** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For tr	ne 2021 calendar year, or tax year beginning	and ending				
В	Check i applical	C Name of organization		D Employer	dentific	cation number	
	Addr						
	Nam char	e ge Doing business as		85-02	2954	44	
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephone	numbei	 r	
	Final retur	D O BOX 25266		505-8			
	term		G Gross receipts		119,430,181.		
	□Ame	nded ATRICITEROTTE NIM 97125 5266		H(a) Is this a			
F	retur □ Appl		2				
	tiòn pend		,	for subor		·····= =	
_		SAME AS C ABOVE				cluded? Yes No	
		xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 52	_		list. See instructions	
		ite: WWW.ALBUQUERQUEFOUNDATION.ORG		H(c) Group ex			
		of organization: X Corporation Trust Association Other	L Yea	ar of formation: 19	981 n	State of legal domicile: NM	
P	art I	Summary					
-	1	Briefly describe the organization's mission or most significant activities. AD	MINISTE:	R A PERMA	NEN	r community	
ဥ		ENDOWMENT FROM WHICH DISTRIBUTIONS ARE					
паř	2	Check this box if the organization discontinued its operations or di	sposed of mor	re than 25% of its	net ass	sets.	
Ver	3			3 11.01.1 23/5 31 113		25	
Ó	4	Number of independent voting members of the governing body (Part VI, line 1a)			. —	25	
•	-					15	
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)				27	
Ĭ	6	Total number of volunteers (estimate if necessary)					
Activities & Governance	7 a					326,334.	
_	l k	Net unrelated business taxable income from Form 990-T, Part I, line 11			. 7b	325,334.	
				Prior Year		Current Year	
υ υ	8	Contributions and grants (Part VIII, line 1h)	<i>,</i>	10,902,0		9,418,555.	
Ž	9	Program service revenue (Part VIII, line 2g)	L	162,2		243,826.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,666,4	166.	15,835,477.	
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-9,3		9,629.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1		15,721,3		25,507,487.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,377,5		7,303,756.	
	14			. , , .	0.	0.	
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		1,052,0		1,121,421.	
Ses	13			1,052,0	0.	0.	
Expenses	102	a Professional fundraising fees (Part IX, column (A), line 11e)	········		٠.	0.	
ΩX		Total fundraising expenses (Part IX, column (D), line 25)		770 (- 2 0	701 005	
	''	, , , , , , , , , , , , , , , , , , , ,		779,6		791,235.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,209,2	1/4.	9,216,412.	
_	19	Revenue less expenses. Subtract line 18 from line 12		7,512,1		16,291,075.	
Net Assets or	3			Beginning of Curren		End of Year	
sets	20	Total assets (Part X, line 16)		<u>124,587,6</u>		148,115,428.	
AS	21	Total liabilities (Part X, line 26)		22,300,4		26,285,548.	
Rei	22	Net assets or fund balances. Subtract line 21 from line 20		102,287,1	.63.	121,829,880.	
	art II	Signature Block				_	
Und	ler per	alties of perjury, I declare that I have examined this return, including accompanying sche	dules and stater	ments, and to the be	st of my	knowledge and belief, it is	
		ect, and complete. Declaration of preparer (other than officer) is based on all information			-	•	
					,		
Sig	ın	Signature of officer		Date			
		NICHOLAS WILLIAMS, CFO					
Hei	re	Type or print name and title					
				Date	Charle E	PTIN	
		Print/Type preparer's name Preparer's signature			Check if		
Pai		MARIA MATONTI			self-employ		
	parer	Firm's name CARR, RIGGS & INGRAM, LLC		Firm's	EIN 🕨	72-1396621	
Use Only Firm's address > 2424 LOUISIANA BLVD NE, STE 300							
		ALBUQUERQUE, NM 87110		Phone	no.50	5.883.2727	
Ma	y the	IRS discuss this return with the preparer shown above? See instructions				X Yes No	

<u> Page</u> **2**

Form 990 (2021)

Form 990 (2021) ALBUQUERQUE COMMUNITY FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0		8	х	
0	Schedule D, Part III	l °	- 21	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes, " complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? // "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		_ _ _
.5		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		\vdash
13	,	19		х
20-	complete Schedule G, Part III			X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ہے ا	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

Form 990 (2021) ALBUQUERQUE COMMUNITY FOUNDATION
Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			-110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		- 21
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-33		
٠.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		7.7	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı al				
	Check if Schedule O contains a response or note to any line in this Part V			NI-
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3 / Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	х	
10000	1 2 00 21		990	(2021)

Form 990 (2021) ALBUQUERQUE COMMUNITY FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 15								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х						
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х						
b	If "Yes," enter the name of the foreign country ▶ CAYMAN ISLANDS, IRELAND								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders								
a b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
D	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 25			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
J	of efficient discountry burstons on his complete on the complete of the comple	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Did the approximation have marked as a start haldow	6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		- 21
7a		7.		Х
	more members of the governing body?	7a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	
	The organization's CEO, Executive Director, or top management official	15a	X	77
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NM , CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	NICHOLAS WILLIAMS, CPA - 505-883-6240			
	624 TIJERAS AVE NW, ALBUQUERQUE, NM 87102			

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

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

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

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

See the instructions for the	e order in which to	o list the persons above.
------------------------------	---------------------	---------------------------

(A)	(B)							(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior	າ than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amount of
	week		cer an	nd a di	irecto	or/trus	tee)	from	from related	other
	(list any	ector				М		the	organizations	compensation
	hours for	or dir	يو			ate		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		يو	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	nal tru	ional		ploye	E com		1099-NEC)		and related
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEVE MAESTAS	3.00						Ì			
CHAIR		X		X				0.	0.	0.
(2) BEVERLY BENDICKSEN	3.00									
CHAIR ELECT & TREASURER		X		Х				0.	0.	0.
(3) WILLIAM LANG	3.00									
IMMEDIATE PAST CHAIR	0.25	Х		X				0.	0.	0 .
(4) MARCUS MIMS	3.00									
SECRETARY		Х		X	L			0.	0.	0.
(5) CHARLOTTE SCHOENMANN	2.00								_	_
TRUSTEE		Х				_		0.	0.	0.
(6) DEBBIE HARMS	1.00								_	_
TRUSTEE		Х				_		0.	0.	0.
(7) TOM DAULTON	1.00	1								_
TRUSTEE		Х				_		0.	0.	0.
(8) ANNA DOSS	1.00									
TRUSTEE		Х						0.	0.	0 .
(9) KENNETH LEACH	1.00								_	_
TRUSTEE	0.25	Х				_		0.	0.	0.
(10) SANJAY ENGINEER	1.00								_	_
TRUSTEE		Х				_		0.	0.	0.
(11) REBECCA HARRINGTON	1.00								_	_
TRUSTEE		Х				_		0.	0.	0.
(12) ANNE SAPON	2.00								_	_
TRUSTEE		Х				_		0.	0.	0.
(13) PAUL DIPAOLA	1.00								_	_
TRUSTEE		Х				_		0.	0.	0.
(14) PAM HURD-KNIEF	2.00								_	_
TRUSTEE	1	Х				_		0.	0.	0 .
(15) TOM ANTRAM	1.00									_
TRUSTEE	—	Х	_		_	_	_	0.	0.	0 .
(16) PATRICK APODACA	2.00									_
TRUSTEE	1	Х				_		0.	0.	0.
(17) ARELLANA BARELA CORDERO	1.00								_	_
TRUSTEE		Х						0.	0.	0 .

132007 12-09-21

Form **990** (2021)

Form 990 (2021) ALBUQUER(QUE COMM	IUN	ГI	Ϋ́	FC	UN	DΑ	TION	85-0295	444 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	st C	ompensated Employee	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	ss pe	more rson i	than s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MICHELLE DEARHOLT	1.00									_
TRUSTEE		Х						0.	0.	0.
(19) WALTER STERN	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(20) LINDA PARKER	1.00									
TRUSTEE		Х						0.	0.	0.
(21) JOSE VIRAMONTES	2.00									
TRUSTEE		Х			L			0.	0.	0.
(22) EMILY ALLEN	1.00						1		_	
TRUSTEE		Х						0.	0.	0.
(23) DEBBIE JOHNSON	1.00		l ,							
TRUSTEE		Х				_		0.	0.	0.
(24) BOB BOWMAN	1.00				7	1				
TRUSTEE		X						0.	0.	0.
(25) ABINASH ACHREKAR	1.00									
TRUSTEE		X						0.	0.	0.
(26) R. RANDALL ROYSTER	50.00									
PRESIDENT & CEO	2.00			Х				243,960.	0.	23,213.
1b Subtotal			7				ightharpoonup	243,960.	0.	23,213.
c Total from continuation sheets to Part VI								207,647.	0.	21,716.
d Total (add lines 1b and 1c)								451,607.	0.	44,929.
2 Total number of individuals (including but n							n re	sceived more than \$100	000 of reportable	_

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
	CUSTODIAL FEES, BANK AND CREDIT CARD PRO	160 702
OU NICOLIET MALL, MINNEAPOLIS, MN 55402	AND CREDIT CARD PRO	168,703.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 1
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

Form 990 ALBUQUERQ	UE COMM	IUN	ΙT	Υ	FΟ	UN	DA	TION	85-029	5444
Part VII Section A. Officers, Directors, Trus	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours	(cl		Pos	(C) osition Il that apply)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) MARISA MAGALLANEZ VICE PRESIDENT	50.00			Х				99,214.	0.	10,474
28) NICHOLAS WILLIAMS FO	50.00			х				108,433.	0.	11,242
									-	,
						Ì				
								/ 1		
,										
					6					
otal to Part VII, Section A, line 1c		<u> </u>						207,647.		21,716

Form 990 (2021) ALBUQUE
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns 1a					
art							
g of		Membership dues 1b 1c	170,301.				
Contributions, Gifts, Grants and Other Similar Amounts			1,0,301.				
ij gi		············· 					
ns, Sirr		Government grants (contributions) 1e					
e ë	Ť	All other contributions, gifts, grants, and	0 040 054				
듗됨		similar amounts not included above 1f	9,248,254.				
E D	_	Noncash contributions included in lines 1a-1f 1g \$	861,111.				
<u>ŏ</u> <u>ĕ</u>	h	Total. Add lines 1a-1f		9,418,555.			
			Business Code				
9	2 a	ADMINISTRATIVE FEES	523000	243,826.	243,826.		
ΘŽ	b						
Program Service Revenue	С						
eve eve	d				<u> </u>		
og B	е						
Ā	f	All other program service revenue					
		Total. Add lines 2a-2f		243,826.			
	3	Investment income (including dividends, interes					
		other similar amounts)		2,925,726.	, and the second	326,334.	2599392.
	4	Income from investment of tax-exempt bond pr				·	
	5	Royalties					
	Ū	(i) Real	(ii) Personal				
	6 2		()				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	(ii) OII				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 106,760,405.					
	b	Less: cost or other basis					
<u>e</u>		and sales expenses 7b 93,850,654.					
ther Revenue	С	Gain or (loss) 7c 12,909,751.					
Be	d	Net gain or (loss)	>	12,909,751.			12909751.
ē	8 a	Gross income from fundraising events (not					
₹		including \$ 170,301. of					
		contributions reported on line 1c). See					
		Part IV, line 18	81,669.				
	h	Less: direct expenses 8b	72,040.				
		Net income or (loss) from fundraising events	, 	9,629.			9,629.
		Gross income from gaming activities. See	·····				, ,
	- 4	Part IV, line 199a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	····· P				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory	. <u></u>				
ဟ			Business Code				
Miscellaneous Revenue	11 a						
an	b						
e K	С						
Λisc B	d	All other revenue					
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions	>	25,507,487.	243,826.	326,334.	15518772.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All othe	er organizations must co	molete column (Δ)	
06011	Check if Schedule O contains a respon			присте солини (ду.	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	7,036,799.	7,036,799.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	266,957.	266,957.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	586,068.	266,534.	228,217.	91,317.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	423,670.	191,112.	165,179.	67,379.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	13,902.	7,376.	5,536.	990. 4,288. 11,108.
9	Other employee benefits	29,806.		11,182.	4,288.
10	Payroll taxes	67,975.	29,041.	27,826.	11,108.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	7,960.		7,960.	
С	Accounting	38,811.		38,811.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	10 005		40.005	
f	Investment management fees	49,905.		49,905.	
g	Other. (If line 11g amount exceeds 10% of line 25,	45 540		45 540	
	column (A), amount, list line 11g expenses on Sch O.)	45,748.		45,748.	
12	Advertising and promotion	144 565	F7 002	76 254	11 000
13	Office expenses	144,565.	57,003.	76,354. 49,390.	11,208.
14	Information technology	126,921.	57,840.	49,390.	19,691.
15	Royalties	00 006	45,160.	38,562.	15,374.
16	Occupancy	99,096. 10,949.	-	3,691.	1,671.
17	Travel	10,949.	5,587.	3,091.	1,0/1.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	19,796.		19,796.	
19	Conferences, conventions, and meetings	13,730.		13,730.	
20	Interest Filiphon				
21	Payments to affiliates Depreciation, depletion, and amortization	62,789.	28,565.	24,469.	9,755.
22		43,044.	20,303.	43,044.	5,155.
23 24	Other expenses, Itemize expenses not covered	13,011.		13,011.	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DONOR RELATIONS	91,458.	65,547.	8,175.	17,736.
a b	MEMBERSHIP DUES & FEES	29,833.	13,596.	11,609.	4,628.
C	TRAINING & DEVELOPMENT	20,360.	9,282.	7,926.	3,152.
d		20,500	5,202.	,,,,,,,,	0,104.
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,216,412.	8,094,735.	863,380.	258,297.
26	Joint costs. Complete this line only if the organization	-,,- 	2,222,7334		
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,276,641.	7	3,712,630.
	2	Savings and temporary cash investments	3,906,199.	2	3,210,928.
	3	Pledges and grants receivable, net	39,334.	3	1,224,633.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net	190,931.	7	188,743.
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges	21,616.	9	11,755.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,654,765.	1 010 506		1 211 211
	b	Less: accumulated depreciation 10b 842,951.	1,842,526.	10c	1,811,814.
	11	Investments - publicly traded securities	56,286,529.	11	65,790,519.
	12	Investments - other securities. See Part IV, line 11	53,475,951.	12	68,599,836.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	2 547 020	14	2 564 570
	15	Other assets. See Part IV, line 11	3,547,930.	15	3,564,570.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	124,587,657.	16	148,115,428.
	17	Accounts payable and accrued expenses	20,055. 758,534.	17	17,671. 1,238,558.
	18	Grants payable	750,554.	18	1,230,330.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
≣		and the Head and the configuration and the configuration of the configur		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Linear way water and large and labels to want lated their department		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	21,521,905.	25	25,029,319.
	26	Total liabilities. Add lines 17 through 25	22,300,494.		26,285,548.
		Organizations that follow FASB ASC 958, check here X	,		
es		and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	52,276,238.	27	58,556,200.
Bal	28	Net assets with donor restrictions	50,010,925.	28	63,273,680.
Б		Organizations that do not follow FASB ASC 958, check here			
ᄚᅵ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	102,287,163.	32	121,829,880.
	33	Total liabilities and net assets/fund balances	124,587,657.	33	148,115,428.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	25	,50	7,4	87.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	,21	6,4	12.
3	Revenue less expenses. Subtract line 2 from line 1	3	16	,29	1,0	75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	102	,28	7,1	63.
5	Net unrealized gains (losses) on investments				3,4	61.
6	Donated services and use of facilities 6					
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		2	8,1	81.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	121	,82	9,8	80.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
				2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
Act and OMB Circular A-133?						Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				3h		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization ALBUQUERQUE COMMUNITY FOUNDATION 85-0295444 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusívely to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	8246451.	6441659.	7271553.	10900014.	9418555.	42278232.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	8246451.	6441659.	7271553.	10900014.	9418555.	42278232.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						6607616.	
6	Public support. Subtract line 5 from line 4.						35670616.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	8246451.	6441659.	7271553.	10900014.	9418555.	42278232.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	747,311.	1144966.	1030226.	1678101.	2599392.	7199996.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on				723.	326,334.	327,057.	
10	Other income. Do not include gain			-				
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						49805285.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	767,261.	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax	year as a section 50	D1(c)(3)		
	organization, check this box and stop							
Sec	ction C. Computation of Publi							
14	Public support percentage for 2021 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	71.62 %	
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	75.52 <u>%</u>	
16a	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the							
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar	nd see instructions	s >	

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	clow, picase comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		, ,	, ,			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						_
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	4					
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					244) (2)	
14	First 5 years. If the Form 990 is for the	· ·		•		. , . , •	
804	check this box and stop hereetion C. Computation of Publi						P
				(0)		1.5	
	Public support percentage for 2021 (I	, (,,		(,,		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Investigation					16	%
	•			40 (0)		47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			on line 14 and line		18	7 is not
198	33 1/3% support tests - 2021. If the					4	▶ □
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the		-				
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization		-	•		-	

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Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	.,					
	Yes	No				
1						
2						
За						
- Ou						
3b						
3c						
4a						
4b						
70						
4c						
5a						
- Cu						
- Ch						
5b						
5c						
6						
7						
8						
9a						
9b						
9с						
40-						
10a						
10b						
ıle A (Form 990) 2021						

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Pai	t IV Supporting Organizations (continued)			<u>.</u>
	continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
-	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
_	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	,		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Vos" or "No" provide details in Part VI	3a		l

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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

3b

, Δ	A (Form 990) 2021	ALBUQUERQUE	COMMUNITY	FOUNDATION	85-029544	14 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
	Check here if the organizat	ion satisfied the Integral	Part Test as a qualif	fying trust on Nov. 20,	1970 (explain in Part VI). See in	structions.

	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):		A	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in	ntegra	ted Type III supporting organ	ization (see
	inctructional	-		

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization	Employer identification number
ALBUQUERQUE COMMUNITY FOUNDATION	85-0295444
Organization type (check one):	
Filers of: Section:	

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	on is covered by the General Rule or a Special Rule .					
Note: Only a section 50	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, du literary, or educ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contributi is checked, ent purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the consexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this boxer here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must					

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

ALBUQUERQUE COMMUNITY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 296,091.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 817,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 377,500.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 4	Name, address, and ZIP + 4	\$303,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>151,619.</u>	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ALBUQUERQUE COMMUNITY FOUNDATION

85-0295444

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 154,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>140,975.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 204,768.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ALBUQUERQUE COMMUNITY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 101,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Nume, address, and Zii + +	\$ 109,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 195,025.	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	Total contributions \$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 2,381,448.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$106,567.	Person X Payroll

Name of organization Employer identification number

ALBUQUERQUE COMMUNITY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 850,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Name of organization Employer identification number

ALBUQUERQUE COMMUNITY FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	522 SHARES OF STOCK IN VARIOUS CORPORATIONS	\$ 151,587.	12/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	1,029 SHARES IN AMANA GROWTH FUND, 2,701 SHARES IN AMG YACKTMAN FUND CLASS I, 379 SHARES IN TOYOTA M	\$	10/15/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
18	4,493 SHARES IN HIPPO HOLDINGS INC	\$19,567 .	08/26/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Cabadida D (Faver 200) (2004)

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** ALBUQUERQUE COMMUNITY FOUNDATION 85-0295444 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Schedule B (Form 990) (2021) 123454 11-11-21

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number 85-0295444

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Accounts. Complete if the
	organization anowered 165 on 16111 666, 1 art 17, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	118	16
2	Aggregate value of contributions to (during year)	6,142,566.	541,942.
3	Aggregate value of grants from (during year)	2,440,586.	261,000.
4	Aggregate value at end of year	48,905,533.	1,570,979.
5	Did the organization inform all donors and donor advisors in w		
Ū	are the organization's property, subject to the organization's e		₹
6	Did the organization inform all grantees, donors, and donor ad		
Ū	for charitable purposes and not for the benefit of the donor or		
	·	denot davices, et les dity et les parpese est	·
Pai			
1	Purpose(s) of conservation easements held by the organization		,
·	Preservation of land for public use (for example, recreati		nistorically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a	a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а			2a

	Number of conservation easements on a certified historic structure.		
	Number of conservation easements included in (c) acquired af		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year▶		-
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conserv	ration easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	n easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4	I)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	•	s that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		r Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treas		in, provide
	the following amounts required to be reported under FASB AS	_	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

	t III Organizations Maintaining C	ollections of Art				Othe	r Simi	lar Asset			age Z
3	Using the organization's acquisition, accession	on, and other records	s. check	anv of the fo	ollowing that	make s	ianifica	nt use of its	(00///////	<u>,</u>	
	collection items (check all that apply):	,	,	, ,	3		J				
а	Public exhibition	d		oan or exch	nange progra	m					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how the	ey further the	e organizatio	n's exe	mpt pur	pose in Part	XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma	intained as part of th	ne organi	zation's col	lection?				Yes	X	No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	te if the	organizatior	n answered "	Yes" or	Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for co	ontributions	or other ass	ets not	include	d	_		_
	on Form 990, Part X?				,			<u></u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing ta	ıble:			_				
									Amount	<u> </u>	
С	Beginning balance						10	:			
	Additions during the year							d			
е	Distributions during the year							•			
f	Ending balance							f	_		
	Did the organization include an amount on Fo						lity?	L	Yes	느	No
Pai	If "Yes," explain the arrangement in Part XIII.										
Fai	T V Endowment Funds. Complete i		_	rior year				no voore haek	(e) Four	voore	hack
	, , ,	(a) Current year 98,076,732.		645,599.	(c) Two year			ee years back			
	Beginning of year balance	11,816,050.		717,193.	69,568 5,774	<u> </u>		,531,828. ,130,756.		400,8 125,2	
D	Contributions	18,058,635.		780,565.	10,996			,409,089.		414,	
C	Net investment earnings, gains, and losses	4,903,072.		834,093.	10,550	, , , , , ,		, 400,000.	· ,	414,	147.
a	Grants or scholarships	1,303,072.	9,	034,033.							
е	Other expenditures for facilities	1,330,381.	1	145,690.	694	,443.	1	,684,795.	4	408,	940
	and programs Administrative expenses	1,330,301.		86,842.	034	, 113.		,004,755.	*,	400,	
'	[121,717,964.	98	076,732.	85,645	599.	69	,568,700.	67	531,8	828.
g 2	End of year balance [Provide the estimated percentage of the curr					, •		,,	,		
	Board designated or quasi-endowment	49.2000	%	, coluitiii (a)	Tielu as.						
b	Permanent endowment	%									
	<u> </u>	2/6									
Ū	The percentages on lines 2a, 2b, and 2c show										
За	Are there endowment funds not in the posses		tion that	are held an	d administere	ed for th	ne orgar	nization			
	by:	· ·					Ü			Yes	No
	(i) Unrelated organizations								3a(i)		X
	(III) Delated consultations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV,	line 11a. Se	ee Form 990,	Part X	line 10				
	Description of property	(a) Cost or ot	ther	(b) Cost		(c) A	ccumu	ated	(d) Book	ς valuε	;
		basis (investm	nent)	basis ((other)	de	preciati	on			
1a	Land										
	Buildings			2,43	8,095.		735,	558.	1,702	<u> 2,53</u>	<u> 37.</u>
С	Leasehold improvements				4 - 6 - 0						
d	Equipment				4,502.			284.		3,21	
	Other				2,168.		26,	109.		5,05	9.
Total	Add lines 1a through 1e (Column (d) must o	aual Form 000 Port	V colum	n (D) line 10	۱ م				1.811	L.87	4.

Schedule D (Form 990) 2021

Part VII	Investn	nents -	Other	Securiti	es

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) FIXED INCOME	14,533,081.	END-OF-YEAR MARKET VALUE
(B) MULTI STRATEGY FUNDS	10,958,640.	END-OF-YEAR MARKET VALUE
(C) REAL ASSETS	27,985,334.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	14,852,780.	END-OF-YEAR MARKET VALUE
(E) LAND	270,001.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	68,599,836.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		

(9)
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

(5) (6) (7) (8)

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE REMAINDER TRUSTS	2,840,854.
(3) LIABILITY FOR ASSETS HELD FOR	
(4) COMMUNITY ORGANIZATIONS	22,188,465.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	25,029,319.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

Scriedule D (Form 990) 2021 ADDOQUERQUE COMMONITI FOUNDA	TITOM	0.5	ULJJEEE Page T
Part XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		_	22 022 060
		1	33,823,860.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2 222 461		
a Net unrealized gains (losses) on investments	2a 3,223,461.		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c 2d 5,142,817.		
d Other (Describe in Part XIII.)			0 266 270
e Add lines 2a through 2d		2e	8,366,278. 25,457,582.
3 Subtract line 2e from line 1		3	23,431,302.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a 49,905.		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	4b		40 005
c Add lines 4a and 4b		4c	49,905. 25,507,487.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statemen	ate With Evnences per B	5	
	its with Expenses per h	Clui	···
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1	9,246,047.
1 Total expenses and losses per audited financial statements		1	9,240,047.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Pos IA		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c 79,540.		
d Other (Describe in Part XIII.)		0-	79,540.
e Add lines 2a through 2d		2e 3	9,166,507.
3 Subtract line 2e from line 1	·····	3	J,100,307•
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a 49,905.		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 49,905.		
b Other (Describe in Part XIII.) c Add lines 4a and 4b	1	4-	49,905.
		4c 5	9,216,412.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.		3	J, 210, 412.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines 1h and 2h: Part V. line 4	· Dort `	V line 2: Part VI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition		, rait i	A, IIIIe Z, Fait Ai,
intes 2d and 4b, and 1 art An, lines 2d and 4b. Also complete this part to provide any addition	onal information.		
PART V, LINE 4:			
THE ENDOWMENT FUNDS PROVIDE FOR INVESTMENT IN	THE COMMUNITY O	VER	TIME.
DISTRIBUTIONS AND GRANTS ARE MADE TO ADDRESS O	COMMINITARY NEEDS		
DISTRIBUTIONS AND GRANTS ARE MADE TO ADDRESS C	COMMONITI NEEDS.		
PART X, LINE 2:			
THE FOUNDATION IS A NONPROFIT ORGANIZATION	TUNT TO EVENTOR	ED ∩	M TNCOME
THE POUNDATION IS A NONFROFII ORGANIZATION	IIIAI ID EAEMPI	r KO	H INCOME
TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL	REVENUE CODE AN	D H	AS BEEN
CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE	FOUNDATION. MAN	AGE	MENT OF

THEIR TAX-EXEMPT PURPOSE. HOWEVER, THE FOUNDATION MAY GENERATE INCOME THROUGH CERTAIN ALTERNATIVE INVESTMENTS THAT MAY BE SUBJECT TO UNRELATED

THE FOUNDATION BELIEVES THAT THE ACTIVITIES OF THE FOUNDATION ARE WITHIN

BUSINESS INCOME TAX. INCOME TAXES FROM SUCH ACTIVITIES ARE NOT SIGNIFICANT

Part XIII Supplemental Information (continued)

AND, ACCORDINGLY, NO PROVISION FOR INCOME TAX HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. ACF HOLDING, LLC AND HCGB LLC ARE DISREGARDED ENTITIES FOR TAX PURPOSES; THEREFORE, NO PROVISION FOR INCOME TAXES ARE PROVIDED FOR IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

THE FOUNDATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES, USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION.

AS OF DECEMBER 31, 2021 AND 2020, THE FOUNDATION HAS NO UNCERTAIN TAX PROVISIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

|--|

CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS	29,081.
RELATED ORGANIZATION'S REVENUE	5,041,696.
SPECIAL EVENTS DIRECT EXPENSES	72,040.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	5,142,817.

PART XII. LINE 2D - OTHER ADJUSTMENTS:

IIIII IIII III II OIIIII III III III II	
RELATED ORGANIZATION'S EXPENSES	7,500.
SPECIAL EVENTS DIRECT EXPENSES	72,040.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	79,540.

Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

Employer identification number

717	HOHEDOHE COM	MITTATT (1137 1177	``````````````````````````````````````	NT.	05 00054	11
Par	UQUERQUE COM	munion on ^	Ctivities Out	N side the United States. Comple	85-02954	±44
rai	Form 990, Part IV		ouviues out	Side the Office States. Comple	ete if the organization answered	res" on
1			maintain record	ds to substantiate the amount of its gra	ints and other assistance.	
				the selection criteria used to award the		Yes No
		J				
2	For grantmakers. Desc	ribe in Part V the	e organization's ¡	procedures for monitoring the use of its	s grants and other assistance ou	tside the
	United States.					
3				an be duplicated if additional space is n		(6) T. J. J.
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
CENTO	RAL AMERICA AND					
	CARIBBEAN	0	0	INVESTMENTS		499,979.
					_	
EURO	PE (INCLUDING					
ICEL	AND & GREENLAND)	0	0	INVESTMENTS		5,964,073.
				70		
	Q					
	Subtotal	0	0			6,464,052.
	Total from continuation		_			
	sheets to Part I	0	0			0.
С	Totals (add lines 3a	0	,			6 464 052

132071 12-20-21

Schedule F (Form 990) 2021

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			15	3				
		10						
exempt 501(c)(3) oraș	anization by the IRS. o	or for which the grantee	or counsel has provided a sect	ion 501(c)(3) eau	uivalencv letter			

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (g) Description of noncash assistance (c) Number of (e) Manner of (f) Amount of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," the organization may	X Yes	☐ No
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

lame of the organization						Employer ide	ntification number
ALBUQUE	RQUE COMMUNITY FOU	NDA'	101	1		85-0295	444
Part I Fundraising Activities. required to complete this part	Complete if the organization answett.	red "Y	es" or	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-govern govern dising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		•					
		4					
otal			<u> </u>				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration

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

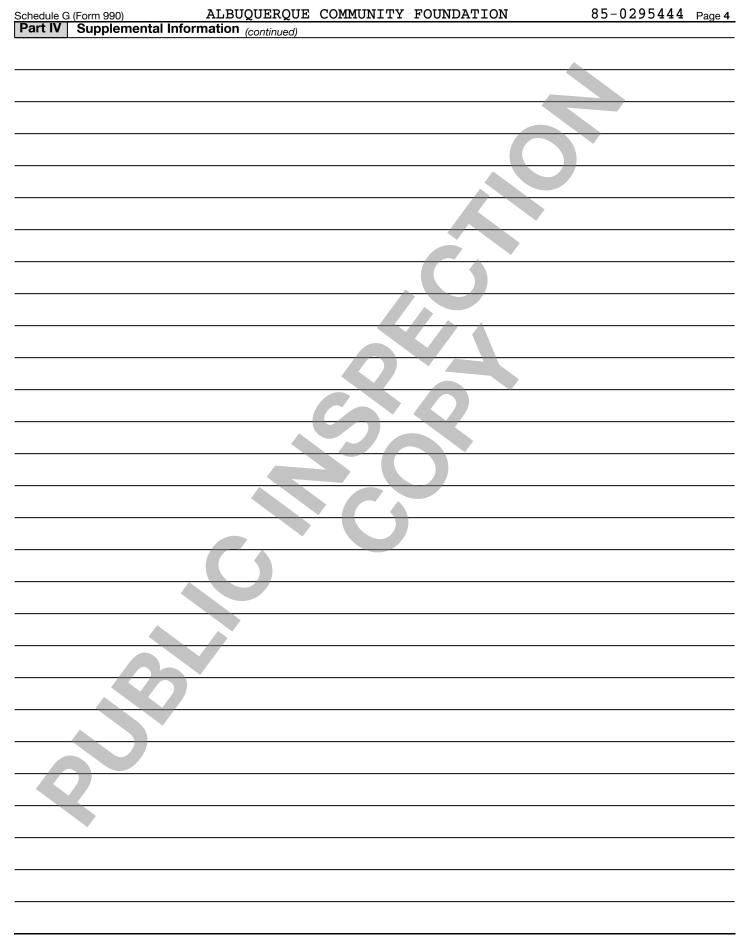
Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro			events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CONCOURS DU	ANNUAL	NONE	(add col. (a) through
			SOLEIL	MEETING		col. (c))
40			(event type)	(event type)	(total number)	COI. (C))
Revenue						
eve	1	Gross receipts	80,719.	171,251.		251,970.
Œ						
	2	Less: Contributions		170,301.		170,301.
	3	Gross income (line 1 minus line 2)	80,719.	950.		81,669.
	4	Cash prizes				
"	5	Noncash prizes				
Ses		Deat/feed!the each				
ber	6	Rent/facility costs				
Ω̈́	_	Food and houseness	43,958.			43,958.
Direct Expenses	'	Food and beverages	±3,930.			±3,330•
	8	Entertainment				
	9	Other direct expenses	19,187.	8,895.		28,082.
	10	Direct expense summary. Add lines 4 through			•	72,040.
		Net income summary. Subtract line 10 from lin				9,629.
Pa	rt I					•
		\$15,000 on Form 990-EZ, line 6a.				
4			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(a) birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Œ	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses						
ž	3	Noncash prizes				
ct E						
٦ire	4	Rent/facility costs				
_	_	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	Yes % No	No	No	
	٥	volunteer labor	L NO	I NO	NO	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
	-					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
			7		,	
9	Ent	ter the state(s) in which the organization condu-	cts gaming activities:			
		he organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
		▼				
		ere any of the organization's gaming licenses re		-	/ear?	Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 ALBUQUERQUE COMMUNITY FOUNDATION	85-0295444 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
Little the hame and address of the person who prepares the organization's gaming/special events books and record	13.
Name ▶	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	ount
of gaming revenue retained by the third party ▶\$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation ▶ \$	
Calling Harager Compensation P	
Description of services provided	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	



SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 85-0295444

ALBUQUERQ1	UE COMMUN	ITY FOUNDAT:	ION				85-0295444
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
350.ORG NEW MEXICO 17 TIERRA MONTE NE ALBUQUERQUE, NM 87122	26-1150699	501(C)(3)	8,379.	0.	1		DONOR-ADVISED
516 ARTS PO BOX 4570 ALBUQUERQUE, NM 87196	20-8540744	501(C)(3)	105,500.	0.			DONOR-ADVISED
ABRAZOS FAMILY SUPPORT SERVICES 412 DON TOMAS							
BERNALILLO, NM 87004	85-0265449	501(C)(3)	32,000.	0.			SANDIA FOUNDATION GRANT
ACLU OF NEW MEXICO FOUNDATION PO BOX 566 ALBUQUERQUE, NM 87103-0566	85-0275276	501(C)(3)	16,500.	0.			DONOR-ADVISED
ADELANTE DEVELOPMENT CENTER 3900 OSUNA RD. NE							
ALBUQUERQUE, NM 87109-4459	85-0262072	501(C)(3)	13,747.	0.			ACF HUMAN SERVICES
AHPA FOUNDATION FOR EDUCATION AND RESEARCH ON BOTANICALS INC - 8630 FENTON ST STE 918 - SILVER SPRING,							
MD 20910	31-1578316	501(C)(3)	25,000.	0.			ACF HUMAN SERVICES
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	•	l table					

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

•						_	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AL DIJOHEDOHE ACADEMY							
ALBUQUERQUE ACADEMY 6400 WYOMING BLVD. NE							
ALBUQUERQUE, NM 87109-3899	85-0129165	501(C)(3)	22,539.	0.			DONOR-ADVISED
and of the contract of the con	00 0123200		22,003.	-			
ALBUQUERQUE ADULT LEARNING CENTER,							
INC 239 ELM STREET NW -							
ALBUQUERQUE, NM 87102	21-1859295	501(C)(3)	11,600.	0.			SANDIA FOUNDATION GRANT
ALBUQUERQUE HEALTH CARE FOR THE							
HOMELESS - PO BOX 25445 -							
ALBUQUERQUE, NM 87125-0445	85-0368993	501(C)(3)	58,632.	0.			DONOR-ADVISED
AL DUOLUDOUR MEAL G. ON MUEBL G							
ALBUQUERQUE MEALS ON WHEELS PO BOX 92614							
ALBUQUERQUE, NM 87199-2614	85-0307043	501(C)(3)	10,750.	0.			NEW MEXICOOGA GRANT
ALBOQUERQUE, NM 07199-2014	03-0307043	501(0/(3/	10,730.	0.			NEW MEXICOOGA GRANI
ALBUQUERQUE MUSEUM FOUNDATION							
PO BOX 7006							
ALBUQUERQUE, NM 87194	85-0201054	501(C)(3)	36,100.	0.			DONOR-ADVISED
ALBUQUERQUE PUBLIC LIBRARY							
FOUNDATION - PO BOX 25792 -							
ALBUQUERQUE, NM 87125	45-2688338	501(C)(3)	12,000.	0.			DONOR-ADVISED
AL DIVOLUDICIUS VOLUMU GUNDIVONU DE CODAV							
ALBUQUERQUE YOUTH SYMPHONY PROGRAM PO BOX 30961							
ALBUQUERQUE, NM 87190-0961	85-0421180	501(C)(3)	37,938.	0.			ACF ARTS/CULTURE
ALDOYOEAYOE, NE 0/130-0301	03-0421180	501(0/(3)	31,338.	0.			ACT ARIS/COLITURE
ALL FAITHS							
1709 MOON NE							
ALBUQUERQUE, NM 87112	85-0165284	501(C)(3)	27,230.	0.			DONOR-ADVISED
			,	-			
ALMA							
PO BOX 12885							
ALBUQUERQUE, NM 87195	47-4258780	501(C)(3)	7,500.	0.			ACF EDUCATION

						_	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LZHEIMER'S ASSOCIATION							
O BOX 21400						Y	
LBUQUERQUE, NM 87154	13-3039601	501 (C) (3)	25,100.	0.			DONOR-ADVISED
BBOQUERQUE, NM 07134	13 3033001	301(0)(3)	25,100.	0.			DONOR ADVISED
MERICAN DIABETES ASSOCIATION							
333 N. 7TH ST							
HOENIX, AZ 85014	13-1623888	501(C)(3)	10,000.	0.			DONOR-ADVISED
,							
MERICAN RED CROSS							
121 OSUNA RD. NE							
LBUQUERQUE, NM 87113	53-0196605	501(C)(3)	6,500.	0.			ACF HUMAN SERVICES
,							
MIGOS BRAVOS							
O BOX 238							
AOS, NM 87571	85-0363268	501(C)(3)	6,000.	0.			DONOR-ADVISED
MNESTY INTERNATIONAL							
PENN PLAZA 16TH FLOOR							
WEW YORK, NY 10001	52-0851555	501(C)(3)	5,600.	0.			ACF HUMAN SERVICES
MY BIEHL HIGH SCHOOL FOUNDATION							
23 4TH ST. SW							
LBUQUERQUE, NM 87102	85-0483977	501(C)(3)	10,017.	0.			ACF HUMAN SERVICES
Vallage 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
NCESTRAL LANDS							
31 ISLETA BLVD SW	94 1450000	E01/G\/3\	10 000	2			AGE ECHD GD337
LBUQUERQUE, NM 87105	84-1450808	501(C)(3)	10,000.	0.			ACF E&HP GRANT
NIMAL HUMANE NEW MEXICO							
15 VIRGINIA ST. SE							
LBUQUERQUE, NM 87108	85-0207652	501/C)/3\	25,711.	0.			DONOR-ADVISED
DBOQUERQUE, NET 07100	05-020/052	201(C)(3)	25,/11.	0.			DOMOK-WDATSED
NIMAL PROTECTION OF NEW MEXICO,							
ATTIME INCIDENTAL OF NEW MEMICO,			l			l	
NC PO BOX 11395 - ALBUQUERQUE,							

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APS EDUCATION FOUNDATION							
PO BOX 25704							
ALBUQUERQUE, NM 87125	85-0434438	501/01/31	9,266.	0.			ACF HUMAN SERVICES
ALBOQUERQUE, NM 0/123	03-0434430	501(0)(3)	9,200.	0.			ACT HOMAN SERVICES
ASSISTANCE LEAGUE OF ALBUQUERQUE							
PO BOX 35910							
ALBUQUERQUE, NM 87176	85-6009968	501(C)(3)	25,500.	0.			ACF HUMAN SERVICES
indegeningen, interpretation	00 0002200		20,000.				
AT THE WELL PROJECT INC							
3417 ORDWAY ST NW							
WASHINGTON, DC 20016	83-2697895	501(C)(3)	20,000.	0.			DONOR-ADVISED
•							
BARRETT FOUNDATION							
10300 CONSTITUTION AVE. NE							
ALBUQUERQUE, NM 87112	85-0336208	501(C)(3)	11,420.	0.			DONOR-ADVISED
BASEMENT FILMS, INC.							
PO BOX 9229							
ALBUQUERQUE, NM 87119	85-0449258	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES
BEST CHANCE							
5907 ALICE AVE NWE							
ALBUQUERQUE, NM 87110	81-1702353	501(C)(3)	7,500.	0.			ACF HUMAN SERVICES
BIG BROTHERS BIG SISTERS MOUNTAIN							
REGION - 129 S. MAIN ST, STE B -							
LAS CRUCES, NM 88001	85-0276498	501(C)(3)	7,500.	0.			DONOR-ADVISED
BIG BROTHERS BIG SISTERS OF							
CENTRAL NEW MEXICO - PO BOX 30515							
- ALBUQUERQUE, NM 87190	85-0271207	501(C)(3)	38,000.	0.			DONOR-ADVISED
BOARD OF REGENTS - SOUTHWESTERN							
INDIAN POLYTECHNIC INSTITUTE -							
9169 COORS BLVD NW - ALBUQUERQUE,				_			
NM 87120	85-0235298	501(C)(3)	25,000.	0.			ACF GRANT

		III IOONDIII		. (0.1	/=		75 0255111 Fage
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Par T	t II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF CARLSBAD, NM							
1604 W. FOX ST							
CARLSBAD, NM 88220	85-0159171	501(C)(3)	7,500.	0.			ACF GRANT
BOYS & GIRLS CLUBS OF CENTRAL NEW MEXICO - 3333 TRUMAN ST NE -							
ALBUQUERQUE, NM 87110	85-0106943	501(C)(3)	25,000.	0.			ACF HUMAN SERVICES
BREAKING THE SILENCE 4810 HARDWARE DR NE #2							
ALBUQUERQUE, NM 87109	45-4188899	501(C)(3)	37,500.	0.			ACF GRANT
CAREER GUIDANCE INSTITUTE 400 TIJERAS AVE ALBUQUERQUE, NM 87102	85-0323322	501(C)(3)	23,000.	0.			SUPPORT OF ALBUQUERQUE READS
CASA DE PEREGRINOS INC 999 W AMADOR AVE. STE F	85-0312057	501/01/2	7,500.				
LAS CRUCES, NM 88005	85-0312057	501(C)(3)	7,300.	0.			ACF GRANT
CASA Q PO BOX 36168							
ALBUQUERQUE, NM 87176-6168	46-1245391	501(C)(3)	14,000.	0.			ACF GRANT
CATHOLIC CHARITIES 2010 BRIDGE BLVD SW							
ALBUQUERQUE, NM 87105	85-0110070	501(C)(3)	17,000.	0.			DONOR-ADVISED
CENTER FOR BIOLOGICAL DIVERSITY							
PO BOX 710	0.5.22.42.25	E01/G1/21		_			
TUCSON, AZ 85702 CENTER FOR CIVIC POLICY	27-3943866	501(C)(3)	6,000.	0.			DONOR-ADVISED
PO BOX 27616							
ALBUQUERQUE, NM 87125	01-0869701	501(C)(3)	10,000.	0.			DONOR-ADVISED
	1 32 333731		10,000.	<u> </u>	l .		

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENTRED OF GOVERNMENT OUT THEFT							
CENTER OF SOUTHWEST CULTURE 505 MARQUETTE AVE NW STE 1610							
-	85-0402832	E01/G)/2)	20 000	0.			ACF GRANT
ALBUQUERQUE, NM 87102	85-0402832	501(C)(3)	20,000.	٠.			ACF GRANT
CHAMBER MUSIC ALBUQUERQUE							
PO BOX 3343							
ALBUQUERQUE, NM 87190-3343	85-6014415	501(C)(3)	15,453.	0.			ACF GRANT
indexediaged, in evide core	00 0011110		10,100.				
CHILD AID							
917 SW OAK STREET							
PORTLAND, OR 97205	33-0317937	501(C)(3)	10,000.	0.			DONOR-ADVISED
CHILDREN'S CANCER FUND OF NEW							
MEXICO - 112 14TH ST SW -							
ALBUQUERQUE, NM 87102	23-7116828	501(C)(3)	8,000.	0.			DONOR-ADVISED
CHILDREN'S GRIEF CENTER OF NEW							
MEXICO - 4125 CARLISLE AVE. NE -							
ALBUQUERQUE, NM 87107	85-0474099	501(C)(3)	69,271.	0.			ACF MENTAL HEALTH
CHRISTINA KENT EARLY CHILDHOOD							
CENTER - 423 3RD STREET SW -							
ALBUQUERQUE, NM 87102	85-0105594	501(C)(3)	15,706.	0.			ACF EDUCATION
CIBOLA COUNTY EDUCATION FOUNDATION							
C/O GRANTS/CIBOLA COUNTY SCHOOLS PO							
GRANTS, NM 87020	85-0410209	501(C)(3)	6,000.	0.			ACF GRANT
CITY OF ALBUQUERQUE COMMUNITY							
CENTERS - 700 4TH STREET SW -							
ALBUQUERQUE, NM 87102	85-6000102	GOV T	6,898.	0.			DONOR-ADVISED
CONGREGATION ALBERT							
3800 LOUISIANA BLVD. NE	05 0404000	501/01/01	45 50-	_			
ALBUQUERQUE, NM 87110	85-0124933	P01(C)(3)	15,505.	0.			ACF HUMAN SERVICES

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pai	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL ON FOUNDATIONS							
1255 23RD STREET NW, SUITE 200 WASHINGTON, DC 20037	13-6068327	501/C)/3)	13,250.	0.			ACF PHILANTHROPY
WASHINGTON, DC 20037	13-0000327	301(C)(3)	13,230.	0.			ACF FHIDANIHROFI
CROSSROADS FOR WOMEN							
805 TIJERAS AVE. NW							
ALBUQUERQUE, NM 87102	85-0448641	501 (C) (3)	12,350.	0.			HUMAN SERVICES
MIDOQUINQUI, NA 07102	03 0440041	301(0)(3)	12,550.				HOMEN BERVICES
CUIDANDO LOS NINOS							
PO BOX 12786							
ALBUQUERQUE, NM 87195	85-0366029	501(C)(3)	28,100.	0.			ACF HUMAN SERVICES
indegonique, in 0,195	03 0300025	301(0)(3)	20,100.				THE HOLLIN BERVIOLE
DE PROFUNDIS							
PO BOX 3056					, and the second		
ALBUQUERQUE, NM 87190-3056	85-0424483	501(C)(3)	18,391.	0.			ACF GRANT
	00 0121100	332(3)(3)	10,012	-			
DENTAL CARE IN YOUR HOME							
1776 MONTANO ROAD NW							
ALBUQUERQUE, NM 87107	27-3498254	501(C)(3)	15,000.	0.			ACF GRANT
,							
DOCTORS WITHOUT BORDERS USA							
40 RECTOR STREET							
NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	22,423.	0.			DONOR-ADVISED
,		, , , ,	,				
DOMESTIC VIOLENCE RESOURCE CENTER,							
INC - 625 SILVER SW SUITE 185 -							
ALBUQUERQUE, NM 87102	85-0439226	501(C)(3)	12,000.	0.			ACF HUMAN SERVICES
		· · · · · · · · · · · · · · · · · · ·	, ,				
DUKE CITY REPERTORY THEATRE							
P.O. BOX 16437							
ALBUQUERQUE, NM 87191	26-3402706	501(C)(3)	10,000.	0.			ACF GRANT
		,					
EARTHWORKS							
1612 K ST NW							
WASHINGTON, DC 20006	52-1557765	501(C)(3)	15,000.	0.			DONOR-ADVISED

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST CENTRAL MINISTRIES							
123 VERMONT NE							
ALBUQUERQUE, NM 87108	37-1426703	501(C)(3)	16,000.	0.			DONOR-ADVISED
EL PUENTE DE ENCUENTROS							
500 MARQUETTE AVE. SUITE 1200	01 0110700	F01/G)/2)	10 000				AGE GRANT
ALBUQUERQUE, NM 87102	81-2118702	501(C)(3)	10,000.	0.			ACF GRANT
ENCUENTRO							
714 4TH ST. SW							
ALBUQUERQUE, NM 87102	27-2016727	501 (C) (3)	25,500.	0.			DONOR-ADVISED
ALBOQUERQUE, NH 8/102	27-2010727	301(0/(3/	23,300.	0.			DONOK-ADVISED
ENLACE COMUNITARIO							
2425 ALAMO DR SE					· ·		
ALBUQUERQUE, NM 87106	85-0473384	501(C)(3)	25,200.	0.			DONOR-ADVISED
ENSEMBLE MUSIC NEW MEXICO							
PO BOX 7464							
ALBUQUERQUE, NM 87194	47-0910372	501(C)(3)	5,750.	0.			DONOR-ADVISED
,							
EQUALITY NEW MEXICO FOUNDATION							
PO BOX 27070							ACF GRANT AND SUPPORT O
ALBUQUERQUE, NM 87125	85-0417115	501(C)(3)	15,000.	0.			SAGE ALBUQUERQUE
ESCUELA DEL SOL MONTESSORI SCHOOL							
1114 7TH ST. NW							
ALBUQUERQUE, NM 87102	23-7088029	501(C)(3)	11,500.	0.			SANDIA FOUNDATION GRANT
EVERY ABILITY PLAYS PROJECT							
2105 VISTA OESTE ST NW, SUITE E - 1							
ALBUQUERQUE, NM 87120	84-3687608	501(C)(3)	10,000.	0.			ACF GRANT
EXPLORA!							
1701 MOUNTAIN RD. NW							
ALBUQUERQUE, NM 87104	85-0442062	501(C)(3)	27,500.	0.			DONOR-ADVISED

Part II Continuation of Grants and Other						_	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF ALBUQUERQUE							
808 EDITH BLVD NE ALBUQUERQUE, NM 87102	85-0472315	501(C)(3)	10,900.	0.			ACF HS GRANT
FATHERS BUILDING FUTURES							
2705 PAN AMERICAN FREEWAY NE							
ALBUQUERQUE, NM 87107	81-3215356	501(C)(3)	12,550.	0.			DONOR-ADVISED
FESTIVAL BALLET ALBUQUERQUE 3805 ACADEMY PARKWAY SOUTH NE							
ALBUQUERQUE, NM 87109	27-1993089	501(C)(3)	6,100.	0.			ACF GRANT
MEDOGOLINGOL, MM 0/103	27 1333003	301(0)(3)	0,100.	,			rici didini
FILENE RESEARCH INSTITUTE INC							
L010 E. WASHINGTON AVE							
ALBUQUERQUE, NM 87108	39-1645910	501(C)(3)	25,000.	0.			ACF GRANT
FLOWER HILL INSTITUTE							
PO BOX 692							
JEMEZ PUEBLO, NM 87024	81-4300335	501(C)(3)	40,000.	0.			GREAT GRANT GIVEAWAY
FUTURE FOCUSED EDUCATION							
200 BROADWAY NE							
ALBUQUERQUE, NM 87102	47-3717716	501(C)(3)	45,000.	0.			ACF EDUCATION
	21 217.23		15,550.	••			
GARDEN'S EDGE, INC.							
980 CYPRESS RD.							
BOSQUE FARMS, NM 87068	26-0645372	501(C)(3)	7,500.	0.			DONOR-ADVISED
GLOBAL CENTER FOR CULTURAL							
ENTREPRENEURSHIP DBA CREATIVE							
STARTUPS - 441 GREG AVE. #202 -							
SANTA FE, NM 87501	26-0718018	501(C)(3)	7,500.	0.			ACF GRANTS
GOOD SHEPHERD CENTER, INC.							
PO BOX 749	05.001055	501 (5) (0)		_			
ALBUQUERQUE, NM 87103	85-0213561	P01(C)(3)	11,689.	0.			ACF HUMAN SERVICES

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	Т
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPEAMED ALDIQUEDOUE HADIMAM EOD							
GREATER ALBUQUERQUE HABITAT FOR							
HUMANITY - 4900 MENAUL BLVD. NE -	85-0359138	501/C\/3\	14,476.	0.			DONOR-ADVISED
ALBUQUERQUE, NM 87110	03-0339130	301(C)(3)	14,470.	0.			DONOK-ADVISED
HAWKS ALOFT							
PO BOX 10028							VITALITY WORKS GRANT
ALBUQUERQUE, NM 87184	85-0418661	501(C)(3)	15,000.	0.			PROGRAM
	00 0120001		10,000.				11001111
HEALING ADDICTION IN OUR COMMUNITY							
& SERENITY MESA - 3701 CONDERSHIRE							
DR. SW - ALBUQUERQUE, NM 87121	27-2517121	501(C)(3)	33,334.	0.			DONOR-ADVISED
~ ~ ,							
HEIFER INTERNATIONAL							
1 WORLD AVENUE							
LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	10,000.	0.			DONOR-ADVISED
·							
HISTORIC BRIDGE MAINSTREET SOUTH							
VALLEY - 318 ISLETA BLVD SW -							
ALBUQUERQUE, NM 87105-3822	46-5218867	501(C)(3)	40,000.	0.			ACF GRANT
HOMEWISE 1301 SILER ROAD							
SANTA FE, NM 87507	85-0346325	501(C)(3)	50,000.	0.			DONOR-ADVISED
HOPEWORKS PO BOX 27258							
ALBUQUERQUE, NM 87125	85-0338552	501(C)(3)	47,000.	0.			DONOR-ADVISED
HORIZONS ALBUQUERQUE PO BOX 6066							
ALBUQUERQUE, NM 87197	81-2915448	501(C)(3)	43,500.	0.			ACF EDUCATION
IMMIGRANT AND REFUGEE RESOURCE	01 2313140	332(3)(3)	15,500.	٠.			22001111011
VILLAGE OF ALBUQUERQUE (IRRVA) -							
120 MESILLA NE - ALBUQUERQUE, NM							
87108	27-5024085	501(C)(3)	11,000.	0.			ACF GRANT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIAN DUBDIO GUI MUDAL GENMED							
INDIAN PUEBLO CULTURAL CENTER							
2401 TWELFTH ST. NW	85-0232968	E01/G)/2)	7 000	0.			ACF EDUCATION
ALBUQUERQUE, NM 87104-2397	85-0232908	501(C)(3)	7,000.	٠.			ACF EDUCATION
INSTITUTE FOR LOCAL SELF RELIANCE,							
INC 2720 EAST 22ND STREET -							
MINNEAPOLIS, MN 55406	23-7394104	501(C)(3)	8,000.	0.			DONOR-ADVISED
MINUM ODIS, MY 33400	23 7334104	301(0)(3)	0,000.				DONOR MEVICED
INTERNATIONAL GENEROSITY							
FOUNDATION TRUST - 980 WHISPERING							
OAKS - CHINA SPRING, TX 76633-3554	84-3754469	501(C)(3)	50,500.	0.			DONOR-ADVISED
INTERNATIONAL RESCUE COMMITTEE							
PO BOX 6068					Ť		
ALBERT LEA, MN 56007-9847	13-5660870	501(C)(3)	20,000.	0.			DONOR-ADVISED
JENNIFER RIORDAN FOUNDATION							
11024 MONTGOMERY BLVD NE							
ALBUQUERQUE, NM 87111-3962	84-3221450	501(C)(3)	50,000.	0.			DONOR-ADVISED
JEWISH COMMUNITY CENTER							
5520 WYOMING NE							
ALBUQUERQUE, NM 87109	85-0457178	501(C)(3)	14,500.	0.			 DONOR-ADVISED
			, , , , ,				
JOY JUNCTION, INC.							
PO BOX 27693							
ALBUQUERQUE, NM 87125-7693	85-0360268	501(C)(3)	12,520.	0.			DONOR-ADVISED
			,				
JUNIOR ACHIEVEMENT OF NEW MEXICO,							
INC 4700 LINCOLN RD NE -							
ALBUQUERQUE, NM 87109	85-0416889	501(C)(3)	8,000.	0.			DONOR-ADVISED
			, ,				
JUSTICE, ACCESS, SUPPORT AND							
SOLUTIONS FOR HEALTH - 1608 ISLETA							
BLVD SW - ALBUQUERQUE, NM 87105	42-1753563	501(C)(3)	20,050.	0.			ACF HUMANS SERVICES

Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pai T	t II.) T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KESHET DANCE COMPANY							
4121 CUTLER AVE. NE							
ALBUQUERQUE, NM 87110	85-0436623	501(C)(3)	20,000.	0.			ACF ARTS/CULTURE
KIDS COOK!							
5838 OSUNA RD NE							
ALBUQUERQUE, NM 87109	26-4816851	501(C)(3)	10,000.	0.			ACF GRANT
LA COSECHA CSA							
318 ISLETA BLVD. SW							ACF
ALBUQUERQUE, NM 87105	82-4552728	501(C)(3)	30,000.	0.			FOOD/NUTRITION/AGRICULTU
LA PLAZITA INSTITUTE							
831 ISLETA BLVD. SW	26 2406467	F01/G)/2)	F1 000				AGE GOINGTHY THEROUGH
ALBUQUERQUE, NM 87105	26-2486467	501(C)(3)	51,000.	0.			ACF COMMUNITY IMPROVEMENT
LIBROS FOR KIDS, INC.							
2052 CALLE PAJARO AZUL NW							
ALBUQUERQUE, NM 87120	82-2152369	501(C)(3)	10,000.	0.			ACF GRANT
LINCOLN COUNTY ADULT LITERACY 107 KANSAS CITY RD							
RUIDOSO, NM 88345	47-1984504	501(C)(3)	10,000.	0.			DONOR-ADVISED
			,				
LUTHERAN FAMILY SERVICES ROCKY							
MOUNTAINS - 363 S HARLAN ST STE							
200 - DENVER, CO 80226	84-0775550	501(C)(3)	14,000.	0.			ACF GRANT
MANA DE ALBUQUERQUE							
PO BOX 25801							
ALBUQUERQUE, NM 87125	06-1835784	501(C)(3)	10,399.	0.			ACF EDUCATION
MANDY'S FARM							
PO BOX 9346	05 0426546	F01/G1/31	40.000	_			AGE WEST BUILDING (SEVER)
ALBUQUERQUE, NM 87119	85-0436516	DOT(C)(3)	40,000.	0.			ACF HEALTH/GENERAL/REHAB

Part II Continuation of Grants and Other	Assistance to Dor		and Domestic Go	overnments (Scho	edule I (Form 990), Pa	t II.)	Tago T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANY MORNING							
MANY MOTHERS PO BOX 23222							
SANTA FE, NM 87502	85-0457455	501(C)(3)	10,000.	0.			DONOR-ADVISED
51M111 12, M1 0,502	03 0137133	301(0)(3)	10,000.	· ·			PONON IBVIELD
MANZANO DAY SCHOOL							
1801 CENTRAL NW							
ALBUQUERQUE, NM 87104	85-0127993	501(C)(3)	235,525.	0.			ACF GRANT
MANZANO MOUNTAIN ART COUNCIL							
PO BOX 534		F01 (#) (0)	15.000				
MOUNTAINAIR, NM 87036	74-2826118	501(C)(3)	15,000.	0.			ACF HISTORIC/PRESERVATION
MERCY CORPS							
45 SW ANKENY STREET					· ·		
PORTLAND, OR 97204	91-1148123	501(C)(3)	10,000.	0.			DONOR-ADVISED
,							
MISHKAN CHICAGO							
4001 N RAVENSWOOD AVE STE 101							
CHICAGO, IL 60613-2576	45-4922824	501(C)(3)	20,000.	0.			DONOR-ADVISED
MOUNTAIN RESCUE ASPEN INC 37925 HIGHWAY 82							
ASPEN, CO 81611-2501	84-6042237	501(C)(3)	18,000.	0.			DONOR-ADVISED
MUSEUM OF NEW MEXICO FOUNDATION PO BOX 2065							
SANTA FE, NM 87504-2065	85-0202503	501(C)(3)	5,316.	0.			DONOR-ADVISED
NACA-INSPIRED SCHOOLS NETWORK							
2301 MOUNTAIN RD. NE	47 2001000	E01/a)/3)	05 00-	_			A GE EDVIGNETON
ALBUQUERQUE, NM 87106	47-2981893	DUI(C)(3)	25,897.	0.			ACF EDUCATION
NATIONAL DANCE INSTITUTE OF NEW							
MEXICO - 1140 ALTO STREET - SANTA							
FE, NM 87501	85-0431846	501(C)(3)	29,816.	0.			ACF ARTS/CULTURE
		* * * *			l .	1	

Part II Continuation of Grants and Other		mestic Organizations		overnments (Scho	edule I (Form 990), Par		- VZJJ444 Fage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMIONAL UICDANIC CUI MIDAL CENMED							
NATIONAL HISPANIC CULTURAL CENTER FOUNDATION - 1701 4TH ST SW -							
ALBUQUERQUE, NM 87102-4518	85-0335056	501(C)(3)	12,950.	0.			DONOR-ADVISED
impoderiver, with older 1919	03 0333030	301(0)(3)	12,550.	••			
NATIONAL INSTITUTE OF FLAMENCO							
1771 BELLAMAH AVE NW							
ALBUQUERQUE, NM 87104	85-0332879	501(C)(3)	12,000.	0.			ACF ARTS/CULTURE
NATURAL RESOURCES DEFENSE COUNCIL			·				
40 WEST 20TH STREET							
NEW YORK, NY 10011	13-2654926	501(C)(3)	10,000.	0.			DONOR-ADVISED
NEW DAY YOUTH & FAMILY SERVICES							
2305 RENARD PLACE SE							
ALBUQUERQUE, NM 87106	85-0245782	501(C)(3)	26,833.	0.			ACF HOUSING/SHELTER
NEW MEXICO APPLESEED							
222 E MARCY ST #20							
SANTA FE, NM 87501-2021	20-4985257	501(C)(3)	6,000.	0.			DONOR-ADVISED
NEW MEXICO ASSOCIATION FOR THE							
EDUCATION OF YOUNG CHILDREN - 1933							
SAN MATEO BLVD NE #258 -	51 0107070						L
ALBUQUERQUE, NM 87110	51-0137970	501(C)(3)	7,500.	0.			DONOR-ADVISED
NEW MEXICO BIOPARK SOCIETY							
903 TENTH ST. SW							
ALBUQUERQUE, NM 87102	23-7087964	501/01/31	44,866.	0.			ACF SINGLE ORG SUPPORT
ALBOQUERQUE, NM 0/102	23-7007904	501(0/(3/	44,000.	0.			ACT SINGLE ORG SUFFORT
NEW MEXICO BLACK LEADERSHIP	1						
COUNCIL - 1258 ORTIZ DR SE -							
ALBUQUERQUE, NM 87108	46-3638418	501(C)(3)	50,000.	0.			ACF COMMUNITY IMPROVEMENT
~		.,.,,	11,110.	-			
NEW MEXICO CENTER ON LAW AND							
POVERTY, INC 301 EDITH BLVD NE							
- ALBUQUERQUE, NM 87102	85-0437960	501(C)(3)	30,281.	0.			DONOR-ADVISED

Part II Continuation of Grants and Other				(====		1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MEXICO COALITION TO END HOMELESSNESS - PO BOX 865 - SANTA							
FE, NM 87504	85-0482896	501(C)(3)	15,000.	0.			DOOR-ADVISED
NEW MEXICO ENVIRONMENTAL LAW							
CENTER - 1405 LUISA ST. STE 5 -							
SANTA FE, NM 87505-4074	85-0360664	501(C)(3)	17,500.	0.			DONOR-ADVISED
NEW MEXICO FOUNDATION							
8 CALLE MEDICO							
SANTA FE, NM 87505	85-0311210	501(C)(3)	70,000.	0.			ACF HUMAN SERVICES
NEW MEXICO FOUNDATION FOR DENTAL							
HEALTH, RESEARCH - PO BOX 16854 -							
ALBUQUERQUE, NM 97191	74-3146433	501(C)(3)	10,000.	0.			ACF GRANT
NEW MEXICO GAY MEN'S CHORUS PO BOX 3822							
ALBUQUERQUE, NM 87190-3822	45-5301412	501(C)(3)	10,000.	0.			ACF GRANT
NEW MEXICO IMMIGRANT LAW CENTER PO BOX 7040							
ALBUQUERQUE, NM 87194	27-3303237	501(C)(3)	12,000.	0.			ACF CIVIL RIGHTS/ADVOCAC
NEW MEXICO INSTITUTE OF MINING AND TECHNOLOGY - 801 LEROY PLACE -							
SOCORRO, NM 87801	85-6000411	501(C)(3)	10,000.	0.			DONOR-ADVISED
NEW MEXICO KIDS MATTER INC.							
2340 ALAMO SE							
ALBUQUERQUE, NM 87106	85-0424064	501(C)(3)	30,700.	0.			ACF CRIME/LEGAL
NEW MEXICO LEGAL AID							
PO BOX 25486							
ALBUQUERQUE, NM 87125-5486	85-0116950	501(C)(3)	20,000.	0.			DONOR-ADVISED

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pai I	t II.) T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MEXICO MILITARY INSTITUTE							
FOUNDATION, INC 101 WEST							
COLLEGE BLVD ROSWELL, NM							
88201-5173	85-6010718	501(C)(3)	28,863.	0.			CARL F. SCOTT SCHOLARSHIP
NEW MEXICO MUSEUM OF NATURAL							
HISTORY FOUNDATION - PO BOX 25446							BETTY AND LUKE VORTMAN
- ALBUQUERQUE, NM 87125-5446	85-0257595	501/C\/3\	35,039.	0.			ENDOWMENT FUND
NEW MEXICO OSTEOPATHIC FOUNDATION	85-0257595	501(C)(3)	33,039.	0.			ENDOWMENT FOND
DBA SW FOUNDATION FOR OSTEOPATHIC							
EDUCATI - 3501 ARROWHEAD DRIVE -							
	85-0402214	E01/G)/2)	5,918.	0.			ACF GRANT
LAS CRUCES, NM 88001	85-0402214	301(C)(3)	3,916.	0.			ACF GRANT
NEW MEXICO PBS							
1130 UNIVERSITY BLVD. NE					· ·		
ALBUQUERQUE, NM 87102	85-0275408	501(C)(3)	45,452.	0.			ACF COMMUNITY IMPROVEMENT
ALBOQUERQUE, NM 0/102	03-02/3400	301(C)(3)	45,452,	0.			ACF COMMONITI IMPROVEMENT
NEW MEXICO PHILHARMONIC				The state of the s			
PO BOX 21428							
ALBUQUERQUE, NM 87154	27-1148446	501(C)(3)	110,730.	0.			DONOR-ADVISED
ALDOQUERQUE, NH 0/134	27 1140440	301(0)(3)	110,730.	0.			DONOR ADVISED
NEW MEXICO PHILHARMONIC FOUNDATION							
INC - P.O. BOX 21428 -							
ALBUQUERQUE, NM 87154	82-2109038	501(C)(3)	14,850.	0.			DONOR-ADVISED
INDOQUINQUI, NA U/134	02 2103030	301(0)(3)	14,030.	<u> </u>			BONOK ABVIOLD
NEW MEXICO RELIGIOUS COALITION FOR							
REPRODUCTIVE CHOICE - PO BOX 66433							
- ALBUQUERQUE, NM 87193	85-0391823	501(C)(3)	9,250.	0.			DONOR-ADVISED
MIDOQUINQUI, NA 07133	03 0331023	301(0)(3)	3,230.	<u> </u>			BONGK TIBVIBLE
NEW MEXICO STATE UNIVERSITY							
FOUNDATION - BOX 30001, MSC 5100 -							
LAS CRUCES, NM 88003-0001	85-0170157	501(C)(3)	10,000.	0.			ACF EDUCATION
	03 01/013/	332(3)(3)	10,000.	<u> </u>			
NEW MEXICO SYMPHONIC CHORUS							
PO BOX 7900							
ALBUQUERQUE, NM 87194	45-1261027	501(C)(3)	5,850.	0.			ACF ARTS/CULTURE
THEORET , MIT OILDE	1 -2 -20102/		J,030.	U .		1	rici inito/contone

Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MEXICO WILDERNESS ALLIANCE							
PO BOX 25464						, i	
ALBUQUERQUE, NM 87125	85-0457916	501(C)(3)	23,316.	0.			DONOR-ADVISED
·			,				
NEW MEXICO WOMENS REENTRY CENTER						ĺ	
PO BOX 27054							
ALBUQUERQUE, NM 87101	85-0521509	501(C)(3)	10,000.	0.			ACF HEALTH CARE
N-11 N-11-12 N-11-12 ADODE							
NEW MEXICO XTREME SPORTS							
ASSOCIATION INC - 508 1ST STREET							
NW - ALBUQUERQUE, NM 87102-2304	43-2089526	501(C)(3)	7,500.	0.			ACF GRANT
NEW MEXICOCAN							
625 SILVER AVE. SW STE					· ·		
ALBUQUERQUE, NM 87102	85-0385103	501/C)/3)	30,250.	0.			ACF HUMAN SERVICES
ALBOQUERQUE, NM 8/102	85-0383103	301(C)(3)	30,230.	0.			ACF HUMAN SERVICES
NEWMEXICOKIDSCAN							
PO BOX 27217							
ALBUQUERQUE, NM 87114	27-3069592	501(C)(3)	17,500.	0.			ACF GRANT
ALBOQUERQUE, NM 0/114	27-3009392	301(C)(3)	17,300.	0.			ACF GRAINI
NEXT STEP MINISTRIES							
PO BOX 35327							
ALBUQUERQUE, NM 87176	45-5448539	501(C)(3)	12,500.	0.			DONOR-ADVISED
ADDOQUERQUE, NEI 0/1/0	40-0440333	301(0/(3/	12,300.	0.			DOMOK-WDA 19ED
NM-NEW, INC							
5901 INDIAN SCHOOL RD NE							
ALBUQUERQUE, NM 87110	85-3458979	501(C)(3)	10,000.	0.			ACF GRANT
ALDOQUERQUE, NE 0/110	03 3430979	301(0/(3/	10,000.	0.			FICE GRAINE
NORTH AMERICAN DIGITAL FABRICATION							
ALLIANCE - 3900 PASEO DEL SOL -							
SANTA FE, NM 87507	82-3999984	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES
NOT FORGOTTEN OUTREACH							
461 VALVERDE COMMONS DR							
TAOS, NM 87571	85-0425147	501(C)(3)	10,000.	0.			DONOR-ADVISED

(a) Name and address of	(b) EIN	(a) IDC continu	(d) Amount of	(a) Amount of	(f) Mothod of	(g) Description of	(h) Durage of great
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	non-cash assistance	(h) Purpose of grant or assistance
NACTO AL PHOLIEDONE							
DASIS ALBUQUERQUE							
3301 MENAUL BLVD NE, SUITE 18	32-0081580	501/C\/3\	25,000.	0.			ACF GRANT
ALBUQUERQUE, NM 87107	32-0081380	501(C)(3)	25,000.	0.			ACF GRAINT
OFFCENTER COMMUNITY ARTS PROJECT							
808 PARK AVE. SW							
ALBUQUERQUE, NM 87102-3017	85-0480889	501 (C) (3)	27,750.	0.			DONOR-ADVISED
ADDOQUERQUE, NEI 0/102 301/	03 0400003	301(0)(3)	27,750.	0.			DONOK ADVISED
OPERA SOUTHWEST							
PO BOX 27671							
ALBUQUERQUE, NM 87125-7671	23-7314812	501(C)(3)	44,479.	0.			DONOR-ADVISED
indegedinged, in eviles vevi	23 /311012	301(0)(3)	11,1,5.	-			PONOR IDVIDED
PANORAMA GLOBAL							
2101 4TH AVE, STE 2100					*		
SEATTLE, WA 98121	81-4204119	501(C)(3)	20,000.	0.			DONOR-ADVISED
	01 1101111	332(3)(3)					
PARTNERS IN EDUCATION							
1300 CAMINO SIERRA VISTA							
SANTA FE, NM 87505	85-0392417	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES
	00 003211	32(3)(3)	10,000	•			
PARTNERSHIP FOR COMMUNITY ACTION							
722 ISLETA BLVD SW							
ALBUQUERQUE, NM 87105	31-1815692	501(C)(3)	25,000.	0.			ACF HUMAN SERVICES
PAWS AND STRIPES							
617 TRUMAN STREET NE							ACF MENTAL
ALBUQUERQUE, NM 87110-6443	27-2908352	501(C)(3)	12,000.	0.			HEALTH/INTERVENTION
			, ,				
PB&J FAMILY SERVICES, INC.							
1101 LOPEZ RD., SW							
ALBUQUERQUE, NM 87105	85-0231566	501(C)(3)	43,500.	0.			DONOR-ADVISED
~	1 1 1 1 1 1 1 1 1	.,.,.,		•			
PLANNED PARENTHOOD OF THE ROCKY							
MOUNTAINS, INC 719 SAN MATEO							
	I	I	I			I	

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POPULATION CONNECTION							
2120 L ST. NW SUITE 500							
WASHINGTON, DC 20037	94-1703155	501/01/31	15,000.	0.			DONOR-ADVISED
MIDITINGTON, DC 20037	J4 1703133	301(0)(3)	13,000.	•			DONOR ADVIDED
PRESBYTERIAN EAR INSTITUTE							
415 CEDAR ST. SE							
ALBUQUERQUE, NM 87106	85-0373591	501(C)(3)	17,000.	0.			ACF HUMAN SERVICES
,			,				
PRESBYTERIAN HEALTHCARE FOUNDATION							
PO BOX 26666							
ALBUQUERQUE, NM 87125-6666	85-6016041	501(C)(3)	27,579.	0.			DONOR-ADVISED
PRESBYTERIAN MEDICAL SERVICES							
1422 PASEO DE PERALTA							
SANTA FE, NM 85701	85-0206810	501(C)(3)	15,000.	0.			ACF GRANTS
R4 CREATING							
6391 ROADRUNNER LOOP	04 4545604	504 (5) (0)					L
RIO RANCHO, NM 87144	81-1547684	501(C)(3)	7,500.	0.			ACF EDUCATION
RESOLVE							
PO BOX 8350							
SANTA FE, NM 87504	85-0475597	501(C)(3)	5,500.	0.			ACF GRANT
SANTA PE, NH 07504	03 0473337	501(0)(3)	3,300.	٠.			ACT GRANT
RIO GRANDE COMMUNITY DEVELOPMENT							
CORPORATION - 318 ISLETA BLVD SW -							
ALBUQUERQUE, NM 87105	85-0348445	501(C)(3)	109,950.	0.			 ACF HEALTH/GENERAL/REHA
			,				
RIO GRANDE COMMUNITY FARM							
1701 MONTANO RD NW							
ALBUQUERQUE, NM 87107	74-2833329	501(C)(3)	13,500.	0.			DONOR-ADVISED
RIO GRANDE FOOD PROJECT							
PO BOX 66498							
ALBUQUERQUE, NM 87193	20-1667103	501(C)(3)	50,307.	0.			DONOR-ADVISED

Part II Continuation of Grants and Other A	Toolotanoe to Bol	neono Organizanono		verninente (con		T,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OADRUNNER FOOD BANK							
8840 OFFICE BOULEVARD NE							
ALBUQUERQUE, NM 87109	85-0278525	501(C)(3)	83,568.	0.			DONOR-ADVISED
indexed, in color				•			5011011 115111111
ROCKY MOUNTAIN YOUTH CORPS							
PO BOX 1960							
RANCHOS DE TAOS, NM 87557	85-0404817	501(C)(3)	9,600.	0.			ACF HUMAN SERVICES
RONALD MCDONALD HOUSE CHARITIES OF							BRADBURY STAMM
NEW MEXICO - 1011 YALE NE -							CONSTRUCTION GIVING
ALBUQUERQUE, NM 87106	85-0283204	501(C)(3)	11,500.	0.			PROGRAM
SANTA FE COMMUNITY FOUNDATION							
PO BOX 1827							
SANTA FE, NM 87504-1827	85-0303044	501(C)(3)	38,847.	0.			ACF HUMAN SERVICES
SANTA FE INSTITUTE							
1399 HYDE PARK RD							
	85-0325494	E01(C)(2)	20,000.	0.			DONOR-ADVISED
SANTA FE, NM 87501	65-0325494	501(C)(3)	20,000.	0.			DONOR-ADVISED
SANTA ROSA MOISE MEMORIAL LIBRARY							
208 5TH ST							
SANTA ROSA, NM 88435	85-6000172	501(C)(3)	12,000.	0.			ACF ARTS/CULTURE
	11 11111		,				
SARANAM, LLC							
1028 EUBANK NE STE F							
ALBUQUERQUE, NM 87112	20-2036621	501(C)(3)	84,754.	0.			DONOR-ADVISED
	7						
SAVILA COLLABORATIVE							
CENTRO SAVILA							ACF MENTAL
ALBUQUERQUE, NM 87105-4035	46-0667855	501(C)(3)	34,000.	0.			HEALTH/INTERVENTION
SCHOOL FOR ADVANCED RESEARCH ON							
THE HUMAN EXPERIENCE - PO BOX 2188							BETTY AND LUKE VORTMA
- SANTA FE, NM 87504-2188	85-0125045	501(C)(3)	25,106.	0.			ENDOWMENT FUND

Part II Continuation of Grants and Other	Assistance to Dor		and Domestic Go	overnments (Scho	edule I (Form 990), Pa	t II.)	Tuge
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNTY OUT DESCRIPTION OF THE PURPORT OF THE PURPOR							
SCHWAB CHARITABLE FUND PO BOX 628298							
ORLANDO, FL 32862	31-1640316	501(C)(3)	139,167.	0.			DONOR-ADVISED
endando, 11 secen	31 1010310	301(0)(3)	133,107.	· ·			Perior IIIVIIII
SIERRA CLUB FOUNDATION							
2101 WEBSTER STREET							
OAKLAND, CA 94612	94-6069890	501(C)(3)	20,000.	0.			DONOR-ADVISED
SILVER HORIZONS NEW MEXICO, INC.							
1913 EUBANK BLVD NE							ACF HOUSING/SHELTER &
ALBUQUERQUE, NM 87112	85-0279898	501(C)(3)	16,384.	0.			HUMAN SERVICES
SOFIA CENTER FOR PROFESSIONAL							
DEVELOPMENT - 4000 LEARNING RD NW							
- ALBUQUERQUE, NM 87120	87-1266036	501(C)(3)	20,812.	0.			DONOR-ADVISED
SOMOS UN PUEBLO UNIDO							
1804 ESPINACITAS ST							L
SANTA FE, NM 87505	20-4216836	501(C)(3)	20,250.	0.			DONOR-ADVISED
COMMUNICAL MANAGEMENT OF THE COMMUNICAL AND TANKED							
SOUTHERN UTAH WILDERNESS ALLIANCE							
425 EAST 100 SOUTH	94-2936961	E01(C)(3)	7,500.	0.			DONOR ADVICED
SALT LAKE CITY, UT 84111	94-2930901	50F(C)(3)	7,500.	0.			DONOR-ADVISED
SOUTHWEST CREATIONS COLLABORATIVE							
1308 4TH ST. NW							
ALBUQUERQUE, NM 87102	85-0440047	501(C)(3)	45,700.	0.			ACF JOBS/EMPLOYMENT
and grant gr	11 1111111		25,755				
SOUTHWEST ENVIROMENTAL CENTER							
350 EL MOLINO BLVD.							
LAS CRUCES, NM 88005	85-0403860	501(C)(3)	6,000.	0.			DONOR-ADVISED
			, , , , , , , , , , , , , , , , , , ,				
SOUTHWEST HORSE POWER INC							
840 SIMON LANE SW							
ALBUQUERQUE, NM 87105	27-2629143	501(C)(3)	8,000.	0.			DONOR-ADVISED

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST ORGANIZING PROJECT							
211 10TH ST. SW							
ALBUQUERQUE, NM 87102	85-0368743	501(C)(3)	5,400.	0.			ACF HUMAN SERVICES
			,				
SOUTHWEST RESEARCH AND INFORMATION							
CENTER - PO BOX 4524 -							
ALBUQUERQUE, NM 87196	23-7159949	501(C)(3)	8,000.	0.			DONOR-ADVISED
SPECIAL OLYMPICS NEW MEXICO							
6600 PALOMAS DR. NE	05 0260004	E01/G\/3\	16 407	0.			AGE GDODEG/DEGDEAUTON
ALBUQUERQUE, NM 87109-5655	85-0268084	501(C)(3)	16,407.	0.			ACF SPORTS/RECREATION
ST FELIX PANTRY INC							
4020 BARBARA LOOP SE					·		
RIO RANCHO, NM 87124	85-0407376	501(C)(3)	15,000.	0.			ACF HUMAN SERVICES
,							
STANLEY BRITISH PRIMARY SCHOOL							
350 QUEBEC ST							
DENVER, CO 80230	74-2325997	501(C)(3)	17,079.	0.			DONOR-ADVISED
STEELBRIDGE MINISTRIES							
PO BOX 331							
ALBUQUERQUE, NM 87103-0331	85-0208645	501(C)(3)	13,900.	0.			DONOR-ADVISED
STEM IS CHILDS PLAY FOUNDATION							
6411 AVALON RD NW							
ALBUQUERQUE, NM 87105	84-3493579	501 (C) (3)	7,000.	0.			ACF EDUCATION
ADDOQUERQUE, NR 07103	04 3433373	501(0)(3)	7,000.	· ·			ACT EDUCATION
STUDENT'S CLOTHING BANK							
PO BOX 94735							
ALBUQUERQUE, NM 87102	46-5765753	501(C)(3)	17,350.	0.			ACF HUMAN SERVICES
	-		, ,				
SUPPORTIVE HOUSING COALITION OF							
NEW MEXICO - PO BOX 27459 -							
ALBUQUERQUE, NM 87125	85-0439315	501(C)(3)	15,500.	0.			ACF HOUSING/SHELTER

Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	overnments (Sch	edule i (Form 990), Pai I	π II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUSAN'S LEGACY							
11005 SPAIN NE, STE 22							
ALBUQUERQUE, NM 87111	85-0462276	501(C)(3)	25,000.	0.			ACF HUMAN SERVICES
	00 0102270		20,000.	•			
TEACH FOR AMERICAN NEW MEXICO							
PO BOX 553							
THOREAU, NM 87323-0553	13-3541913	501(C)(3)	10,000.	0.			ACF EDUCATION
TEACH PLUS, INC.							
1 BEACON STREET, SUITE 1500							
BOSTON, MA 02218	26-3849472	501(C)(3)	10,000.	0.			DONOR-ADVISED
TENDERLOVE COMMUNITY CENTER							
PO BOX 65156							
ALBUQUERQUE, NM 87193	45-4766711	501(C)(3)	58,500.	0.			ACF HUMAN SERVICES
THE HORSE SHELTER							
821 W. SAN MATEO RD.							
SANTA FE, NM 87505-4145	52-2214286	501(C)(3)	10,000.	0.			DONOR-ADVISED
	32 2214200	301(0)(3)	10,000.	· ·			DONOR NEVISED
THE HUMAN BODY SHOP							
1804 CARLISLE BOULEVARD NE							
ALBUQUERQUE, NM 87110	47-4070303	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES
			·				
THE NATURE CONSERVANCY							
1613 PASEO DE PERALTA, STE 200							
SANTA FE, NM 87501	53-0242652	501(C)(3)	43,050.	0.			DONOR-ADVISED
THINK NEW MEXICO							
1227 PASEO DE PERALTA							
SANTA FE, NM 87501	31-1611995	501(C)(3)	6,385.	0.			DONOR-ADVISED
THREE SISTERS KITCHEN							
109 GOLD AVE. SW	00 40000	501 (5) (0)		_			L
ALBUQUERQUE, NM 87102	82-4882255	DOT(C)(3)	100,000.	0.			DONOR-ADVISED

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSCHANDED DEGOVERGE GENTED OF NEW							
TRANSGENDER RESOURCE CENTER OF NEW MEXICO - 500 DOMINGO RD NE -							
ALBUQUERQUE, NM 87108	39-2076744	501(C)(3)	10,500.	0.			ACF HUMAN SERVICES
indegedinged, hir evice	33 2070711	301(0)(3)	10,500.	•			IIII IIIIII BERVICES
TRICKLOCK THEATRE COMPANY							
808 LEAD AVE SW							
ALBUQUERQUE, NM 87102	85-0413332	501(C)(3)	10,100.	0.			ACF ARTS/CULTURE
UNICEF							
125 MAIDEN LANE							
NEW YORK, NY 10038	13-1760110	501(C)(3)	7,950.	0.			DONOR-ADVISED
UNITED VOICES FOR NEWCOMER RIGHTS							
1207 MONROE CT NE							
ALBUQUERQUE, NM 87110	85-0866980	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES
UNITED WAY OF CENTRAL NEW MEXICO							
PO BOX 25147							
ALBUQUERQUE, NM 87125	85-0277138	501(C)(3)	135,708.	0.			ACF AGENCY DISTRIBUTION
111100001110011	55 527725	32(0)(0)	133,,	•			
UNIVERSITY OF NEW MEXICO							
FOUNDATION - MSC 11-6320 -							
ALBUQUERQUE, NM 87131-0001	85-6000642	501(C)(3)	383,504.	0.			ACF GRANT
UNM CONTRACT AND GRANT ACCOUNTING							
1700 LOMAS BLVD. NE, SUITE 2100							
ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	39,975.	0.			DONOR-ADVISED
VISION ABQ, INC.							
7920 CLAREMONT AVE NE	0.0455	501 (5) (0)	10.000	_			
ALBUQUERQUE, NM 87110	26-0155425	501(C)(3)	10,000.	0.			ACF EDUCATION
WAGHINGMON MIDDLE GOVEON							
WASHINGTON MIDDLE SCHOOL 1101 PARK AVE SE							
ALBUQUERQUE, NM 87101	85-6000101	501(C)(3)	10,000.	0.			ACF EDUCATION
THEOROTH AND OLIVE	03 0000101	P(-)(-)	1 10,000.	ı	I	1	LICI IDUCTITION

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ATERMELON MOUNTAIN RANCH, INC.							
1380 RIO RANCHO BLVD.							
RIO RANCHO, NM 87124	85-0480585	501(C)(3)	14,741.	0.			ACF ANIMAL/WILDLIFE
WESST							
509 BROADWAY NE ALBUQUERQUE, NM 87102-2334	85-0367809	501(C)(3)	16,500.	0.			ACF HUMAN SERVICES
ALBOQUERQUE, NM 0/102 2334	03 0307003	301(0)(3)	10,300.	0.)		ACT HOMAN BERVICES
WILDEARTH GUARDIANS							
301 NORTH GUADALUPE STREET							
SANTA FE, NM 87508	85-0406306	501(C)(3)	10,250.	0.			DONOR-ADVISED
WINGS FOR LIFE INTERNATIONAL 3226 MENAUL BLVD NE #130							
ALBUQUERQUE, NM 87110	85-0473126	501(C)(3)	10,000.	0.			DONOR-ADVISED
ADDOQUERQUE, MM 07110	03 0473120	301(0)(3)	10,000.	0.			DONOK ADVISED
WORKING CLASSROOM, INC.							
423 ATLANTIC AVE. SW							
ALBUQUERQUE, NM 87102	85-0280287	501(C)(3)	40,500.	0.			DONOR-ADVISED
WORLD WILDLIFE FUND INC							
1250 24TH ST NW	50 (50000	501 (5) (0)					L
WASHINGTON, DC 20037	52-1693387	501(C)(3)	5,200.	0.			DONOR-ADVISED
•							

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ANDREW PIECH MEMORIAL SCHOLARSHIP FUND	1	2,400.	0.		
BRYAN CLINE MEMORIAL SOCCER SCHOLARSHIP FUND	2	1,600.	0.		
CARL F. SCOTT SCHOLARSHIP FUND FOR TUCUMCARI LODGE #27 A.F. & A.M.	15	30,000.	0.		
DAVID R. WOODLING MEMORIAL FUND	1	4,850.	0.		
DAVIS-KOZOLL SCHOLARSHIP FUND	3	6,000.	0.		

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

PART I, LINE 2:

ALL NONPROFITS RECEIVING GRANTS THROUGH A COMPETITIVE PROCESS MUST PROVIDE

REPORTS EVERY SIX MONTHS. FOUNDATION GRANTS ARE TYPICALLY FOR ONE YEAR.

IF A DONOR HAS REQUESTED A REPORT AS INDICATED IN THE GRANT AGREEMENT OR BY

LETTER, THOSE GUIDELINES MUST BE FOLLOWED. IF ALL FOUNDATION FUNDING IS

SPENT AND THE GRANT COMPLETED WITHIN THE FIRST SIX MONTHS, ONLY ONE REPORT

IS NECESSARY. REPORTS MAY BE SENT VIA E-MAIL. REPORTS INCLUDE FINANCIAL

ACCOUNTING AND A NARRATIVE. THE FINAL REPORT IS DUE NO LATER THAN 14

MONTHS FROM THE BEGINNING OF THE GRANT DATE.

Part III Continuation of Grants and Other Assistance to Domes			00), Part III.)		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HAKES BROTHERS SCHOLARSHIP	1.	6,000.	0.	10	
JAMES LEDWITH MEMORIAL SCHOLARSHIP FUND	2.	4,000.	0.		
JIM AND ANN NELSON STUDENT AID FUND FOR FOSTER YOUTH	3.	3,600.	0.		
JOE "ISI" TRUJILLO STUDENT AID FUND	1.	2,000.	0.		
KIWANIS CLUB OF ALBUQUERQUE SCHOLARSHIP FUND	3.	3,000.	0.		
MANUEL LUJAN EXCELLENCE IN EDUCATION SCHOLARSHIP FUND	40.	20,000.	0.		
PNM EMPLOYEE CRISIS FUND	22.	82,700.	0.		
RAE LEE SIPORIN SCHOLARSHIP FOR WOMEN ENDOWMENT	3.	2,700.	0.		
ROBBY BAKER MEMORIAL SCHOLARSHIP FUND	1.	902.	0.		

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
SUSIE KUBIE SYMPHONIC MUSIC SCHOLARSHIP	3.	6,950.	0.	10					
SUSSMAN-MILLER EDUCATIONAL ASSISTANCE FUND	20.	42,400.	0.						
THE JAMES KNOTT MEMORIAL SCHOLARSHIP FUND SPONSORED BY THE NEW MEXICO MANUFACTURED HOUSING ASSOCIATION	1.	1,000.	0.						
THE PAM SCHNEIDER MEMORIAL SCHOLARSHIP PRESENTED BY AMERICAN ADVERTISING FEDERATION OF NEW MEXICO	1.	1,800.	0.						
THE PEDRO AND MATEO SANDOVAL/STRONG MEMORIAL SCHOLARSHIP FUND	2.	5,000.	0.						
THE WILLIAM F. MANN SCHOLARSHIP ENDOWMENT FUND	4.	8,000.	0.						
TRYTHALL FAMILY ENDOWMENT FOR EXCELLENCE IN CONTINUING EDUCATION	2.	4,055.	0.						
WOMEN IN RHETORIC AND LOGIC SCHOLARSHIP	1.	3,000.	0.						
WOODCOCK FAMILY EDUCATION SCHOLARSHIP FUND	10.	25,000.	0.		<u> </u>				

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number 85-0295444

Pa	Part I Questions Regarding Compensation			
			Yes	No
1 a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Fo	orm 990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for pe	ersonal use		
	Travel for companions Payments for business use of persona			
	Tax indemnification and gross-up payments Health or social club dues or initiation			
	Discretionary spending account Personal services (such as maid, chau	ffeur, chef)		
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors	s,		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization	on's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organize	zation to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation	on committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	c Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	, , ,	ation		
	contingent on the revenues of:			37
	a The organization?		+	X
b	b Any related organization?	<u>5b</u>		_
_	If "Yes" on line 5a or 5b, describe in Part III.			
6		ation		
_	contingent on the net earnings of:	6-		Х
a	a The organization?	<u>6a</u>	+	X
D	b Any related organization?	<u>6b</u>		
7	If "Yes" on line 6a or 6b, describe in Part III.	onto		
7		l l		х
0	not described on lines 5 and 6? If "Yes," describe in Part III			
8				х
Ω	•	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	HOUGIGUOID DOUBLO DOUBLO!!	1 29		i

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

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

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

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

	(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) R. RANDALL ROYSTER (i	243,960.	0.	0.	0.	23,213.	267,173.	0.
PRESIDENT & CEO		0.	0.	0.	0.	0.	0.
(i							
(ii							
(i							
(ii							
(i							
(ii							
(i							
(ii							
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(i							
(ii							
(i							
(ii							
(i							
(i							
(ii							
(i							
(ii							

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Name of the organization

(Form 990)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Employer identification number

ALBUQUERQUE COMMUNITY FOUNDATION 85-0295444

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

(b) Relationship between disqualified person and organization (c) Description of transaction

1	(b) Relationship between disqualified	(a) December of two provides	(d) Corrected?		
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No	
2 Enter the amount of tax incurred by section 4958	the organization managers or disqualifie	d persons during the year under			

Part II	Loans to and/or From Interested Persons.

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) Ap by bo comm	proved ard or ittee?	(i) W agree	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
		4										
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ıl					> \$							

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2021

US BANK TRUSTEE PAUL DIPOAL 46,189. CUSTODIAL F X US BANK TRUSTEE PAUL DIPOAL 122,514. CREDIT CARD X MEDIADESK TRUSTEE JOSE VIRAMO 32,168. WEBSITE DES X Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: US BANK (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE PAUL DIPOALA IS REGIONAL PRESIDENT (D) DESCRIPTION OF TRANSACTION: CUSTODIAL FEES (A) NAME OF PERSON: US BANK (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE PAUL DIPOALA IS REGIONAL PRESIDENT (D) DESCRIPTION OF TRANSACTION: CUSTODIAL FEES (A) NAME OF PERSON: US BANK (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE PAUL DIPOALA IS REGIONAL PRESIDENT (D) DESCRIPTION OF TRANSACTION: CREDIT CARD PROCESSING AND OTHER FINANCIAL SERVICES	Complete if the organization answered (a) Name of interested person	(b) Relationsh person an	en interested	(c) Amount transaction		(d) Description of transaction	òrganiz	aring of zation's nues?	
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization ALBUQUERQUE COMMUNITY FOUNDATION Employer identification number 85-0295444

Pai	rt I Types of Property						
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of det	•	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribut	tion amount	ts
1	Art - Works of art		Terrio certificatea	r omi ooo, r are mi, mio rg			
2	Art - Historical treasures						
3	Art - Fractional interests				P		
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	19	861,111.	MARKET QUOTI	ES	
10	Securities - Closely held stock			7 // 4			
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures		Y				
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
<u>28</u> 29	Other ()	ration during	the tay year for a	antributions			
29	Number of Forms 8283 received by the organization completed Form 828	-	•				
	for which the organization completed Form 828	oo, Fait V, L	onee Acknowledge	ement 29		Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it	162	INO
ooa	must hold for at least three years from the date						
	exempt purposes for the entire holding period?		•	Willow Ish thequired to be us		30a	х
h	If "Yes," describe the arrangement in Part II.					OGU	
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31 X	
	Does the organization hire or use third parties of						
	contributions?		_	· ·		32a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	ked,		
	describe in Part II.				<u> </u>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number 85-0295444

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATIONAL GRANTS TO SUPPORT A WIDE RANGE OF ACTVITIES FROM EARLY

CHILDHOOD THROUGH ADULT PROGRAMS INCLUDING SPECIAL EDUCATION,

VOCATIONAL AND CAREER TRAINING, AND CLASSROOM INNOVATION. 229

NON-PROFIT ORGANIZATIONS RECEIVED GRANTS DURING THE YEAR.

EXPENSES \$ 4,209,262. INCL GRANTS OF \$ 3,814,573. REVENUE \$ 126,790.

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

THE FORM 990 IS APPROVED BY THE FOUNDATION'S FINANCE COMMITTEE THE BOARD THE FOUNDATION HAS AUTHORIZED THE FINANCE COMMITTEE TO APPROVE AND SUBMIT THE 990 ON ITS BEHALF. THE CFO, PRESIDENT & CEO, AND FINANCE COMMITTEE CHAIR ALL REVIEW THE FORM 990 PRIOR TO IT BEING REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. ONCE THE FINANCE COMMITTEE APPROVES THE FORM 990, IT IS THEN POSTED TO THE FOUNDATION'S WEBSITE ON THE BOARD PAGE WHICH REQUIRES A PASSWORD FOR ACCESS. THEN AN E-MAIL IS SENT TO ALL BOARD MEMBERS NOTIFIYING THEM THE FORM 990 IS AVAILABLE FOR REVIEW. ONCE POSTED THE 990 IS SUBMITTED TO THE IRS. IF ANY BOARD MEMBERS TO THE BOARD PAGE, SHOULD IDENTIFY ANY ISSUES THAT REQUIRE AMENDMENTS TO THE FORM 990, THE FORM WOULD BE AMENDED, REVIEWD BY THE FINANCE COMMITTEE AND RESUBMITTED TO THE IRS. ALL BOARD MEMBERS WOULD BE NOTIFIED OF CHANGES VIA E-MAIL.

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

EACH YEAR ALL TRUSTEES, COMMITTEE MEMBERS AND EMPLOYEES MUST REVIEW THE

CONFLICT OF INTEREST POLICY AND DISCLOSE ANY CONFLICTS OF INTEREST. THE

CONFLICTS OF INTEREST ARE REVIEWED BY THE CFO, PRESIDENT/CEO, AND AUDIT AND

RISK MANAGEMENT COMMITTEE CHAIR ON AN ANNUAL BASIS

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number 85-0295444

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

THE EXECUTIVE COMMITTEE OF THE FOUNDATION DETERMINES THE SALARY OF THE

PRESIDENT & CEO. THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE

PRESIDENT & CEO AND COMPARES THAT TO THE ESSENTIAL RESPONSIBILITIES OF THE

POSITION AS OUTLINED IN THE "PRESIDENT & CEO POSITION DESCRIPTION." THE

EXECUTIVE COMMITTEE CONSIDERS PERFORMANCE, MARKET RATE AND COST OF LIVING

ADJUSTMENTS IN DETERMING ANY COMPENSATION ADJUSTMENTS. THE EXECUTIVE

COMMITTEE REVIEWS INDUSTRY DATA SUCH AS THE COUNCIL OF FOUNDATIONS ANNUAL

SALARY SURVEY IN DETERMINING AN APPROPRIATE LEVEL OF COMPENSATION. THIS

DECISION-MAKING PROCESS IS DOCUMENTED IN THE EXECUTIVE COMMITTEE MEETING

MINUTES.

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

THE FINANCIAL STATEMENTS AND FORM 990 FOR THE LAST 3 YEARS ARE POSTED ON
THE FOUNDATION'S WEBSITE WHICH IS AVAILABLE TO THE PUBLIC. REQUESTS FOR
GOVERNING DOCUMENTS MUST BE MADE IN WRITING TO THE CFO AND THE PRESIDENT &
CEO. CONTACT INFORMATION FOR ALL EMPLOYEES IS LOCATED ON THE FOUNDATION'S
WEBSITE.

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

CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS

BEGINNING OF YEAR RELATED ORGANIZATION NET ASSETS

-900.

TOTAL TO FORM 990, PART XI, LINE 9

28,181.

FORM 990, PART XII, LINE 2C EXPLANATION

THE AUDIT AND RISK MANAGEMENT COMMITTEE ASSUMES RESPONSIBILITY FOR THE

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

Schedule O (Form 990) 2021	Page 2
Name of the organization ALBUQUERQUE COMMUNITY FOUNDATION	Employer identification number 85-0295444
INDEPENDENT ACCOUNTANT. THE AUDIT AND RISK MANAGEMENT COM	MITTEE WAS
CREATED BY THE BOARD IN 2019 AND TOOK OVER THE OVERSIGHT O	F THE AUDIT
OF ITS FINANCIAL STATEMENTS STARTING THAT YEAR. THIS PROC	ESS HAS NOT
CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

ALBUOUEROUE	COMMUNITTY	FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 85-0295444

(a)	(b)	(c)	(d)	(e)		(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total incom	e End-of-year		ontrolling ntity
ACF HOLDINGS, LLC - 27-2805006						
O. BOX 25266					ALBUQUERQUE	COMMUNITY
LBUQUERQUE, NM 87176	TO HOLD DONATED ASSETS	NEW MEXICO		511	.,167. FOUNDATION	
HISTORIC CHAMPION GROCERY BUILDING, LLC -						
7-2804817, 622-624 TIJERAS AVE NW,					ALBUQUERQUE	COMMUNITY
LBUQUERQUE, NM 87102	TO HOLD DONATED BUILDING	NEW MEXICO		1,455	6,698. FOUNDATION	
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization an	nswered "Yes" on Form 990,	Part IV, line 34, be	cause it had one o	or more related tax-exe	mpt
(a)	(b)	(c)	(d)	(e)	(f)	(g) Section 512(l
Name, address, and FIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 12(I

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
В							
NEW MEXICO COMMUNITY TRUST - 85-4395064	TO MANAGE ENDOWMENT FUNDS						
624 TIJERAS AVE NW	THAT SUPPORT NM NONPROFITS						
ALBUQUERQUE, NM 87102	AND NM COMMUNITIES	NEW MEXICO	501(C)(3)	LINE 10			X

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

Schedule R (Form 990) 2021

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 34, because it had	d one or more related
Partill	organizations treated as a partnership during the tax year.				
	organizations insules as a partitioner by daring the task year.				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	(j)	(k)		
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Dispropor	rtionate	Code V-UBI	General or	Percentage		
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	allocations?		20 of Schedule	partner?	ownership		
		country)		sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes No			
							\vdash				 		
							\vdash						
·	•												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	tion b)(13) rolled tity?
		country)						Yes	No
	_								
	_								
								₩	
	-								
	-								
	_								
									<u> </u>

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one or	more re	lated organizations listed in Parts	s II-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)						
c Gift, grant, or capital contribution from related organization(s)							
d Loans or loan guarantees to or for related organization(s)							
e Loans or loan guarantees by related organization(s)							
f	f Dividends from related organization(s)				1f		X
	g Sale of assets to related organization(s)				1g		X
h	h Purchase of assets from related organization(s)				1h		X
i	i Exchange of assets with related organization(s)				1i		X
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k Lease of facilities, equipment, or other assets from related organization(s)							
l Performance of services or membership or fundraising solicitations for related organization(s)							
m Performance of services or membership or fundraising solicitations by related organization(s)							Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
o Sharing of paid employees with related organization(s)							
p Reimbursement paid to related organization(s) for expenses							X
q Reimbursement paid by related organization(s) for expenses							X
r Other transfer of cash or property to related organization(s)							Х
s Other transfer of cash or property from related organization(s)							Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must com						
			(c)	(d)			
	(a) (b) Name of related organization Transact	tion	Amount involved	Method of determining amount inv	olved		
	type (a-	·s)					
1)							
2)							
3)							
4)							
5)							
6)							
	·		•	0-11-1-	D /E	000	

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	Dispretion allocat	ppor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner	(k) or Percentage g ownership
	10									