

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEW MEXICO COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 502 W CORDOVA RD 1 City or town, state or province, country, and ZIP or foreign postal code SANTA FE, NM 87505 F Name and address of principal officer: TED O. HARRISON SAME AS C ABOVE	D Employer identification number 85-0311210 E Telephone number 505-820-6860 G Gross receipts \$ 6,141,890. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.NMCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1983 M State of legal domicile: NM		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE NEW MEXICO COMMUNITY FOUNDATION (NMCF) IS A STATEWIDE ENDOWMENT BUILDING AND GRANT-MAKING 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 20 6 Total number of volunteers (estimate if necessary) 6 2 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 15,864. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 14,864.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,192,034. Prior Year 3,255,760. Current Year 9 Program service revenue (Part VIII, line 2g) 368,565. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 862,013. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,250. 51,003. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,430,862. 4,678,635.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,360,168. 1,463,231. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 950,094. 1,041,765. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 16b Total fundraising expenses (Part IX, column (D), line 25) 233,827. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,216,065. 1,491,240. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,526,327. 3,996,236. 19 Revenue less expenses. Subtract line 18 from line 12 <95,465.> 682,399.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 26,059,484. Beginning of Current Year 26,233,629. End of Year 21 Total liabilities (Part X, line 26) 7,515,787. 7,256,484. 22 Net assets or fund balances. Subtract line 21 from line 20 18,543,697. 18,977,145.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this 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 knowledge.

Sign Here	Signature of officer TED O. HARRISON, PRESIDENT/CEO Type or print name and title	Date 7.20.15
Paid Preparer Use Only	Print/Type preparer's name ROBERT A. DEPASQUALE Preparer's signature Date 09-17-15 Check if self-employed <input type="checkbox"/> PTIN P00446108 Firm's name PULAKOS CPAS, PC Firm's EIN 85-0219147 Firm's address 5921 JEFFERSON STREET NE ALBUQUERQUE, NM 87109 Phone no. (505) 338-1500	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. NEW MEXICO COMMUNITY FOUNDATION	Employer identification number (EIN) or 85-0311210
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 502 W CORDOVA RD, NO. 1	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA FE, NM 87505	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

TED O. HARRISON

• The books are in the care of **502 W CORDOVA RD STE 1 - SANTA FE, NM 87505**

Telephone No. **505-820-6860** Fax No. **505-820-7860**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2015**.

5 For calendar year **2014**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension

THE TAXPAYER REQUESTS ADDITIONAL TIME IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
8b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Robert A. De Pasquale** Title **CPA**

Date **07-21-15**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. NEW MEXICO COMMUNITY FOUNDATION	Employer identification number (EIN) or 85-0311210
<small>File by the due date for filing your return. See instructions.</small>	Number, street, and room or suite no. If a P.O. box, see instructions. 502 W CORDOVA RD, NO. 1	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA FE, NM 87505	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

TED HARRISON

- The books are in the care of ▶ **502 W CORDOVA RD STE 1 - SANTA FE, NM 87505**

Telephone No. ▶ **505-820-6860** Fax No. ▶ **505-820-7860**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2014** or
 ▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III 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 COMMUNITY FOUNDATION IS A STATEWIDE ENDOWMENT BUILDING AND GRANT-MAKING ORGANIZATION THAT SERVES AND INVESTS IN NEW MEXICO'S COMMUNITIES AND THEIR GREATEST ASSET...PEOPLE. AS A STEWARD OF COMMUNITY RESOURCES, WE SUPPORT A QUALITY OF LIFE THAT REFLECTS THE

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, 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 \$ 713,629. including grants of \$ 437,381.) (Revenue \$ 8,121.)

NM COMMUNITY FOUNDATION POOLS RESOURCES TO SUPPORT NEW MEXICO'S MOST UNDERSERVED COMMUNITIES, STRENGTHEN NEW MEXICO'S NONPROFITS, AND GROW PHILANTHROPY - ESPECIALLY IN RURAL NEW MEXICO - CONNECTS DONORS TO VALUABLE PROJECTS AND VULNERABLE COMMUNITIES AND WORKS TO BE RESPONSIVE TO CURRENT, AND OFTEN URGENT, COMMUNITY NEEDS. NMCF INITIATED AND RAN PHILANTHROPIC PROGRAMS AND ACTIVITIES THAT ADDRESSED ISSUES THAT RANGE FROM RURAL ECONOMIES, PROMOTING NATIVE LEADERSHIP, TO ENSURING EQUALITY FOR WOMEN AND FAMILIES. NMCF DID THIS BY BUILDING RELATIONSHIPS WITH COMMUNITY LEADERS, NONPROFITS, DONORS, AND THEIR FINANCIAL ADVISORS TO CREATE GREATER OPPORTUNITY AND PROSPERITY IN NEW MEXICO. THROUGH THESE PARTNERSHIPS WE AWARDED GRANTS TO DEVELOP NEW INITIATIVES OR SUPPORT EXISTING PROGRAMS. IN 2014, NMCF GRANTED OUT \$438,000 FOR PROGRAMS,

4b (Code:) (Expenses \$ 2,332,139. including grants of \$ 1,025,850.) (Revenue \$ 346,322.)

FUND MANAGEMENT: NMCF MANAGES ENDOWED AND NON-PERMANENT DONOR ADVISED, NON-PROFIT AGENCY, SCHOLARSHIP, DESIGNATED, COMMUNITY ADVISED, AND FIELD OF INTEREST FUNDS WHICH ADDRESS A WIDE RANGE OF ISSUES: EDUCATION; ARTS AND CULTURE; RURAL DEVELOPMENT; NATIVE PHILANTHROPY AND ENTREPRENEURSHIP; WOMEN, CHILDREN AND FAMILIES; ENVIRONMENT AND ANIMAL PROTECTION; COMMUNITY LEADERSHIP; CIVIC ENGAGEMENT; AND HEALTH AND WELLNESS. IN 2014, NMCF MADE GRANTS OF \$1,026,000 FROM DONOR ADVISED, DESIGNATED, COMMUNITY ADVISED, FIELD OF INTEREST, AND SCHOLARSHIP FUNDS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,045,768.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a		10
b	Enter the number of voting members included in line 1a, above, who are independent		10
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **TED O. HARRISON - 505-820-6860**
502 W CORDOVA RD STE 1, SANTA FE, NM 87505

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAULA BLACHER DIRECTOR	1.00	X					0.	0.	0.	
(2) PETER BRILL DIRECTOR	1.00	X					0.	0.	0.	
(3) GRACE ALLISON DIRECTOR UNTIL MAY 2014	1.00	X					0.	0.	0.	
(4) REGIS PECOS DIRECTOR	1.00	X					0.	0.	0.	
(5) ROBERT VALDEZ DIRECTOR	1.00	X					0.	0.	0.	
(6) HOWELL PALMER DIRECTOR	1.00	X					0.	0.	0.	
(7) BRUCE BLEAKMAN, CPA DIRECTOR/TREASURER	1.00	X		X			0.	0.	0.	
(8) THOMAS HNASKO DIRECTOR/SECRETARY	1.00	X		X			0.	0.	0.	
(9) SANDRA KISER DIRECTOR/BOARD CHAIR	1.00	X		X			0.	0.	0.	
(10) TED HARRISON DIRECTOR/SECRETARY	1.00	X		X			0.	0.	0.	
(11) BARBARA POLEY DIRECTOR/VICE CHAIR	1.00	X		X			0.	0.	0.	
(12) JENNIFER PARKS PRESIDENT AND CEO	40.00			X			134,301.	0.	27,280.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								134,301.	0.	27,280.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								134,301.	0.	27,280.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
	1 b	Membership dues						
	1 c	Fundraising events						
	1 d	Related organizations						
	1 e	Government grants (contributions)	330,368.					
	1 f	All other contributions, gifts, grants, and similar amounts not included above	2,925,392.					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		3,255,760.				
	Program Service Revenue	2 a	GRANT AND FUND MANAGEMENT FEES	813211	346,322.	346,322.		
2 b		SUPPORT SERVICE PROGRAM REVENUE	900099	8,121.	8,121.			
2 c								
2 d								
2 e								
2 f		All other program service revenue						
2 g		Total. Add lines 2a-2f		354,443.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		214,695.		214,695.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses	1,463,255.			
			c	Gain or (loss)	802,734.			
	d	Net gain or (loss)		802,734.		802,734.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
			b	Less: direct expenses				
c			Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a	PASSTHROUGH INCOME K-1 CIMMARRON	900099	51,003.		15,864.	35,139.		
11 b								
11 c								
11 d	All other revenue							
11 e	Total. Add lines 11a-11d		51,003.					
12	Total revenue. See instructions.		4,678,635.	354,443.	15,864.	1,052,568.		

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 to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 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 and domestic governments. See Part IV, line 21 ...	1,463,231.	1,463,231.		
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	161,581.	84,840.	48,541.	28,200.
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	722,380.	379,296.	217,010.	126,074.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,341.	1,492.	2,755.	3,094.
9 Other employee benefits	68,817.	17,666.	29,319.	21,832.
10 Payroll taxes	81,646.	41,034.	26,167.	14,445.
11 Fees for services (non-employees):				
a Management				
b Legal	13,288.	457.	12,831.	
c Accounting	121,723.		121,723.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	292,203.	292,203.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	330,115.	220,733.	100,265.	9,117.
12 Advertising and promotion	1,756.		217.	1,539.
13 Office expenses	36,099.	20,314.	15,630.	155.
14 Information technology				
15 Royalties				
16 Occupancy	66,050.	16,610.	49,440.	
17 Travel	29,405.	22,408.	6,503.	494.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,410.	410.	250.	750.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,810.		6,810.	
23 Insurance	23,811.	3,665.	20,146.	
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.)				
a PROJECT DISBURSEMENT EX	387,139.	387,139.	0.	0.
b EVENTS	61,667.	48,680.	1,876.	11,111.
c WORKSHOP SUPPLIES	39,513.	23,198.	14,965.	1,350.
d TELEPHONE	18,319.	4,179.	11,532.	2,608.
e All other expenses	61,932.	18,213.	30,661.	13,058.
25 Total functional expenses. Add lines 1 through 24e	3,996,236.	3,045,768.	716,641.	233,827.
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)

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	
Assets	1	Cash - non-interest-bearing	2,845,331.	1	1,754,977.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	4,970.
	4	Accounts receivable, net	12,200.	4	17,539.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 135,167.		
	b	Less: accumulated depreciation	10b 126,251.	10c 15,726.	8,916.
	11	Investments - publicly traded securities	21,779,828.	11	23,157,018.
	12	Investments - other securities. See Part IV, line 11	980,611.	12	866,723.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	425,788.	15	423,486.
16	Total assets. Add lines 1 through 15 (must equal line 34)	26,059,484.	16	26,233,629.	
Liabilities	17	Accounts payable and accrued expenses	135,397.	17	149,623.
	18	Grants payable	48,400.	18	12,500.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	7,331,990.	21	7,094,361.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	7,515,787.	26	7,256,484.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	330,385.	27	106,141.
	28	Temporarily restricted net assets	6,261,940.	28	7,086,031.
	29	Permanently restricted net assets	11,951,372.	29	11,784,973.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	18,543,697.	33	18,977,145.
34	Total liabilities and net assets/fund balances	26,059,484.	34	26,233,629.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,678,635.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,996,236.
3	Revenue less expenses. Subtract line 2 from line 1	3	682,399.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,543,697.
5	Net unrealized gains (losses) on investments	5	<429,670.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	234,024.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<53,305.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,977,145.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2014)

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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization NEW MEXICO COMMUNITY FOUNDATION	Employer identification number 85-0311210
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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.)
- 10 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 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7241470.	7816598.	4593375.	2192034.	3255760.	25099237.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7241470.	7816598.	4593375.	2192034.	3255760.	25099237.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6543666.
6 Public support. Subtract line 5 from line 4.						18555571.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	7241470.	7816598.	4593375.	2192034.	3255760.	25099237.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	330,539.	303,606.	756,549.	272,521.	249,834.	1913049.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		773.	8,129.	8,250.	15,864.	33,016.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		45,416.				45,416.
11 Total support. Add lines 7 through 10						27090718.
12 Gross receipts from related activities, etc. (see instructions)					12	1,387,179.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	68.49 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	66.75 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
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).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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.		

Section 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 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.		
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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section 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).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the 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).		
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.		

Section 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 instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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.		
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statement

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

OMB No. 1545-0047

2014

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization NEW MEXICO COMMUNITY FOUNDATION Employer identification number 85-0311210

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year (47), Aggregate value of contributions (501,680), Aggregate value of grants (1,246,825), Aggregate value at end of year (5,148,279), and two Yes/No questions regarding donor information.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3. Monitoring and enforcement questions (Yes/No).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with sections 1a, 1b, 2a, 2b for reporting on art and historical treasures. Includes questions about reporting requirements and amounts for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,194,772.	13,522,868.	11,604,666.	11,089,994.	11,029,741.
b Contributions	138,206.	73,943.	1,577,107.	2,400,000.	2,328,560.
c Net investment earnings, gains, and losses	298,905.	1,567,118.	1,268,993.	<199,371.>	507,826.
d Grants or scholarships	194,128.	647,039.	830,356.	1,402,882.	80,239.
e Other expenditures for facilities and programs	373,309.	234,029.		148,218.	133,870.
f Administrative expenses	183,064.	88,089.	97,542.	134,857.	78,225.
g End of year balance	13,881,382.	14,194,772.	13,522,868.	11,604,666.	13,573,793.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
 - b Permanent endowment 81.00 %
 - c Temporarily restricted endowment 19.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input checked="" type="checkbox"/>	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		135,167.	126,251.	8,916.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,916.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and rows 2-9 are blank.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that 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 [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,903,457.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	<429,670.>	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	<2,302.>	
e	Add lines 2a through 2d	2e	<431,972.>	
3	Subtract line 2e from line 1	3	4,335,429.	
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	292,203.	
b	Other (Describe in Part XIII.)	4b	51,003.	
c	Add lines 4a and 4b	4c	343,206.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,678,635.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,704,033.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
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	2e	0.	
3	Subtract line 2e from line 1	3	3,704,033.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	292,203.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	292,203.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,996,236.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE FOUNDATION PERFORMS FISCAL SPONSORSHIPS AND/OR ADMINISTRATIVE SERVICES UNDER WRITTEN AGREEMENTS THAT GENERALLY INCLUDE RECEIPT OF FUNDS FROM VARIOUS SOURCES, AND DISBURSEMENT OF SUCH FUNDS BASED UPON WRITTEN REQUESTS, FOR WHICH THE FOUNDATION CHARGES A FEE. ALSO, THE FOUNDATION AGENCY FUNDS ARE THOSE WHICH ARE HELD BY THE FOUNDATION ON BEHALF OF UNRELATED NOT-FOR-PROFIT ORGANIZATIONS. FOR OVER THIRTY YEARS, NMCF HAS SERVED ALL THIRTY-THREE COUNTIES IN NEW MEXICO BY IDENTIFYING COMMUNITY NEEDS, DESIGNING AND LEADING BROAD-BASED INITIATIVES TO MEET THOSE NEEDS, AND SUPPORTING LOCAL AND REGIONAL NONPROFITS WHOSE MISSIONS COMPLEMENT OURS. BY PARTNERING WITH DONORS, WE HELP THEM ACHIEVE THEIR CHARITABLE GOALS - WHETHER THAT MEANS STARTING A FUND, CREATING AN ENDOWMENT, LEAVING

Part XIII Supplemental Information (continued)

A LEGACY, OR JUST MAKING A GIFT.

PART V, LINE 4:

DISTRIBUTIONS FROM ENDOWMENT FUNDS ARE IN SUPPORT OF NMCF'S GRANTEEES AND/OR NMCF OPERATIONS DEPENDING ON THE RESTRICTION OF DONOR ADVISED, DESIGNATED, COMMUNITY ADVISED, FIELD OF INTEREST, AND SCHOLARSHIP.

PART X, LINE 2:

THE FOUNDATION IS A NON-PROFIT NEW MEXICO CORPORATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A)(VI).

THE FOUNDATION HAS ADOPTED ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA AS THEY RELATE TO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013. ANY INTEREST AND PENALTIES RECOGNIZED ASSOCIATED WITH A TAX POSITION WOULD BE CLASSIFIED AS CURRENT IN THE FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS. NO INTEREST OR PENALTIES WERE RECORDED IN 2014 OR 2013.

CURRENTLY THE FOUNDATION'S 2012, 2013, AND 2014 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND NEW MEXICO TAXATION AND REVENUE DEPARTMENT. HOWEVER, THE FOUNDATION IS NOT CURRENTLY UNDER AUDIT, NOR HAS THE FOUNDATION BEEN CONTACTED BY ANY OF THESE JURISDICTIONS. BASED ON THE EVALUATION OF THE FOUNDATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN INCOME

Part XIII Supplemental Information (continued)

TAXES HAS BEEN RECORDED FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PRESENT VALUE ADJUSTMENT TO CONTRIBUTIONS -2,302.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PARTNERSHIP PASSTHROUGH INCOME 51,003.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Employer identification number 85-0311210

NEW MEXICO COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. X Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: SEE ATTACHED STATEMENT, 1,319,699, 0, SUPPORT ORGANIZATIONS.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 89
3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

GRANTS ARE AWARDED WITH A LETTER OF TERMS AND CONDITIONS. AT THE END OF THE GRANT PERIOD, A NARRATIVE REPORT OF ACCOMPLISHMENTS AND A FINANCIAL REPORT ARE REQUIRED FROM GRANTEE; SITE VISITS ARE OFTEN PERFORMED BY NCMF STAFF. THE ABOVE STEPS ARE TAKEN IN ORDER TO ENSURE THAT THE FUNDS WERE USED BY THE GRANTEE IN ACCORDANCE WITH THEIR INTENDED PURPOSE. IN ADDITION, THE NORTHEASTERN REGIONAL COMMUNITY FOUNDATION ANNUALLY ADVERTISES TO NON-PROFIT ORGANIZATIONS IN THE NORTHEASTERN REGION OF NEW MEXICO THE OPPORTUNITY TO COMPETE FOR SMALL GRANTS IN THE AREAS OF HEALTH, COMMUNITY

Part IV Supplemental Information

ORGANIZATION AND EDUCATION. A COMMITTEE REVIEWS GRANT APPLICATIONS TO DETERMINE WHICH ORGANIZATIONS AND PROPOSALS MEET THE CRITERIA, AND THE AMOUNTS TO GRANT TO QUALIFYING APPLICANTS.

Lined area for supplemental information.

New Mexico Community Foundation
 Form 990, Schedule I, Part 2
 December 31, 2014

<u>Grantee Name/Address</u>	<u>EIN</u>	<u>Purpose</u>	<u>Grants Expense</u>
Alice King Family Ce P.O. Box 16722 Santa Fe, NM 87506-6722	85-0296676	General operating support	5,070.25
Amigos Bravos, Inc. P. O. Box 238 Taos, NM 87571	85-0363268	Fund to support establishment of "Youth Council" for Communities for Clean Water	31,659.20
Animal Protection of New Mexico PO Box 11395 Albuquerque, NM 87192	85-0283292	Support direct program ctivities	19,000.00
Arizona State University ASU Scholarship Office P.O. Box 870412 Tempe, AZ 85287-0412	86-0196696	Student scholarship support	5,389.00
Ben Archer Health Centers P.O. Box 370 Hatch, NM 87937	51-0158976	Assist families with basic funeral costs	6,070.00
Cancer Foundation for New Mexico PO Box 5038 Santa Fe, NM 87502	41-2079799	Funding to meet basic human needs and foster self reliance	39,057.00
Chief Manuelito Midschool PO Box 1318 Gallup, NM 87305	85-6005550	Funding to assist in purchasing computers and accessories	5,000.00
Children's Cancer Fund of New Mexico 112 14th Street SW	23-7116828	Funding to meet basic human needs and foster self reliance	17,318.00

New Mexico Community Foundation
 Form 990, Schedule I, Part 2
 December 31, 2014

Grantee Name/Address	EIN	Purpose	Grants Expense
Albuquerque, NM 87111			
City of Santa Fe-FORE Kids Fund Attn: Jennifer Richardson 200 Lincoln Ave Santa Fe, NM 87504-0909	85-6000168	General operating support	7,202.75
Closet Cinema 922 Arno St. SE Albuquerque, NM 87102	26-1101018	General operating support	5,682.30
Communities in Schools of New Mexico PO Box 367 Santa Fe, NM 87504-0367	85-0481104	General operating support	5,000.00
Community Foundation of Southern New Mexico 301 South Church Street, Suite H Las Cruces, NM 88001	85-0455682	Scholarship Support	10,000.00
Creativity for Peace 369 Montezuma, #566 Santa Fe, NM 87501	85-0366087	General operating support	14,500.00
Desert Montessori 316 Camino Delora Santa Fe, NM 87505	85-0423730	Support Shelton Training for Teachers	15,000.00
Domestic Violence Resource Center (FKA Resources, I P. O. Box 9496 Albuquerque, NM 87119	85-0439226	Funding to meet basic human needs and foster self reliance	75,178.00
El Refugio, Inc.	85-0311066	Funding to meet basic human needs and foster	11,506.00

New Mexico Community Foundation
 Form 990, Schedule I, Part 2
 December 31, 2014

<u>Grantee Name/Address</u>	<u>EIN</u>	<u>Purpose</u>	<u>Grants Expense</u>
800 South Robert St Silver City, NM 88051		self reliance	
Embudo Valley Library P. O. Box 310 Dixon, NM 87527	85-0314391	General operating support	15,000.00
Enlace Comunitario 2425 Alamo Avenue SE, Suite A Albuquerque, NM 87198	85-0473384	Funding to meet basic human needs and foster self reliance	32,627.98
Espanola Valley Fiber Arts Center 325 Paseo de Onate Espanola, NM 87532	85-0442395	Support for upgrading facility, strengthen/upgrade assets, hire staff to coordinate existing programs	15,000.00
First Serve New Mexico, Inc. PO Box 31904 Santa Fe, NM 87594	27-0044395	General Operating Support	5,000.00
Friends of Valle de Oro National Wildlife Refuge PO Box 9501 Albuquerque, NM 87119	46-2102958	Funding towards transportation costs	9,995.00
Georgia Women's Action for New Directions (Georgia W 250 Georgia Ave, STE 202 Atlanta, GA 30312	20-3060988	Multi-Generational Education and Action Project	22,500.00
Guidance Center of Lea County, Inc. 920 West Broadway Hobbs, NM 88240	85-0217038	Funding to meet basic human needs and foster self reliance	5,575.00
Hands Across Cultures Corp.	85-0414715	Focus on education, cultural enrichment, and	7,000.00

New Mexico Community Foundation
 Form 990, Schedule I, Part 2
 December 31, 2014

Grantee Name/Address	EIN	Purpose	Grants Expense
P.O.Box 2215 Espanola, NM 87532		substance abuse	
Hanford Challenge 219 1st Ave S, STE 310 Seattle, WA 98104	26-1382433	Funds to support intergenerational mentorship community	17,338.00
Haven House, Inc. P. O. Box 15611 Rio Rancho, NM 87174	85-0422830	Funding to meet basic human needs and foster self reliance	11,177.00
Innocence Project, Inc. 40 Worth St. STE 701 New York, NY 10013	32-0077563	General operating support	5,000.00
International Center for Earth Concerns 2162 Baldwin RD Ojai, CA 93023	52-1883556	Towards Kenya Wildlife support	7,500.00
Las Cumbres Community Services P.O. Box 1362 Espanola, NM 87532	23-7144268	Funding to meet basic human needs and foster self reliance	22,527.00
League of Women Voters of Tennessee Education Fund PO Box 158369 Nashville, TN 37215	23-7166868	Funding towards expanding knowledge and understanding of the environmental management process	19,930.00
Lensic Performing Arts Center 211 W. San Francisco Street Santa Fe, NM 87501	85-0448396	General operating support	6,000.00
Lewa Wildlife Conservancy USA	87-0572187	Towards tractor replacement	7,000.00

New Mexico Community Foundation
 Form 990, Schedule I, Part 2
 December 31, 2014

Grantee Name/Address	EIN	Purpose	Grants Expense
495 Miller Ave., Ste. 310 Mill Valley, CA 94941			
Luna County Government 700 S. Silver Ave. Deming, NM 88030	85-6000230	General operating support for Healing House of Luna County - Luna County is FS	7,000.00
Mana del Norte PO Box 9236 Santa Fe, NM 87504	85-0436087	Scholarships support	10,000.00
Masada House 610 N. Dustin Farmington, NM 87401	26-4661551	Support Transitional Living Program for homeless women recovering from substance abuse	9,555.00
Moving Arts Espanola, Inc. PO Box 505 Velarde, NM 87582	45-24598983	Towards the community mural in Espanola	10,000.00
National Dance Institute of New Mexico 1140 Alto Street Santa Fe, NM 87501	85-0431846	General operating support	10,000.00
National Indian Youth Leadership Project P. O. Box 2140 Gallup, NM 87305	85-0373602	Towards production of the movie trailer for Indian Summer Films Project.	10,000.00
New Mexico Acequia Association 805 Early Street Building B Suite 203-B Santa Fe, NM 87505	85-0440606	To support and encourage healthy food, people, and communities	10,000.00

New Mexico Community Foundation
 Form 990, Schedule I, Part 2
 December 31, 2014

<u>Grantee Name/Address</u>	<u>EIN</u>	<u>Purpose</u>	<u>Grants Expense</u>
New Mexico Farmers' Marketing Association 731 Montez Santa Fe, NM 87501	85-0430744	General operating support	7,000.00
New Mexico Highlands University P.O. Box 9000 Financial Aid Office 1005 Diamond Avenue Las Vegas, NM 87701	85-6000406	Support the "We'll take Care of You" Project	12,880.00
New Mexico School for the Arts 275 E Alameda Santa Fe, NM 87501	26-4764395	Scholarship Support	5,000.00
Northern New Mexico College 921 Paseo de Onate Española, NM 87532	85-6000545	Support "Dual Credit Language Program"	5,000.00
Nuclear Information and Resource Service 6930 Carroll Ave. #340 Takoma Park, MD 20912	52-1119677	Work with local Coalition on West Valley Nuclear Waste on the Physical Site.	20,000.00
Nuclear Watch of New Mexico 903 W. Alameda #325 Santa Fe, NM 87501	23-7159949	Support communities through public education and engagement	20,000.00
OLE Education Fund 411 Bellamah NW Albuquerque, NM 87102	27-1275857	Support the Ole and the Rise of Women's Economic Status through Early Childhood Education Project	10,000.00
Partners in Education for the Santa Fe Public Schools	85-0392417	General operating support	8,500.00

New Mexico Community Foundation
 Form 990, Schedule I, Part 2
 December 31, 2014

Grantee Name/Address	EIN	Purpose	Grants Expense
PO Box 23374 Santa Fe, NM 87502			
Pennsylvania State University 201 Shields Bldg. University Park, PA 16802-1294	24-6000376	Scholarship Support	6,000.00
Permaculture Guild, Inc. PO Box 4312 Santa Fe, NM 87502	85-0352686	General operating support	7,000.00
Physicians for Social Responsibility 617 S Olive Street, STE 200 Los Alamos, CA 90014	95-9561336	General operating support	22,300.00
Picuris Pueblo P. O. Box 127 Penasco, NM 87553	85-0258099	Create a viable business around charcoal production	15,000.00
Pueblo of Jemez Department of Education PO Box 100, 5117 Highway 4 Jemez Pueblo, NM 87024 Att: Kevin Shendo, Education Dir.	85-0213473	Early childhood development work	16,619.13
Regents of New Mexico State University Marlene Melendez Financial Aid & Scholarship Services P.O. Box 30001 MSC5100 Las Cruces, NM 88003	85-6000401	Student Scholarship Support	81,378.00
Regents of NMSU-Dona Ana Community College Office of Financial Aid	85-6000401	Student Scholarship Support	6,313.00

New Mexico Community Foundation
 Form 990, Schedule I, Part 2
 December 31, 2014

Grantee Name/Address	EIN	Purpose	Grants Expense
3400 South Espina Street Las Cruces, NM 88003			
Rio Arriba County 1122 Industrial Park Road Española, NM 87532	85-6000240	Technical and resource support to agricultural entrepreneurs	10,000.00
San Juan County Partnership, Inc. 3535 E. 30th Street - Suite 239 Farmington, NM 87402	85-0408661	Funding to meet basic human needs and foster self reliance	6,938.00
Santa Clara Pueblo PO Box 580 Española, NM 87532	85-0216550	Towards Seedlings for Santa Clara Canyon	14,000.00
Santa Fe Community Foundation P.O. Box 1827 Santa Fe, NM 87504-1827	85-0303044	NM Give Grande	6,500.00
Santa Fe Conservation Trust P. O. Box 23985 Santa Fe, NM 87502	85-0418988	General operating support	5,000.00
Santa Fe Farmers Market Institute 1607 Paseo de Peralta, STE A Santa Fe, NM 87501	30-0124953	Support the livelihoods of local farmers to provide food for the community	15,500.00
Santa Fe Girls' School 310 West Zia Rd Santa Fe, NM 87501	85-0450769	General operating support	15,000.00
Santa Fe Indian School	85-0346497	General operating support	7,000.00

New Mexico Community Foundation
 Form 990, Schedule I, Part 2
 December 31, 2014

Grantee Name/Address	EIN	Purpose	Grants Expense
PO BOX 5340 Santa Fe, NM 87502			
Santa Fe Opera Association P.O. Box 2408 Santa Fe, NM 87504	85-0131810	General operating support	9,000.00
Santa Fe Preparatory School 1101 Camino de la Cruz Blanca Santa Fe, NM 87505	85-0165745	Eli Farmer Endowment transfer	119,397.00
Senior Citizens' Law Office, Inc. 4317 Lead Ave. SE, Ste. A Albuquerque, NM 87108	85-0314545	Towards Endowment in honor of SCLO	19,650.36
Siete del Norte P.O. Box 400 Embudo, NM 87531	85-0227776	Support agricultural entrepreneurs in Northern New Mexico	15,000.00
Southwest Creations Collaborative, Inc. 1308 4th Street NW Albuquerque, NM 87102	85-0440047	Support women-focused, multi generational approach program	10,000.00
Southwest Research & Information Center P.O. Box 4524 Albuquerque, NM 87196-4524	23-7159946	Funds to assist in examining the impacts of WIPP shutdown	25,770.00
Southwest Women's Law Center 1410 Coal Avenue SW Albuquerque, NM 87104	20-2884027	Support the Advancing Women's Economic Security in New Mexico Project	5,000.00
Spartan College of Aeronautics and Technology	27-0802184	Student Scholarship Support	16,000.00

New Mexico Community Foundation
 Form 990, Schedule I, Part 2
 December 31, 2014

Grantee Name/Address	EIN	Purpose	Grants Expense
8820 East Pine Street Tulsa, OK 74115			
Spirit of Hidalgo PO Box 107 Lordsburg, NM 88045	27-0422239	Support for Hildalgo Women's Cooperative	10,000.00
SW District Kiwanis Foundation dba Kiwanis Club of La: 1320 6th Street Las Vegas, NM 87701-4315	23-7393201	Towards the Healthy Mamas and Healthy Babies program	10,000.00
Taos Entrepreneurial Network Mr. Jason Pfeifer P.O. Box 421 Taos, NM 87571	74-3243281	General operating support	10,000.00
The Coming Home Connection 418 Cerrillos RD, STE 27 Santa Fe, NM 87505	74-2853467	General operating support	10,000.00
The Food Depot 1222 A Siler Road Santa Fe, NM 87507	85-0416830	General operating support	6,500.00
The Nature Conservancy 212 East Marcy Street, Ste. 200 Santa Fe, NM 87501-2081	53-0242652	General operating support	6,000.00
The Volunteer Center of Grant County P.O.Box 416 Silver City, NM 88062	20-1004201	Support volunteers to address community needs such as poverty and food insecurity	7,000.00

New Mexico Community Foundation
 Form 990, Schedule I, Part 2
 December 31, 2014

Grantee Name/Address	EIN	Purpose	Grants Expense
Tres Manos Weaving of New Mexico, Inc. PO Box 573 Mesilla, NM 88046	85-0455682	Support to provide free weaving, business, and life-skills training for low income women	6,600.00
Tres Semillas Foundation County Rd 155 Drive 1706 155th Abiquiu, NM 87510	26-1795366	General operating support	7,000.00
Tri-Valley Cares 2582 Old First Street Livermore, CA 94550	94-3101687	Support the building of powerful community involvement in Main Site Superfund decisions	22,400.00
Trope Inc 258 Morton Ave Albany, NY 12202	23-7277812	General operating support	6,000.00
University of New Mexico UNM Scholarship Office MSC 116315 Albuquerque, NM 87131-0001	85-6000642	Scholarship support	20,500.00
University of Texas at El Paso Student Business Services Mike Loya Academic Services Bldg. Rm. 118 El Paso, TX 79968	74-6000813	Scholarship Support	9,415.00
Visiones Collaborativas/Collaborative Visiones P.O. Box 495 Mora, NM 87732	35-2386827	Towards Mora Valley Entrepreneurial Network	7,500.00
WESST Corp	85-0367809	General operating support	7,500.00

New Mexico Community Foundation
 Form 990, Schedule I, Part 2
 December 31, 2014

Grantee Name/Address	EIN	Purpose	Grants Expense
3900 Paseo del Sol, Ste. 322A Santa Fe, NM 87507			
What Would U Give? dba Heroes Walk Among Us 1720 Coulter Rio Rancho, NM 87144	26-2639286	Funding to meet basic human needs and foster self reliance	36,788.00
WildEarth Guardians FKA Forest Guardians 516 Alto St. Santa Fe, NM 87501	85-0406306	Endowment distribution	26,392.71
Women Veterans of New Mexico PO Box 36648 Albuquerque, NM 87176	37-1531486	General operating support	7,000.00
WorldWomenWork 8 Cole Lane Santa Fe, NM 87508	85-0479587	General operating support	12,000.00
			<u>1,319,698.68</u>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

NEW MEXICO COMMUNITY FOUNDATION

Employer identification number

85-0311210

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) JENNIFER PARKS PRESIDENT AND CEO	134,301.	0.	0.	16,800.	10,480.	161,581.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(iii)							
(iv)							
(v)							
(vi)							
(vii)							
(viii)							
(ix)							
(x)							
(xi)							
(xii)							
(xiii)							
(xiv)							
(xv)							
(xvi)							
(xvii)							
(xviii)							
(xix)							
(xx)							
(xxi)							
(xxii)							
(xxiii)							
(xxiv)							
(xxv)							
(xxvi)							
(xxvii)							
(xxviii)							
(xxix)							
(xxx)							
(xxxi)							
(xxxii)							
(xxxiii)							
(xxxiv)							
(xxxv)							
(xxxvi)							
(xxxvii)							
(xxxviii)							
(xxxix)							
(xl)							
(xli)							
(xlii)							
(xliiii)							
(xliv)							
(xlv)							
(xlvi)							
(xlvii)							
(xlviii)							
(xlvix)							
(xli)							
(xlii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 (990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

NEW MEXICO COMMUNITY FOUNDATION

Employer identification number

85-0311210

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATION THAT SERVES AND INVESTS IN NEW MEXICO'S COMMUNITIES AND
THEIR GREATEST ASSET...PEOPLE. AS A STEWARD OF COMMUNITY RESOURCES, WE
SUPPORT A QUALITY OF LIFE THAT REFLECTS THE DIVERSE VALUES, TRADITIONS,
BEAUTY AND DREAMS OF NEW MEXICO. BUILDING COMMUNITY WEALTH AND
RELATIONSHIPS, MAXIMIZING COMMUNITY CAPACITY AND SELF-RELIANCE ARE AT
THE HEART OF OUR WORK.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DIVERSE VALUES, TRADITIONS, BEAUTY AND DREAMS OF NEW MEXICO. BUILDING
COMMUNITY WEALTH AND RELATIONSHIPS, MAXIMIZING COMMUNITY CAPACITY AND
SELF-RELIANCE ARE AT THE HEART OF OUR WORK.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INCLUDED IN THESE PROGRAMS WERE SEVERAL FUNDS TO RESPOND TO IMMEDIATE
EMERGENCY NEEDS THROUGHOUT THE STATE. IN 2014, OVER 217,000 WAS
GRANTED TO EMERGENCY NEEDS. WITH THE HELP OF OUR DONORS, NMCF ACTS AS
A "PHILANTHROPIC FIRST RESPONDER" TO HUNDREDS OF INDIVIDUALS AND
FAMILIES.

FORM 990, PART VI, SECTION B, LINE 11:

THE COMPLETED 990 IS SHARED WITH THE ENTIRE BOARD. BOTH THE FINANCE
COMMITTEE AND THE BOARD REVIEWS AND APPROVES FOR SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization

NEW MEXICO COMMUNITY FOUNDATION

Employer identification number

85-0311210

ANNUALLY. NEW BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT WHEN THEY JOIN THE BOARD, THEN ANNUALLY THEREAFTER. STAFF MONITORS FOR POSSIBLE CONFLICTS OF INTEREST IN THE PROCESS OF MAKING GRANT OR EXPENDITURE DECISIONS. TRANSACTIONS OR DEALINGS THAT CREATE A POSSIBLE CONFLICT OF INTEREST MUST BE APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

NO INITIAL CONTRACT OFFERED OR SUBSEQUENT CHANGE IN COMPENSATION SHALL BE EFFECTIVE UNTIL IT IS APPROVED BY THE BOARD OF DIRECTORS OF THE FOUNDATION AND CONSIDERED REASONABLE.

IN DETERMINING REASONABLENESS, THE BOARD SHALL CONSIDER THE MOST RECENT PERFORMANCE EVALUATION IF ANY, AS WELL AS ONE OR MORE SURVEYS OF SALARIES AND BENEFITS PAID BY A PEER GROUP OF TEN OR MORE COMPARABLE ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

NEW MEXICO COMMUNITY FOUNDATION PROVIDES THE IRS FORM 990, IRS DETERMINATION LETTER, AUDITED FINANCIAL STATEMENTS AND OTHER RELATED ORGANIZATION DOCUMENTS AT THE ORGANIZATION'S MAIN OFFICE UPON REQUEST. THESE DOCUMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S EXTERNAL WEBSITE, BY E-MAIL, PHONE FAX AND MAIL.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRESENT VALUE ADJUSTMENT TO CONTRIBUTIONS	-2,302.
PARTNERSHIP PASSTHROUGH INCOME	-51,003.
TOTAL TO FORM 990, PART XI, LINE 9	-53,305.

FORM 990, PART XII, QUESTION 2C

432212
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

NEW MEXICO COMMUNITY FOUNDATION

Employer identification number

85-0311210

THERE HAS BEEN NO CHANGE TO THE OVERSIGHT OR SELECTION PROCESS IN THE CURRENT YEAR.

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)
Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations) **FORM 990-T**
(Keep for your records. Do not send to the Internal Revenue Service.)

2015

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax (see instructions)	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits (see instructions)	5	
6	Subtract line 5 from line 4	6	
7	Other taxes (see instructions)	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2014 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	2,230.
c	2015 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	2,240.
		ADJUSTED TO	
		(a)	(b)
		(c)	(d)
11	Installment due dates (see instructions)	11	12/15/15
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12	560.
13	2014 Overpayment (see instructions)	13	
14	Payment due (Subtract line 13 from line 12)	14	560.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2015)

ESTIMATED TAX	2,240.
AMOUNT PAID	1,680.
AMOUNT DUE	560.