add lines 1 through 5		-		7	1	
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)					l	<u> </u>
Section B. Total Support		(b) 2016	(o) 2017	(d) 2018	(e) 2019	(f) Total
Galendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties,	(a) 2015					
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						_
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					'	
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the check this box and stop here	he organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organi	zation,
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2019 (lir			column (f))		15	
16 Public support percentage from 2018 Section D. Computation of Inves	Schedule A, Part	III, line 15			16	
17 Investment income percentage for 201			ne 13, column (f))		17	
18 Investment income percentage from 20 19a 33 1/3% support tests - 2019. If the comore, than 33 1/3%, check this box an	rganization did i	not check the box				17 is not
b 33 1/3% support tests - 2018. If the class of the support tests - 2018. If the class of the support tests - 2018. If the content tests of the support tests - 2018. If the organization is the support tests - 2018. If t	rganization did i k this box and si	not check a box on top here. The orga	i line 14 or line 19a nization qualifies a	a, and line 16 is m as a publicly supp	nore than 33 1/3%, ported organization	
ED / T TIVALE TOUTINATION. IT THE OTGATIZATION	GIG HOL CHECK A	DUA UITIIII 14, 13	a, or roo, crieck ti	• • • • • • • • • • • • • • • • • • • •		0 or 990-EZ)

Schedule A (Form 990 or 990-EZ) 2019 NEW MEXICO MULTI-CULTURAL FOUNDATION INC85-0476529 Page 4

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations		1	1
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	├	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2)	2	-	-
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
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	0.5		
_	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	2-		
4-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c_	-	┢
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	<u>4a</u>	+	
מ	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	4b	+	
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c		ŀ
E -	purposes Did the exceptration add, substitute, or remove any supported exceptrations during the tay year? If "Yes "	40	 	
54	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		İ	
	was accomplished (such as by amendment to the organizing document)	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		\vdash
b	designated in the organization's organizing document?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	 	\vdash
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	- 50	_	
Ū	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			ļ
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		1	
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		Ì	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	1	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
•	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
J	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	1	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
.54	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		1
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	

determine whether the organization had excess business holdings.)

	dule A (Form 990 or 990-EZ) 2019 NEW MEXICO MULTI-CULTURAL FOUNDATION INC85-U4	1002	y Pa	ige 5
Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? `A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ĺ
а	below, the governing body of a supported organization?	11a		1
	A family member of a person described in (a) above?	11b		
		11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Ition B. Type I Supporting Organizations	1 110		
			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			1
	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			1
	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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	ĺ		
	supervised, or controlled the supporting organization	2		
Sec	tion 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		i	
	the supported organization(s)	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations		1	Γ
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	İ		
	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	_		Ì
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		İ	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			l
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	 	\vdash
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1	
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
a	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			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	s)	
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			
	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			
	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			
	activities but for the organization's involvement	2b	<u> </u>	_
3	Parent of Supported Organizations Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	

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Schedule A (Form 990 or 990 EZ) 2019 NEW MEXICO MULTI-CULTURAL FOUNDATION INC85-0476529 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 📑 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 4 Add lines 1 through 3 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 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 1a a Average monthly value of securities 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 8 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year

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

Schedule A (Form 990 or 990-EZ) 2019

instructions)

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

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2019 NEW MEXICO MULTI-CULTURAL FOUNDATION INC85-0476529 Page 7

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D'- Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2 '	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	s		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			-
8	Distributions to attentive supported organizations to which t	the organization is responsive)	
-	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(iı)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
ı	Carryover from 2014 not applied (see instructions)			
<u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3			
·	and 4c			
8				
	Excess from 2015			
	Excess from 2016			
	Excess from 2017	·		
	Excess from 2018			
	Excess from 2019			
_	LN0000 NON: EU 10			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 NE	W MEXICO MULT	I-CULTURAL F	<u>OUNDATION INC85</u>	<u>-0476529 Page 8</u>
Part VI	Supplemental Informati	ion. Provide the explanation, 3c, 4b, 4c, 5a, 6, 9a, 9b, 2 and 3. Part IV. Section E.	ons required by Part II, li 9c, 11a, 11b, and 11c, F , lines 1c, 2a, 2b, 3a, and	ne 10, Part II, line 17a or 17b, Part IV, Section B, lines 1 and 3 I 3b, Part V, line 1, Part V, Sec	Part III, line 12, 2, Part IV, Section C, tion B, line 1e, Part V,
•	(See instructions)				
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 85-0476529 NEW MEXICO MULTI-CULTURAL FOUNDATION INC

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or A	ccounts.	Complete if th	ne
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6				
		(a) Donor advised funds	(t) Funds an	d other accou	ints
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 advis	sed fund	ds		
	are the organization's property, subject to the organization's	exclusive legal control?			Yes	L∐ No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used o	nly		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	confer	ring	_	
_	impermissible private benefit?				Yes	No_
Par			Part IV,	line 7		
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·				
	Preservation of land for public use (for example, recrea					a
	Protection of natural habitat	Preservation of	f a certif	fied historic	structure	
_	Preservation of open space		_			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a co			
	day of the tax year		-		at the End of th	e lax real
a	Total number of conservation easements		ļ	2a		
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic sti	suctive included in (a)	}	2b 2c		
C	Number of conservation easements included in (c) acquired		ura	20	-	
d	listed in the National Register	arter 7723/00, and not on a mistoric struct	uie	2d		
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the	i e organ	•	ng the tax	
	year	icasca, extinguished, or terminated by the	o organ	ization dam	.g to tax	
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe					
_	violations, and enforcement of the conservation easements	- · · · · · · · · · · · · · · · · · · ·			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		servatio	on easemen	ts during the	year
	•					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation ea	sements du	ring the year	
	▶ \$					
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170)(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	e staten	nent and		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	nents th	at describes	s the	
	organization's accounting for conservation easements				<u> </u>	
Par	t III Organizations Maintaining Collections of	-	Other S	Similar A	ssets.	
	Complete if the organization answered "Yes" on Forn					
1a	If the organization elected, as permitted under FASB ASC 99	58, not to report in its revenue statement.	and bal	ance sheet	works	
	of art, historical treasures, or other similar assets held for pu			nce of public		
	service, provide in Part XIII the text of the footnote to its fina					
b	If the organization elected, as permitted under FASB ASC 99	•				
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance	e of public s	ervice,	
	provide the following amounts relating to these items					
	(i) Revenue included on Form 990, Part VIII, line 1			S		
_	(ii) Assets included in Form 990, Part X		_1	▶ \$		
2	If the organization received or held works of art, historical tre		ai gain,	provide		
	the following amounts required to be reported under FASB	ASU 958 relating to these items		•		
a	Revenue included on Form 990, Part VIII, line 1			~ * —		
	Assets included in Form 990, Part X	o for Form 000		Soho	dula D /Farm	000) 2040
LΠА	For Paperwork Reduction Act Notice, see the Instruction	S for Porm 990.		ocne	dule D (Form	ı 55 0)∠019

	dule D (Form 990) 2019 NEW MEX	ICO MULTI-							
3	Using the organization's acquisition, accessi				•				
	collection items (check all that apply)								
a '	Public exhibition	c	, 🔲 ۱	oan or excl	nange progra	m			
b	Scholarly research	e	. 🗀 (Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	in how th	ey further th	ne organizatio	n's exemp	t purpose i	n Part XIII	•
5	During the year, did the organization solicit of	or receive donations	of art, his	storical treas	sures, or othe	er sımılar a	ssets		
	to be sold to raise funds rather than to be m	aintained as part of	the orgar	nization's co	llection?			Yes_	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	ete if the	organizatio	n answered "	Yes" on Fo	orm 990, Pa	rt IV, line 9, c	r
1a	Is the organization an agent, trustee, custod		diary for d	contribution	s or other ass	sets not in	cluded	_	
	on Form 990, Part X?		•					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able					
	, ,	•						Amou	nt
С	Beginning balance						1c_	_	
d	Additions during the year						1d	_	
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	ustodial accoi	unt liability	?	Yes	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	n has been	provided on	Part XIII			
Paı	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	rm 990, Part				
		(a) Current year	(b) P	rior year	(c) Two year	s back (d	Three years	back (e) For	ır years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance		L		L				
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	ı)) held as				
а	Board designated or quasi-endowment		%						
b	Permanent endowment -	%							
С		.%		1					
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administe	red for the	organizatio	n	N .
	by							<u> </u>	Yes No
	(i) Unrelated organizations							3a(ı)	1 1
	(ii) Related organizations			-11 1- 50				3a(ıi)	4——
	If "Yes" on line 3a(ii), are the related organization							3b	
Box	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn		owment 1	runas					
Га			O Doet IV	/ line 11a S	Soo Form 000	Dort Y lu	no 10		
	Complete if the organization answere						umulated	/ ₆ 1\ D ~	ok value
	Description of property	(a) Cost or o			or other (other)		eciation	(0) 60	JK Value
		Dasis (iiivest		Dasis	(54161)	Gopie		-	
	Land							+	
D	Buildings				2,393.	ī	52,393		0.
C در	Leasehold improvements	-			1,446.	•	$\frac{32,395}{1,446}$	_	0.
d	Equipment Other				-,0		<u> </u>	-	
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990. Par	t X. colun	nn (B), line 1	10c)			1	0.

Schedule D (Form 990) 2019

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	d-of-year market value
Financial derivatives			
Closely held equity interests	- -		
Other			
A)			3 -3"
(B)		-	
(C)			
(D)	-		
(E)			
(F)			
(G)			
(H)			_
al (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.		<u></u>	
Complete if the organization answered "Yes" o	on Form 000. Bort IV. line	11a San Form 000 Part V June 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	l-of-vear market value
	(B) BOOK TOIGE	(o) member of variation cost of one	
(1)		-	
(2)			
(3)			
(4)			
(5)			
(<u>6</u>)			
(7)			
(8)			
(9)			
Complete if the organization answered "Yes" o	on Form 990, Part IV, line Description	e 11d See Form 990, Part X, line 15	(b) Book value
(1)			
(2)			
(3)			
(4)	_		
(5)			
(6)			-
(7)			
(8)		· · · · · · · · · · · · · · · · · · ·	
(9)			
otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	15)		
Complete if the organization answered "Yes" of	on Form 990. Part IV line	e 11e or 11f See Form 990. Part X. line 25	,
(a) Description of liability	2. 2001. 300.00		(b) Book value
(1) Federal income taxes			
***************************************			-
(2)			
(3)			
	(444-1-11111111111111111111111111111111		
			<u>-</u>
(5)			
(4) (5) (6)			<u> </u>
(5) (6) (7)			
(5) (6)	_		
(5) (6) (7)			

Part XI Reconciliation of Revenue per Audited Financial St	stamonte With Payon	Dat	
	arements Aurm Meacin	ie per Heturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	L)	5	
Part XII Reconciliation of Expenses per Audited Financial S			
Complete if the organization answered "Yes" on Form 990, Part IV, II			
	nc rzu	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	00		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d			
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	
Part XIII Supplemental Information.			
rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		art V, line 4, Part X, line 2, Pa	ırt XI,
nes 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information		
			

SCHEDULE (Form 990)

Name of the organization

Department of the Treasury

Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Open to Public OMB No 1545-0047 2019 Inspection **Employer identification number**

2 85-0476529 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ö 。 ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States FOUNDATION INC recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 500. 5,000 26,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) NEW MEXICO MULTI-CULTURAL Enter total number of other organizations listed in the line 1 table 85-0475612 80-0325663 47-5646258 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization EXPERPRISES INC. - P.O. BOX 27113 DANETTE LOVATO PIMIMENTAL MUSIC or government - ALBUQUERQUE, NM 87125 EMI ARTE FLAMENCO LLC LA SALA DE GALIESTO GALIESTO, NM 87540 SANTA FE, NM 87594 5637 STATE HWY 14 P.O. BOX 31724 Part I Part II

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Schedule I (Form 990) (2019)

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

Schedule I (Form 990) (2019) (f) Description of noncash assistance $\hat{\boldsymbol{j}}$ (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non cash assistance 31 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 932102 10-26-19 Part III

Page 2

85-0476529

NEW MEXICO MULTI-CULTURAL FOUNDATION INC

Schedule I (Form 990) (2019)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization 85-0476529 NEW MEXICO MULTI-CULTURAL FOUNDATION INC FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATE THE PUBLIC ABOUT THESE CULTURES. FORM 990, PART VI, SECTION B, LINE 11B: TAX RETURN IS PROVIDED TO BAORD MEMBERS FOR REVIEW BEFORE IT IS FILED FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE MADE AVAILABLE UPON REQUEST