

Form 1023 Checklist

(Revised June 2006)

Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code

Note. Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions regarding Public Inspection of approved applications.

Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.

- Assemble the application and materials in this order:
- Form 1023 Checklist
 - Form 2848, *Power of Attorney and Declaration of Representative* (if filing)
 - Form 8821, *Tax Information Authorization* (if filing)
 - Expedite request (if requesting)
 - Application (Form 1023 and Schedules A through H, as required)
 - Articles of organization
 - Amendments to articles of organization in chronological order
 - Bylaws or other rules of operation and amendments
 - Documentation of nondiscriminatory policy for schools, as required by Schedule B
 - Form 5768, *Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation* (if filing)
 - All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.
- User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.
- Employer Identification Number (EIN)
- Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.
- You must provide specific details about your past, present, and planned activities.
 - Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
 - Describe your purposes and proposed activities in specific easily understood terms.
 - Financial information should correspond with proposed activities.
- Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.
- | | | | |
|------------|--|------------|--|
| Schedule A | Yes ___ No <input checked="" type="checkbox"/> | Schedule E | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule B | Yes ___ No <input checked="" type="checkbox"/> | Schedule F | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule C | Yes ___ No <input checked="" type="checkbox"/> | Schedule G | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule D | Yes ___ No <input checked="" type="checkbox"/> | Schedule H | Yes ___ No <input checked="" type="checkbox"/> |

- An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
 - Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) _____
 - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law _____
- Signature of an officer, director, trustee, or other official who is authorized to sign the application.
 - Signature at Part XI of Form 1023.
- Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service
P.O. Box 192
Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service
201 West Rivercenter Blvd.
Attn: Extracting Stop 312
Covington, KY 41011



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

NEW MEXICO GLBTQ CENTERS
2020 SANDHILL RD
LAS CRUCES, NM 88012

Date of this notice: 02-23-2008

Employer Identification Number:
26-2022345

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-2022345. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments, and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If this information isn't correct as shown above, please correct it using the tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	10/31/2008
Form 940	01/31/2009
Form 1120	03/15/2009

If you have questions about the form(s) or the due date(s) shown, you can call or write to us at the phone number or address at the top of this notice. If you need help in determining what your tax year is, see Publication 538, Accounting Periods and Methods, available at your local IRS office or you can download this publication from our website at www.irs.gov.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)

If you're required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, call 1-800-829-3676 and request Publication 966, Electronic Choices to Pay All Your Federal Taxes or visit the IRS website and click on the link for "Electronic IRS" located on the home page. If you need to make a deposit before you receive your Welcome Package, please visit an IRS taxpayer assistance center to obtain a Federal Tax Deposit Coupon, Form 8109-B. To locate the taxpayer assistance center nearest you, visit the IRS website at <http://www.irs.gov/localcontacts/index.html>. Note: You will not be able to obtain Form 8109-B by calling 1-800-829-TAXFORMS (1-800-829-3676).

The IRS is committed to helping all taxpayers to comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS website at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides the addresses and telephone numbers, including links to their websites. You can also download IRS forms, publications, revenue procedures, and other information from this website.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

If you have questions, you can call or write to us at the phone number or address at the top of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.

Note: If you elect to change your corporation to an S corporation, you must file Form 2553, Election by a Small Business Corporation. Tax forms are available at the IRS website at www.irs.gov or by calling 1-800-829-3676.

Note: If you elect to change your business to a corporation, you may need to file Form 8832, Entity Classification Election. See instructions for Form 8832 to determine if you are required to file.

**Application for Recognition of Exemption
 Under Section 501(c)(3) of the Internal Revenue Code**

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at **www.irs.gov** for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document)		2 c/o Name (if applicable)	
New Mexico GLBTQ Centers			
3 Mailing address (Number and street) (see instructions)		Room/Suite	4 Employer Identification Number (EIN)
2020 Sandhill Road			26-2022345
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 - 12)	
Las Cruces, NM 88012-7325		12	
6 Primary contact (officer, director, trustee, or authorized representative)		b Phone: (575) 382-9153	
a Name: David R. Stocum		c Fax: (optional)	
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a Organization's website: www.newmexicoglbtcntr.org			
b Organization's email: (optional) info@newmexicoglbtcntr.org			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		02 / 01 / 2008	
12 Were you formed under the laws of a foreign country ? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part II Organizational Structure

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. (See instructions.) **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. **Yes** **No**

- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. **Yes** **No**

- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. **Yes** **No**

- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. **Yes** **No**
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust. **Yes** **No**

- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. **Yes** **No**

Part III Required Provisions in Your Organizing Document

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): **Pg. 1, Art. III, entire paragraph**

- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- 2b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. _____
- 2c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state: **Pg. 1, Art. III, entire pa**

Part IV Narrative Description of Your Activities

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Richard O. Scramstad	Board Chair, President	2020 Sandhill Road Las Cruces, NM 88012	None
David R. Stocum	Director	2020 Sandhill Road Las Cruces, NM 88012	None
Katherine Palmer	Director	6 Minnesota Court Moriarty, NM 87035	None

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

b List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
David Stocum	Executive Director	2020 Sandhill Rd. Las Cruces, NM 88012	\$55,000

c List the names, names of businesses, and mailing addresses of your five highest compensated independent contractors that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
None			

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2a** Are any of your officers, directors, or trustees **related** to each other through **family or business relationships**? If "Yes," identify the individuals and explain the relationship. Yes No
 - b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. Yes No
 - c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. Yes No
-
- 3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.
 - b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. Yes No
-
- 4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.
 - a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? Yes No
 - b** Do you or will you approve compensation arrangements in advance of paying compensation? Yes No
 - c** Do you or will you document in writing the date and terms of approved compensation arrangements? Yes No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- d** Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? Yes No
- e** Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated taxable or tax-exempt organizations for similar services**, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
- f** Do you or will you record in writing both the information on which you relied to base your decision and its source? Yes No
- g** If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.
-
- 5a** Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. Yes No
- b** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?
- Note:** A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.
-
- 6a** Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
- b** Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
-
- 7a** Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases. Yes No
- b** Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. Yes No
-
- 8a** Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. Yes No
- b** Describe any written or oral arrangements that you made or intend to make.
- c** Identify with whom you have or will have such arrangements.
- d** Explain how the terms are or will be negotiated at arm's length.
- e** Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f** Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.
-
- 9a** Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. Yes No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b Describe any written or oral arrangements you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past*, *present*, and *planned* activities. (See instructions.)

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals. Yes No
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations. Yes No
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. Yes No
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. Yes No

Part VII Your History

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G. Yes No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. Yes No

Part VIII Your Specific Activities

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past*, *present*, and *planned* activities. (See instructions.)

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain. Yes No
- 2a Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. Yes No
- b Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. Yes No
- 3a Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data. Yes No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. Yes No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

Part VIII Your Specific Activities (Continued)

4a Do you or will you undertake fundraising? If "Yes," check all the fundraising programs you do or will conduct. (See instructions.) [X] Yes [] No

- [X] mail solicitations [X] phone solicitations
[X] email solicitations [X] accept donations on your website
[X] personal solicitations [X] receive donations from another organization's website
[] vehicle, boat, plane, or similar donations [X] government grant solicitations
[X] foundation grant solicitations [] Other

Attach a description of each fundraising program.

b Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. [] Yes [X] No

c Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. [] Yes [X] No

d List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

e Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. [] Yes [X] No

5 Are you affiliated with a governmental unit? If "Yes," explain. [] Yes [X] No

6a Do you or will you engage in economic development? If "Yes," describe your program. [] Yes [X] No

b Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

7a Do or will persons other than your employees or volunteers develop your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. [] Yes [X] No

b Do or will persons other than your employees or volunteers manage your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. [] Yes [X] No

c If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

8 Do you or will you enter into joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. [] Yes [X] No

9a Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. [] Yes [X] No

b Do you provide child care so that parents or caretakers of children you care for can be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). [] Yes [] No

c Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). [] Yes [] No

d Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). [] Yes [] No

10 Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. [X] Yes [] No

Part VIII Your Specific Activities (Continued)

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. **Yes** **No**
-
- 12a** Do you or will you operate in a **foreign country or countries?** If "Yes," answer lines 12b through 12d. If "No," go to line 13a. **Yes** **No**
- b** Name the foreign countries and regions within the countries in which you operate.
c Describe your operations in each country and region in which you operate.
d Describe how your operations in each country and region further your exempt purposes.
-
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. **Yes** **No**
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
c Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. **Yes** **No**
d Identify each recipient organization and any **relationship** between you and the recipient organization.
e Describe the records you keep with respect to the grants, loans, or other distributions you make.
f Describe your selection process, including whether you do any of the following:
(i) Do you require an application form? If "Yes," attach a copy of the form. **Yes** **No**
(ii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. **Yes** **No**
g Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
-
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. **Yes** **No**
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
c Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. **Yes** **No**
d Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. **Yes** **No**
e Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. **Yes** **No**
f Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. **Yes** **No**

Part VIII Your Specific Activities (Continued)

- | | | | |
|-----------|--|--|---|
| 15 | Do you have a close connection with any organizations? If "Yes," explain. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16 | Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 17 | Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 18 | Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 19 | Do you or will you operate a school ? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 20 | Is your main function to provide hospital or medical care ? If "Yes," complete Schedule C. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 21 | Do you or will you provide low-income housing or housing for the elderly or handicapped ? If "Yes," complete Schedule F. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 22 | Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Note: Private foundations may use Schedule H to request advance approval of individual grant procedures.

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

A. Statement of Revenues and Expenses

	Type of revenue or expense	3 prior tax years or 2 succeeding tax years				(e) Provide Total for (a) through (d)
		Current tax year				
		(a) From 1/1/08 To 12/31/08	(b) From 1/1/09 To 12/31/09	(c) From 1/1/10 To 12/31/10	(d) From To	
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	\$13,800	\$168,700	\$159,794		\$342,294
	2 Membership fees received	0	0	0		0
	3 Gross investment income	0	0	0		0
	4 Net unrelated business income	0	0	0		0
	5 Taxes levied for your benefit	0	0	0		0
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	0	0	0		0
	7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)	0	0	0		0
	8 Total of lines 1 through 7	\$13,800	\$168,700	\$168,700		\$342,294
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)	0	0	0		0
	10 Total of lines 8 and 9	\$13,800	\$168,700	\$168,700		\$342,294
	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)	0	0	0		0
	12 Unusual grants	0	0	0		0
	13 Total Revenue Add lines 10 through 12	\$13,800	\$168,700	\$168,700		\$342,294
Expenses	14 Fundraising expenses	\$200	\$1600	\$3400		
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	0	0	0		
	16 Disbursements to or for the benefit of members (attach an itemized list)	0	0	0		
	17 Compensation of officers, directors, and trustees	0	0	0		
	18 Other salaries and wages	\$10,000	\$104,000	\$116,000		
	19 Interest expense					
	20 Occupancy (rent, utilities, etc.)	0	\$29,750	\$36,794		
	21 Depreciation and depletion					
	22 Professional fees	\$3600	\$3600	\$3600		
	23 Any expense not otherwise classified, such as program services (attach itemized list)	0	0	0		
	24 Total Expenses Add lines 14 through 23	\$13,800	\$168,700	\$159,794		

Part IX Financial Data (Continued)

B. Balance Sheet (for your most recently completed tax year)

Year End: 2008

Assets		(Whole dollars)	
1	Cash	1	\$826
2	Accounts receivable, net	2	0
3	Inventories	3	0
4	Bonds and notes receivable (attach an itemized list)	4	0
5	Corporate stocks (attach an itemized list)	5	0
6	Loans receivable (attach an itemized list)	6	0
7	Other investments (attach an itemized list)	7	0
8	Depreciable and depletable assets (attach an itemized list)	8	0
9	Land	9	0
10	Other assets (attach an itemized list)	10	0
11	Total Assets (add lines 1 through 10)	11	0
Liabilities			
12	Accounts payable	12	0
13	Contributions, gifts, grants, etc. payable	13	0
14	Mortgages and notes payable (attach an itemized list)	14	0
15	Other liabilities (attach an itemized list)	15	\$750
16	Total Liabilities (add lines 12 through 15)	16	\$750
Fund Balances or Net Assets			
17	Total fund balances or net assets	17	\$76
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	18	\$826

19 Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain. Yes No

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions. Yes No

b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.

2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. Yes No

3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. Yes No

4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? Yes No

5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.

- The organization is not a private foundation because it is:
- a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
 - b 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B.
 - c 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
 - d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.

Part X Public Charity Status (Continued)

- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

6 If you checked box g, h, or i in question 5 above, you must request either an advance or a definitive ruling by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a Request for Advance Ruling: By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, Extending the Tax Assessment Period, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization


 (Signature of Officer, Director, Trustee, or other authorized official)

David R. Stocum
 (Type or print name of signer)

06/24/08
 (Date)

Executive Director
 (Type or print title or authority of signer)

For IRS Use Only

 IRS Director, Exempt Organizations

 (Date)

b Request for Definitive Ruling: Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).

- (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. _____
- (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.
- (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each disqualified person. If the answer is "None," check this box.
- (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. Yes No

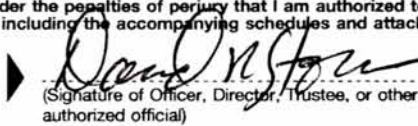
Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$750. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$300. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. *User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000? Yes No
 If "Yes," check the box on line 2 and enclose a user fee payment of \$300 (Subject to change—see above).
 If "No," check the box on line 3 and enclose a user fee payment of \$750 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$300 (Subject to change).
- 3 Check the box if you have enclosed the user fee payment of \$750 (Subject to change).

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here



David Stocum

06/24/08

(Signature of Officer, Director, Trustee, or other authorized official)

(Type or print name of signer)

(Date)

Executive Director

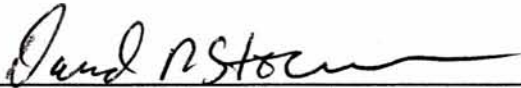
(Type or print title or authority of signer)

Reminder: Send the completed Form 1023 Checklist with your filled-in-application.

STATEMENT OF ACCEPTANCE OF APPOINTMENT
BY DESIGNATED INITIAL REGISTERED AGENT

I, **David R. Stocum,**

hereby acknowledge that the undersigned individual or corporation accepts appointment
as Initial Registered Agent of **New Mexico GLBTQ Centers,**
the corporation which is named in the annexed Articles of Incorporation.



(Sign on this line if the registered agent named in the Articles of Incorporation is an individual.

(If this line is signed, the two lines below do not apply and must be left blank.)

CORPORATION ACTING AS A REGISTERED AGENT ONLY

(If the following lines are used, the signature line above does not apply and must be left blank)

*(If the registered agent named in the Articles of Incorporation is a corporation, type or print
the name of that corporation here.)*

By _____
(An authorized officer of the corporation being appointed as registered agent must sign here)

NM GLTBQ Centers
26-2022345



OFFICE OF THE
PUBLIC REGULATION COMMISSION

CERTIFICATE OF INCORPORATION

OF

NEW MEXICO GLTBQ CENTERS

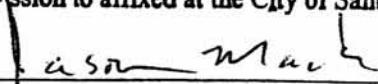
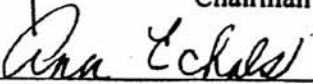
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The Public Regulation Commission certifies that the Articles of Incorporation, duly signed and verified pursuant to the provisions of the
NONPROFIT CORPORATION ACT
(53-8-1 to 53-8-99 NMSA 1978)
have been received by it & are found to conform to law.

Accordingly, by virtue of the authority vested in it by law, the Public Regulation Commission issues this Certificate of Incorporation & attaches hereto, a duplicate of the Articles of Incorporation.

Dated: FEBRUARY 1, 2008

In testimony whereof, the Public Regulation of the State of New Mexico has caused this certificate to be signed by its Chairman and the seal of said Commission to affixed at the City of Santa Fe.


Chairman

Bureau Chief

NM GLBTQ Centers
26-2022345

**SUBMIT ORIGINAL AND A COPY
TYPE OR PRINT LEGIBLY**

FILED IN OFFICE OF
NM PUBLIC REG. COMM.

FEB - 1 2008

**Nonprofit Corporation
ARTICLES OF INCORPORATION**

CORPORATION BUREAU

The undersigned, acting as incorporator(s) to form a corporation under the New Mexico Nonprofit Corporation Act, adopt the following Articles of Incorporation:

ARTICLE ONE: The name of the Corporation is: **New Mexico GLTBQ Centers**

ARTICLE TWO: The period of duration is: **Perpetual**

ARTICLE THREE: The purpose for which the corporation is organized is:

To engage in all activities for the GLBTQ Community consistent 53-9-1 to 53-8-99 of NMSA 1978 and Section 501(c)(3) of the US Internal Revenue Code

ARTICLE FOUR:

(1) The New Mexico street address of the corporation's initial registered office is:

2020 Sandhill Road, Las Cruces, New Mexico 88012

(P.O. Box is not acceptable. Provide a description of the geographical location if a street address does not exist)

(2) The name of the initial registered agent at the address of the initial registered office is:

David R. Stocum

ARTICLE FIVE: The names and addresses of the initial board of directors are: *(minimum number of directors required is three) (attach schedule if needed)*

NAME	ADDRESS
David R. Stocum	2020 Sandhill Road Las Cruces, New Mexico 88012
Richard O. Scramstad	2020 Sandhill Road Las Cruces, New Mexico 88012
Katherine Palmer	6 Minnesota Court Moriarty, NM 87035

ARTICLE SIX: The name and address of each incorporator is: *(attach schedule if needed)*

NAME	ADDRESS
David R. Stocum	2020 Sandhill Road Las Cruces, New Mexico 88012
Richard O. Scramstad	2020 Sandhill Road Las Cruces, New Mexico 88012

Dated: January 28, 2008

David R. Stocum
Richard O. Scramstad
 Signature of Incorporator(s)
 (each person named in Article Six must sign)

RECEIVED

Form DNP
(revised 07/03)

FEB 02 2008
01
NM PUBLIC REG. COMM.
CORPORATION BUREAU

NM GLBTA Centers
26-2022345



OFFICE OF THE
PUBLIC REGULATION COMMISSION

CERTIFICATE OF AMENDMENT

OF

NEW MEXICO GLBTQ CENTERS

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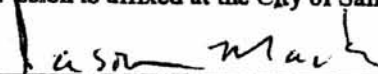
The Public Regulation Commission certifies that duplicate originals of the Articles of Amendment attached hereto, duly signed and verified pursuant to the provisions of the NONPROFIT CORPORATION ACT (53-8-1 to 53-8-99 NMSA 1978) have been received by it and are found to conform to law.

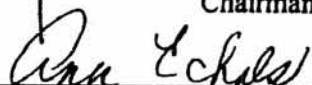
Accordingly, by virtue of the authority vested in it by law, the Public Regulation Commission issues this Certificate of Amendment and attaches hereto a duplicate original of the Articles of Amendment.

Dated: FEBRUARY 29, 2008



In testimony whereof, the Public Regulation of the State of New Mexico has caused this certificate to be signed by its Chairman and the seal of said Commission to be affixed at the City of Santa Fe.

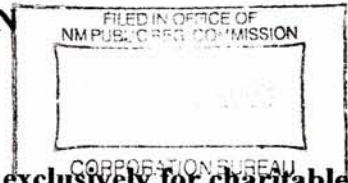


Chairman


Bureau Chief

NM 61310, *creators*
Attachments
26-2022345

**Nonprofit Corporation
ARTICLES OF AMENDMENT
TO THE ARTICLES OF INCORPORATION**



Attachment to ARTICLE TWO:

ARTICLE TWO – Revise to read: The organization is organized exclusively for charitable and educational purposes under Sections 53-9-1 to 53-8-99 of the NMSA 1978 and Section 501(c)3 of the US Internal Revenue Code or any future federal tax code. Upon dissolution all assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)3 of the US Internal Revenue Code or any future federal tax code.

**Bylaws of
New Mexico GLBTQ Centers, Inc.**

As Adopted February XX, 2008

Article I	Adoption
Article II	Board of Directors
	Section 1 Number of Directors and Term
	Section 2 Election
	Section 3 Removal of Directors
	Section 4 Resignation
	Section 5 Quorum of Directors
	Section 6 Action of the Board
	Section 7 Meetings
	Section 8 Compensation
Article III	Officers
	Section 1 Number of Officers and Election
	Section 2 President
	Section 3 Secretary
	Section 4 Treasurer
Article IV	Standing Committees
	Section 1 Executive Committee
	Section 2 Nomination Committee
	Section 3 Other Committees
Article V	Amendments
Article VI	Fiscal Year
Article VII	Parliamentary Authority
Article VIII	Indemnification
Article IX	Governing Laws

**Article I
Adoption**

The Bylaws of the Corporation shall be adopted by three-fourths (3/4) of the Board of Directors at a regular or special board meeting.

**Article II
Board of Directors**

**Section 1
Number of Directors and Term**

The Corporation shall be managed by the Board of Directors, which shall consist of not fewer than three (3) natural persons. The terms of office for the Directors shall be three (3) years and shall conclude thirty six (36) months after their election to the Board. Each Director shall hold office until the expiration of the term for which he or she was elected or until he or she resigns or is removed. The number of Directors may be increased or decreased by vote of a majority of all of the Directors. No decrease in the number of Directors shall shorten the term of any incumbent Director.

**Section 2
Election**

At any time that the Directors then in office determine that it is in the best interests of the Corporation, the Directors then in office may elect new Directors by a majority of the Directors present at a regular board meeting. New Directors shall be nominated for election from the recommendations by the Nominating Committee. Additional nominations may be made from the floor by any Director. Elections of incumbent Directors for additional terms shall take place at regular Board meeting. Incumbent Directors shall be nominated by a quorum of Directors at a regular Board meeting. Incumbent Directors shall not serve more than 2 consecutive terms. After serving two (2) consecutive terms, an incumbent Director may be elected to the Board after a twelve (12) month absence from the Board. An incumbent Director may serve on any Committee of the Board during that 12 month period as an advisor, but shall have no voting rights in the Committee or the Board. Newly created directorships resulting from an increase in the number of Directors and vacancies occurring in the Board for any reasons may be filled by a vote of a majority of the Directors then in office. A Director elected to fill a vacancy caused by resignation, death or removal shall be elected to hold office for the unexpired term of his or her predecessor.

**Section 3
Removal of Directors**

Any Director may be removed only for good cause by a vote of two-thirds (2/3) of the Directors. A Director who does not attend three (3) consecutive meetings of the Board of Directors may be removed. Prior to removing a Director for not attending meetings, the Executive Committee shall review the facts and recommend a course of action to the Board.

**Section 4
Resignation**

A Director may resign at any time by giving written notice to the President of the Board.

**Section 5
Quorum of Directors**

A majority of the entire Board shall constitute a quorum for the transaction of business of the Board. A quorum of the Board shall be required at any regular meeting of the Board for any action of the Board to take place.

Section 6 Action of the Board

Unless otherwise required by law, by the Bylaws, or by the Articles of Incorporation, the vote of a majority of the Directors present at the time of the vote, shall be the act of the Board. Each Director present shall have one (1) vote.

Section 7 Meetings

The Board may hold its meetings at the office of the Corporation or at such other places, either within or without the State, as it may from time to time determine. The Board shall meet at least monthly on a regular schedule to be determined by the Board. Special meetings of the Board as it may from time to time determine may be called at any time by the President or by no fewer than three (3) Directors. The purpose of such meeting and the business to be transacted shall be stated in such call and no other business shall be transacted. A Director may attend a Board meeting by physical presence or through electronic communications. Meetings shall be presided over by the President of the Board. In the event the President is not present at the meeting, the Treasurer shall preside the meeting. In the event that the President and the Treasurer are not present at the meeting, the Secretary shall preside the meeting.

Section 8 Compensation

The Directors shall receive no compensation for their services as Directors. Expenses incurred by any Director may be compensated for as the Board may so resolve.

Article III Officers

Section 1 Number of Officers and Election

There shall be a minimum of three (3) officers of the Board. Additional officers may be elected to the Board with such powers and duties as may be prescribed by the Board. All officers of the Board shall be elected by a majority of Directors present at the regular January board meeting to serve a one (1) year term.

Section 2 President

The President shall have general active management of the business of the Corporation; when present preside at meetings of the Board; sign and deliver in the name of the Corporation any instruments pertaining to the business of the Corporation, except in cases in which the authority is required by law to be exercised by another person and perform such other duties as prescribed by the Board.

Section 3 Secretary

The Secretary shall keep the Corporation's records, record and maintain the minutes of Board meetings, fulfill the usual duties required by such office and perform such other duties as prescribed from time to time by resolution of the Board.

Section 4 Treasurer

The Treasurer shall ensure accurate accounting of all moneys of the Corporation received or disbursed. The Treasurer shall have the authority to endorse for deposit all checks, notes and drafts received by the Corporation, disburse corporate funds and issue checks and drafts in the name of the Corporation and perform such other duties as prescribed from time to time by resolution of the Board. The Treasurer shall report the financial condition of the Corporation to the Board at regular or special board meetings that the Board may from time to time request but no less than quarterly.

Article IV Standing Committees

Section 1 Executive Committee

The Executive Committee shall at a minimum consist of the President, Treasurer and an At-Large Director elected by a majority of the other Directors. Additional members may be elected to or withdrawn from the Executive Committee as the Board may elect. The President shall chair the Executive Committee. The Executive Committee shall meet at times and places as it may designate and shall keep records of its proceedings. A quorum of the Executive Committee shall be a majority of its members. The Executive Committee acts for the Board of Directors in emergencies or in other situations where time factors do not permit awaiting the next regular meeting of the Board and fulfills other such functions as the Board may designate. It shall not make any decisions which require a vote of a specified number of Directors. The Executive Committee is at all times accountable to the Board and shall inform the Board of its actions as soon as practical.

Section 1 Nominating Committee

The Nominating Committee shall at a minimum consist of one (1) person elected by a majority of the Board. The Board may elect additional members at its discretion. Nominating Committee members are not required to be board members. The Nominating Committee shall actively seek new Board members from a broad representation of the community, review all applications from prospective new board members and make recommendations for the nomination of new board members to the Board.

Section 3 Other Committees

The Board may authorize such other Committees as it may from time to time consider appropriate to assist the Board in the conduct of its business. Each such Committee shall serve at the pleasure of the Board.

Article V Amendments

Bylaws may be amended or repealed by a vote of three-fourths (3/4) of the entire Board of Directors.

**Article VI
Fiscal Year**

The fiscal year of the Corporation shall be from January 1 through December 31.

**Article VII
Parliamentary Authority**

Robert's Rules of Order shall constitute the ruling authority where they do not conflict with the rules of the Corporation or any statute of the State of New Mexico.

**Article VIII
Indemnification**

To the fullest extent permitted by any applicable law, the Corporation shall indemnify its Directors, Officers, Committee members, Executive Director and employees from any and all expenses arising out of demands, claims or causes of action either third party or derivative. Such indemnification shall not be limited by any applicable insurance purchased by the Corporation.

**Article IX
Governing Laws**

The Corporation shall be governed by the laws of the State of New Mexico.

Part IV - Narrative

New Mexico GLBTQ Centers is currently in the organizing phase. There is no past history of the organization. Presently, the organization is developing a Board of Directors, establishing contact with the network of existing organization within the State of New Mexico with which to expand services within the state.

In order to end the isolation felt by rural members of the GLBT community in New Mexico, New Mexico GLBTQ Centers will create Mobile Community Centers to take programs, services and outreach to rural areas in New Mexico. We will utilize a converted bus, recreational vehicle or tractor trailer as Mobile Community Centers. New Mexico GLBTQ Centers will conduct a comprehensive community needs assessment to determine specific program and service needs. NM GLBTQ Centers will collaborate with existing organizations or create new programs to meet the needs determined by that comprehensive assessment. Our mobile community center will take the best of existing programs and new programs to all parts of New Mexico. The possibilities are limited only by our imagination. By applying the collective creativity of the existing organizations and NM GLBTQ Centers, we will positively impact the quality of GLBTQ lives. NM GLBTQ Centers will have programs to address such life limiting issues as low self-esteem, domestic violence, substance abuse, HIV/AIDS and suicide within the GLBTQ community. Isolation felt by rural gays and lesbians is affected by the social climate in their communities. NM GLBTQ Centers will promote safe, accepting and respectful social climates by engaging the communities in dialog. NM GLBTQ Centers will reach out to community leaders, government officials and members of faith communities to advocate for a respectful community environment. Mobile community center visits will allow community members to meet LGBT people, ask questions and learn about LGBT issues, many for the first time. Gay and lesbian community centers have been around since 1971 when the Los Angeles Gay and Lesbian Center opened. It was revolutionary back then. What is revolutionary about New Mexico GLBTQ Centers is taking the services to rural area clients in a Mobile Community Center. The current community centers all require clients to come to their buildings to access services according to the National Association of LGBT Community Centers. The process of creating NM GLBTQ Centers will be documented so other mostly rural states will be able to replicate the New Mexico model once tested.

The affects of homophobia and isolation felt by GLBTQ people is well documented. New Mexico is ranked fifth in the US with a suicide rate of 19.2/100,000. According to the Massachusetts 2006 Youth Risk Survey, gay youth (15-24) are four times more likely to attempt suicide. The 2003 Your Risk Behavior Surveillance Survey reported that for each completed youth suicide, there are an est. 100 to 200 attempts. This indicates that suicide in New Mexico disproportionately affects GLBTQ individuals. Our programs will address contributing factors such as low self-esteem, depression and substance abuse. Our success will be reflected in a drop in the New Mexico suicide rate. 9 of the 10 most common causes of death in New Mexico are related to alcohol, tobacco and other drugs according to the NMDOH. Our success will be reflected in a drop in these deaths. In 2006, the FBI reported 5 hate crimes based on Sexual Orientation in New Mexico. NM GLBTQ Centers work educating the mainstream community

will reduce these crimes. Another indicator of the affect of homophobia and isolation is new HIV/AIDS cases. The NMDOH reports that in 2006 there were 176 new cases of HIV/AIDS. GLBTQ Centers' work will reduce this number. In addition to the above statistics NM GLBTQ Centers will conduct a survey of community understanding and attitudes toward GLBTQ individuals to use as a baseline for homophobia. We will update this survey at least every two years to track the changes in attitudes and understanding created by our Mobile Community Center visits. The following statements refer to NM's need: "...educating heterosexual people...would reduce prejudice and foster understanding...Respondents wanted to be more visible and connected with other LGBT people...if one community has a given resource, other LGBT people...do not necessarily have easy access to it." (The Journal of Rural Community Psychology, Fall 2002) "... it is imperative that providers contemplate creative strategies for engaging this vulnerable population." (Psychiatric Services, June 2006) "Participants perceive that...the potential for becoming a target of violence is present." (The Journal of Rural Health, 2005)

Programs will be based on community needs assessments. While our focus is rural NM, our financial support will come mostly from larger cities. To gain that support, we will provide programs in all of NM. We have two programming focuses, ending mainstream ignorance through education and enriching the lives of LGBT New Mexicans. Programs addressing the education focus include: **LGBT 101**—basic class on understanding Gay people; **Ask Your Gay Uncle**—a community Q&A forum; **Faith Rainbow**—a workshop on religion and the LGBT community; **Empowered**—a workshop training local LGBT residents on how to educate and advocate in their communities. **New Mexico Leadership Dialog**—an annual conference of GLBTQ leaders and leaders of government, community groups and faith communities to discuss strategies for promoting respect, dignity and diversity throughout NM. These programs will eliminate homophobia by increasing understanding of the GLBTQ community in the larger community. Studies have shown that respect and equality come from knowledge. These programs will educate the general public and humanize the community to our neighbors. Programs to enrich NM LGBT lives include: **Library**—will allow safe access to LGBT information, news, literature and more via printed materials not available elsewhere; **Cyber Center**—safe and confidential internet access with secure file storage and technical support; **Rainbow Coaches**—support in making positive life changes through access to professional life; **Media Center**—access to positive media portrayals which may not be safely accessible otherwise using a DVD library, satellite radio and satellite television services; **Safe Self**—self-defense training, HIV, suicide and domestic violence prevention; **Rainbow Clinic**—physical and mental health care and education; **Rainbow Grow**—services, events and learning for youth 15 to 24 designed to enhance self-esteem, prevent risky behaviors and prevent suicide and **Lambda Learning**—classes on history, legal issues, personal development, and others. These programs will reduce risky behaviors by providing clients with new life skills and increasing self-esteem by replacing negative images with positive images.

The major innovation is our Mobile Community Centers taking programs to the GLBTQ community. This is a model which may be effective in other rural states in the USA. The Executive Director of the National LGBT Centers Organization in Washington, DC has informed us that no other GLBT center across the country uses mobile centers to take services to the LGBT population. The idea of this kind of community outreach seems to have been adopted by

community blood mobiles and libraries, but to one is outreaching to the GLBT community in this way. We will document our process so that it is available for replication in other areas. Currently, agencies use a point model where the client is required to travel to the agency. In a rural state like New Mexico this leads to failure to access services or connect with the greater GLBTQ community. In New Mexico there is currently ineffective coordination and collaboration among GLBTQ groups because no agency acts as lead agency. It will be part of New Mexico GLBTQ Centers' mission to be the lead coordinating agency. Many organizations within New Mexico and across the country provide services to the LGBT community, but they are concentrated within the population centers. PFLAG is an exception, but only provides education with limited resources. It provides no services. Equality New Mexico outreaches to the rural parts of the state, but they are only addressing political advocacy. NM GLBTQ Centers will be the only organization bringing comprehensive programs and services to the rural parts of the state. Another innovation is the ongoing and broad nature of our community education efforts. Currently, the mainstream community is engaged only on limited issues on an as needed basis. Our community education program will address the community's questions on an ongoing (monthly) basis in conjunction with Mobile Community Center visits. Our success in ending isolation of the LGBT community and homophobia towards them in our rural state, demands that we outreach to them and not require them to come to us. Social change will only occur if we are proactive in leading that change through outreach.

A new organization is necessary as no organization currently exists that will provide comprehensive programs and services. In order for New Mexico GLBTQ Centers to succeed, we need a clear vision which is not limited by past experiences, conflicts or "we've never done it that way thinking." Existing organizations' Boards do not have the energy or passion to take on a major new project. The existing groups have missions which are more limited in focus than NM GLBTQ Centers. Resources of the current organizations serving the GLBTQ population are committed to other projects. In addition to internet research I have attended a regional GLBT community center conference in Dallas where I had conversations with approximately 50 peers about strategies they use and our proposed model. These conversations indicated that our Mobile Community Center model is unique and exciting. I have also had conversations with Terry Stone, Executive Director of the National Association of LGBT Community Centers about what community centers in the association are doing. In New Mexico I have had conversations with leaders of the GLBT community in a series of Town Hall Meetings held around the state. I have also talked with members of the GLBT community at various events. We investigated the possibility of working within existing organizations, but no current organization has our mission focus, a willing Board to take on this project or the resources to accomplish it. Recent attempts to create LGBT centers have ended in failure. Their focus was parochial, limited by poor fundraising attempts or they did not consider outreaching to the majority of the LGBT community. Mobile Community Centers have not been part of the discussion until 2007. Once we put the Mobile Community Centers idea on the table, their eyes lit up. Recent attempts to create community centers have been hampered by past experiences of the only recent center which closed in 1997. The center closed due to lack of support. It did not use a mobile center, was focused on Albuquerque not New Mexico as a whole and required clients to come to them. Lack of "out of the box" thinking by that one NM center restricted their outreach.

According to the Movement Advancement Project 4.9% of the New Mexico population is GLBT. The population of New Mexico in the 2000 census was 1,819,046 making the GLBT population 89,133 people, of which 22,256 is rural based on census data. The National Association of LGBT Community Centers reports the average center serves 15% to 25% of their GLBT populations. Initially, we expect to serve 13,370 (15%) of which 3,338 will be rural. In future years we will grow to serve 25% of the population or 22,283 of which 5,564 will be rural based on 2000 census data. It should be noted that New Mexico is growing and these number are likely low. There is currently no organization providing the comprehensive services NM GLBTQ Centers will provide.

Our work will leave individuals more empowered with more information. We will reduce risky behaviors by increasing our client's self-image and providing them with new coping skills. Their quality of life will be enhanced by a greater sense of belonging and community, by having a stronger personal support system and by having more social interactions. They will gain a greater understanding of our GLBT history, and they will have increased safety by acquiring self-defense skills. Lives are changed by providing these lives with the understanding that they "can" change and the tools to make that change. This we intend to do. Society will be changed by establishing a more open discussion within the New Mexico of GLBT community. Our work will create an ongoing dialog between historically adversarial groups leading to a focus on commonality vs. difference. New Mexicans in general will obtain greater knowledge of the GLBT experience and history. All of this will result in increased respect for the GLBT community, and out of respect, grows acceptance.

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NM GLBTQ
Centers
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Part V – Line 2a – Family Relationships

Richard Scramstad and David Stocum, both Directors of the Corporation, are same sex partners residing together. David Stocum will eventually become the first Executive Director of New Mexico GLBTQ Centers when that position opens.

Part V – Line 2c – Family Relationships

Richard Scramstad and David Stocum, both Directors of the Corporation, are same sex partners residing together. David Stocum will eventually become the first Executive Director of New Mexico GLBTQ Centers when that position opens.

Conflict of Interest Policy

Adopted by Resolution of the Board of Directors on February 20, 2008

Article I Purpose

The purpose of the conflict of interest policy is to protect this tax-exempt organization's (Organization) interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Organization or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Article II Definitions

1. Interested Person

Any director, principal officer, or member of a committee with Board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

2. Financial Interest

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- a. An ownership or investment interest in any entity with which the Organization has a transaction or arrangement,
- b. A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement, or
- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Article III, Section 2, a person who has a financial interest may have a conflict of interest only if the Board of Directors or committee decides that a conflict of interest exists.

Article III Procedures

1. Duty to Disclose

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with Board delegated powers considering the proposed transaction or arrangement.

2. Determining Whether a Conflict of Interest Exists

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the Board or committee meeting while the determination of a conflict of interest is discussed and voted upon. A majority of the remaining Board or committee members shall decide if a conflict of interest exists.

3. Procedures for Addressing the Conflict of Interest

- a. An interested person may make a presentation at the Board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
- b. The chairperson of the Board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- c. After exercising due diligence, the Board or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- d. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

4. Violations of the Conflicts of Interest Policy

- a. If the Board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- b. If, after hearing the member's response and after making further

investigation as warranted by the circumstances, the Board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Article IV Records of Proceedings

The minutes of the Board and all committees with Board delegated powers shall contain:

- a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the Board's or committee's decision as to whether a conflict of interest in fact existed.
- b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Article V Compensation

- a. A voting member of the Board who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
- b. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
- c. No voting member of the Board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

Article VI Annual Statements

Each director, principal officer and member of a committee with Board delegated powers shall annually sign a statement which affirms such person:

- a. Has received a copy of the conflicts of interest policy,
- b. Has read and understands the policy,
- c. Has agreed to comply with the policy, and
- d. Understands the Organization is charitable and in order to maintain its

federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

**Article VII
Periodic Reviews**

To ensure the Organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- a. Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining.
- b. Whether partnerships, joint ventures, and arrangements with the Organization conform to the Organization's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

**Article VIII
Use of Outside Experts**

When conducting the periodic reviews as provided for in Article VII, the Organization may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the Board of its responsibility for ensuring periodic reviews are conducted.

Part VIII – Line 4a – Fundraising Program Descriptions

As a start-up organization New Mexico GLBTQ Centers is currently formulating our fund development plan. While we have no specific, detailed programs in place at this time we anticipate using a variety of methods to raise funds. We would expect to include mail solicitations, email solicitations, personal solicitations and phone solicitations conducted by staff, board members and volunteers. We also anticipate including website donations in our plan. These donations would be on both our own website and such other sites as Facebook, JustGive, Network of Good and possibly organizations we have a collaborative relationship with. It is anticipated that our staff will aggressively seek foundation grants, government grants and contracts for services we will provide. Historically GLBTQ community centers have sought funds from state agencies in HIV prevention, suicide prevention and direct social service areas we anticipate this will be the case with NM GLBTQ Centers.

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Part VIII – Line 4d – States in which we will conduct fundraising

We intend to have fundraising efforts throughout the State of New Mexico to include cities, counties, towns, municipalities and similar government jurisdictions within the state in accordance with all applicable laws of those government jurisdictions.

Part VIII – Line 15 – Other Organization Relations

We intend to partner with other organizations within the State of New Mexico to enhance or expand their existing programs. We do not intend to re-invent the wheel. Through the use of mobile centers, we may reach communities that the other organizations can not reach today. As examples:

- 1) The Metropolitan Community Church of Albuquerque as offered us a small office space for our use at their facilities.
- 2) With the use our mobile community centers, we wish to help the five HIV/AIDS organizations within the State of New Mexico in providing HIV testing in areas that they are unable to reach.
- 3) PFLAG does not have chapters in every community within the State of New Mexico. Our mobile centers will provide them an outreach vehicle to assist them in their mission.

We intend to be a unifying agent for the LGBTQ community and its service agencies within the state.

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Part IX - Line 15 - Other Liabilities

IRS - 501(c)(3) Application User Fee \$750