

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
**ALBUQUERQUE COMMUNITY FOUNDATION**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. BOX 36960**  
 City or town, state or country, and ZIP + 4  
**ALBUQUERQUE, NM 87176-6960**

**D Employer identification number**  
**85-0295444**

**E Telephone number**  
**505-883-6240**

**G Gross receipts \$** **11,793,142.**

**H(a) Is this a group return for affiliates?**  Yes  No  
**H(b) Are all affiliates included?**  Yes  No  
 If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **WWW.ALBUQUERQUEFOUNDATION.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** **1981** **M State of legal domicile:** **NM**

**F Name and address of principal officer:** **R.RANDALL ROYSTER**  
**SAME AS C ABOVE**

**H(c) Group exemption number** ▶

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>ADMINISTERING A PERMANENT COMMUNITY ENDOWMENT FROM WHICH DISTRIBUTIONS ARE USED TO PROVIDE</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	25
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,874,292.	Current Year 5,199,725.
	9 Program service revenue (Part VIII, line 2g)	30,763.	119,320.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-615,962.	185,031.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,732.	3,806.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,283,361.	5,507,882.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,470,107.	2,429,910.
<b>Expenses</b>	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	562,999.	747,861.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>98,605.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	655,908.	1,135,766.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,689,014.	4,313,537.
19 Revenue less expenses. Subtract line 18 from line 12	-405,653.	1,194,345.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year 48,264,387.	End of Year 53,863,777.
	21 Total liabilities (Part X, line 26)	13,118,695.	14,244,658.
	22 Net assets or fund balances. Subtract line 21 from line 20	35,145,692.	39,619,119.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Signature of officer: *R. Randall Royster* Date: **October 20, 2011**  
 ▶ **R.RANDALL ROYSTER, EXECUTIVE DIRECTOR**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name ▶ <b>ATKINSON &amp; CO., LTD.</b>				Firm's EIN ▶
Firm's address ▶ <b>P.O. BOX 25246</b> <b>ALBUQUERQUE, NM 87125</b>				Phone no. <b>505-843-6492</b>

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: ADMINISTERING A PERMANENT COMMUNITY ENDOWMENT FROM WHICH DISTRIBUTIONS ARE USED TO PROVIDE GRANTS TO NON-PROFIT ORGANIZATIONS TO ADDRESS THE SOCIAL, CULTURAL AND EDUCATIONAL NEEDS OF THE ALBUQUERQUE METROPOLITAN AREA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 469,878. including grants of \$ 635,986. ) (Revenue \$ ) HEALTH AND HUMAN SERVICE GRANTS TO PROVIDE SUPPORT FOR DIRECT SERVICES TO PEOPLE IN NEED AND FOR THE PROMOTION OF HEALTH AND WELL-BEING. GRANTS BENEFITING CHILDREN WITH AN EMPHASIS ON PROGRAMS FOR ABUSED AND NEGLECTED CHILDREN AND PREVENTION AND EDUCATION PROJECTS. 140 DIFFERENT ORGANIZATIONS RECEIVED GRANTS.

4b (Code: ) (Expenses \$ 316,586. including grants of \$ 300,594. ) (Revenue \$ ) ARTS AND CULTURE GRANTS ARE GIVEN TO SUPPORT ARTS EDUCATION, FACILITATE THE STABILITY OF ARTS ORGANIZATIONS, TO ENCOURAGE THE PRESERVATION OF THE COMMUNITY'S CULTURAL HERITAGE AND TO RECOGNIZE ARTISTIC ACHIEVMENT. 49 DIFFERENT NON-PROFIT ORGANIZATIONS RECEIVED GRANTS.

4c (Code: ) (Expenses \$ 98,544. including grants of \$ 149,240. ) (Revenue \$ ) SCHOLARSHIPS AND FINANCIAL AID AWARDS ALLOWING STUDENTS TO CONTINUE THEIR EDUCATION OR FURTHER THEIR CAREERS. 147 STUDENTS RECEIVED GRANTS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,700,252. including grants of \$ 1,354,055. ) (Revenue \$ )

4e Total program service expenses 3,585,260.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NM
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
CASSIDY GRANTHAM - 505-883-6240
3301 MENAUL BLVD NE, SUITE 2, ALBUQUERQUE, NM 87107

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
VICTOR J CHAVEZ PRESIDENT	1.00	X		X				0.	0.	0.
DIANE HARRISON OGAWA PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
RON J RIVERA TREASURER	1.00	X		X				0.	0.	0.
KIM NUNLEY TRUSTEE	1.00	X						0.	0.	0.
JULIA B BOWDICH SECRETARY	1.00	X		X				0.	0.	0.
JAMES N KING TRUSTEE	1.00	X						0.	0.	0.
JEFFRY E STERBA TRUSTEE	1.00	X						0.	0.	0.
MARK L GORHAM TRUSTEE	1.00	X						0.	0.	0.
E LARRY LUJAN TRUSTEE	1.00	X						0.	0.	0.
BARRY RAMO TRUSTEE	1.00	X						0.	0.	0.
KAREN BARD TRUSTEE	1.00	X						0.	0.	0.
KEVIN YEAROUT TRUSTEE	1.00	X						0.	0.	0.
BEVERLY MCMILLAN TRUSTEE	1.00	X						0.	0.	0.
GEORGE STANFIELD TRUSTEE	1.00	X						0.	0.	0.
JENNIFER THOMAS TRUSTEE	1.00	X						0.	0.	0.
VICKIE WILCOX TRUSTEE	1.00	X						0.	0.	0.
ERIN YOUNG TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
R RANDALL ROYSTER EXECUTIVE DIRECTOR	40.00			X				140,000.	0.	19,670.
ROBIN BRULE PROGRAM DIRECTOR	40.00					X		118,904.	0.	13,344.
<b>1b Sub-total</b>								258,904.	0.	33,014.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								258,904.	0.	33,014.

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
HAMMOND ASSOCIATES, 101 SOUTH HANLY RD, THIRD FLOOR, ST LOUIS, MO 63105	INVESTMENT CONSULTANT	102,500.

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



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	94,686.				
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	5,105,039.				
	g	Noncash contributions included in lines 1a-1f: \$	544,000.				
	h	<b>Total.</b> Add lines 1a-1f	5,199,725.				
	Program Service Revenue	2 a	<b>ADMINISTRATIVE FEES</b>				
		Business Code	523000	119,320.	119,320.		
b							
c							
d							
e							
g		<b>Total.</b> Add lines 2a-2f		119,320.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		612,675.		612,675.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a		(i) Real				
			(ii) Personal				
		b	Gross Rents	7,600.			
		c	Less: rental expenses				
	d	Rental income or (loss)	7,600.				
	e	Net rental income or (loss)		7,600.		7,600.	
	7 a		(i) Securities				
			(ii) Other				
		b	Gross amount from sales of assets other than inventory	5755778.			
		c	Less: cost or other basis and sales expenses	6183422.			
	d	Gain or (loss)	-427644.				
	e	Net gain or (loss)		-427,644.		-427,644.	
8 a	Gross income from fundraising events (not including \$ 94,686. of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions.		5,507,882.	119,320.	0.	188,837.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	2,281,901.	2,281,901.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	148,009.	148,009.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	159,670.	28,741.	113,365.	17,564.
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 .....	457,182.	237,561.	179,973.	39,648.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	86,108.	38,259.	39,735.	8,114.
10 Payroll taxes .....	44,901.	20,208.	20,568.	4,125.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	23,564.		23,564.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	94,585.		94,585.	
g Other .....	369,620.	336,021.	31,925.	1,674.
12 Advertising and promotion .....	49,076.	26,152.	12,564.	10,360.
13 Office expenses .....	83,104.	47,566.	30,824.	4,714.
14 Information technology .....	45,712.	28,795.	14,140.	2,777.
15 Royalties .....				
16 Occupancy .....	49,415.	21,722.	23,147.	4,546.
17 Travel .....	38,721.	33,245.	4,577.	899.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	3,287.	1,405.	1,882.	
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	32,435.	15,694.	13,993.	2,748.
23 Insurance .....	24,047.	1,530.	22,517.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>EVENT EXPENSES</b> .....	190,877.	190,877.		
b <b>EVALUATION</b> .....	77,548.	77,548.		
c <b>DONOR RELATIONS</b> .....	45,961.	44,364.	514.	1,083.
d <b>TRAINING/DEVELOPMENT</b> .....	7,814.	5,662.	1,799.	353.
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	4,313,537.	3,585,260.	629,672.	98,605.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,085,942.	1	2,361,237.	
	<b>2</b> Savings and temporary cash investments .....		2		
	<b>3</b> Pledges and grants receivable, net .....		3	784,000.	
	<b>4</b> Accounts receivable, net .....	22,759.	4	69,011.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....	14,257.	9	10,049.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 910,233.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 177,080.	206,679.	<b>10c</b>	733,153.
	<b>11</b> Investments - publicly traded securities .....		11		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	42,867,426.	12	45,794,169.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	4,067,324.	15	4,112,158.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	48,264,387.	16	53,863,777.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	120,067.	17	136,769.	
	<b>18</b> Grants payable .....		18	13,500.	
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	12,998,628.	25	14,094,389.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	13,118,695.	26	14,244,658.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	17,088,847.	27	17,229,489.	
	<b>28</b> Temporarily restricted net assets .....	18,056,845.	28	21,845,630.	
	<b>29</b> Permanently restricted net assets .....		29	544,000.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
	<b>33</b> Total net assets or fund balances .....	35,145,692.	33	39,619,119.	
<b>34</b> Total liabilities and net assets/fund balances .....	48,264,387.	34	53,863,777.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,507,882.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,313,537.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,194,345.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,145,692.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,279,082.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	39,619,119.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8008517.	4225731.	2506803.	3874292.	5177298.	23792641.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	8008517.	4225731.	2506803.	3874292.	5177298.	23792641.
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) .....						5487423.
6 <b>Public support.</b> Subtract line 5 from line 4.						18305218.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	8008517.	4225731.	2506803.	3874292.	5177298.	23792641.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1991462.	2394061.	671,846.	554,249.	620,275.	6231893.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						30024534.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	60.97	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	57.04	%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	54	24
2 Aggregate contributions to (during year) .....	404,335.	334,039.
3 Aggregate grants from (during year) .....	857,092.	355,600.
4 Aggregate value at end of year .....	16,210,100.	1,686,752.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- Yes  No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_



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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	33,322,613.	29,942,989.			
b Contributions	908,729.	674,988.			
c Net investment earnings, gains, and losses	3,535,617.	4,941,422.			
d Grants or scholarships					
e Other expenditures for facilities and programs	2,201,785.	2,236,786.			
f Administrative expenses					
g End of year balance	35,565,174.	33,322,613.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  43.00 %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  57.00 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		544,000.		544,000.
c Leasehold improvements		116,119.	38,657.	77,462.
d Equipment		243,609.	138,423.	105,186.
e Other		6,505.		6,505.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				733,153.

**Part VII Investments - Other Securities.** 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) MARKETABLE SECURITIES	22,894,383.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	7,884,289.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE	4,834,475.	END-OF-YEAR MARKET VALUE
(D) LAND	270,001.	END-OF-YEAR MARKET VALUE
(E) PRIVATE EQUITY	2,325,207.	END-OF-YEAR MARKET VALUE
(F) FIXED INCOME/CASH	7,585,814.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>45,794,169.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DONATED ASSET	75,897.
(2) OTHER ASSETS	95,111.
(3) CHARITABLE REMAINDER TRUST	3,941,150.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	<b>4,112,158.</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) REMAINDER TRUSTS	3,558,345.
(3) LIABILITY FOR ASSETS HELD FOR	
(4) COMMUNITY ORGANIZATIONS	10,536,044.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>14,094,389.</b>

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,507,882.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,313,537.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,194,345.
4	Net unrealized gains (losses) on investments	4	3,279,082.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	3,279,082.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,473,427.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	9,051,754.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,279,082.
b	Donated services and use of facilities	2b	162,952.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	101,838.
e	Add lines 2a through 2d	2e	3,543,872.
3	Subtract line 2e from line 1	3	5,507,882.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,507,882.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	4,578,327.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	162,952.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	101,838.
e	Add lines 2a through 2d	2e	264,790.
3	Subtract line 2e from line 1	3	4,313,537.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,313,537.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: THE ENDOWMENT FUNDS PROVIDE FOR INVESTMENT IN THE**

**COMMUNITY OVER TIME, DISTRIBUTIONS AND GRANTS ARE MADE TO ADDRESS**

**COMMUNITY NEEDS.**

**PART X, LINE 2: DURING 2009, THE FOUNDATION ADOPTED GENERALLY ACCEPTED**

**ACCOUNTING PRINCIPLES AS THEY RELATE TO UNCERTAIN TAX POSITIONS. THE**

**FOUNDATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED**

**DECEMBER 31, 2010 AND 2009. ANY INTEREST AND PENALTIES ASSOCIATED WITH A**

**Part XIV** Supplemental Information (continued)

TAX POSITION, WHEN APPLICABLE, ARE CLASSIFIED ACCORDING TO THEIR NATURAL CLASSIFICATION IN THE FOUNDATION'S FINANCIAL STATEMENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 101,838.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 101,838.

PART V - ENDOWMENT FUNDS

THE ENDOWMENT FUND ACTIVITY FOR 2009 WAS RESTATED IN 2010 DUE TO THE IMPLEMENTATION OF THE STATE OF NEW MEXICO'S UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT OF 2006. DURING THE YEAR ENDED DECEMBER 31, 2010, THE FOUNDATION EVALUATED THE ENDOWMENT FUNDS AND MADE AN ADDITIONAL TRANSFER FROM UNRESTRICTED TO TEMPORARILY RESTRICTED NET ASSETS DUE TO FURTHER UNDERSTANDING OF THE ENACTED LAW.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CONCOURS DU SOLEIL	ANNUAL LUNCHEON	NONE		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	157,980.	34,750.		192,730.
	2	Less: Charitable contributions	94,686.			94,686.
	3	Gross income (line 1 minus line 2)	63,294.	34,750.		98,044.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	75,256.	26,582.		101,838.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 101,838 )
	11	Net income summary. Combine line 3, column (d), and line 10				-3,794.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization operate 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 operated in:
 

<b>13a</b>		%
<b>13b</b>		%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

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 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 ▶ \$ \_\_\_\_\_  
 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 in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to 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 complete this part to provide any additional information (see instructions).

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

**ALBUQUERQUE COMMUNITY FOUNDATION**

**Employer identification number  
85-0295444**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
APPLESEED OF NEW MEXICO 3301 MENAUL BLVD. NE 2 ALBUQUERQUE, NM 87107	52-1835698	501(C)(3)	5,000.	0.			CIVIL RIGHTS / ADVOCACY
UNITED WAY OF CENTRAL NEW MEXICO PO BOX 25147 ALBUQUERQUE, NM 87125	85-0277138	501(C)(3)	5,500.	0.			PHILANTHROPY/SERVICE ORG
DIRECT ACTION FOR YOUTH FOUNDATION P.O. BOX 1071 PLACITAS, NM 87043-1071	85-0446992	501(C)(3)	7,000.	0.			EDUCATION
TAOS YOUTH MUSIC SCHOOL P.O. BOX 596 TAOS, NM 87571	26-0352422	501(C)(3)	15,000.	0.			ARTS/CULTURE
DIRECT ACTION FOR YOUTH FOUNDATION P.O. BOX 1071 PLACITAS, NM 87043-1071	85-0446992	501(C)(3)	5,000.	0.			EDUCATION
FARM TO TABLE, INC. 618B PASEO DE PERALTA SANTA FE, NM 87501	85-0438238	501(C)(3)	50,000.	0.			PUBLIC POLICY

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERA SOUTHWEST P.O. BOX 27671 ALBUQUERQUE, NM 87125	23-7314812	501(C)(3)	20,000.	0.			ARTS/CULTURE
NATIONAL DANCE INSTITUTE OF NEW MEXICO - 1140 ALTO STREET - SANTA FE, NM 87501	85-0431846	501(C)(3)	25,000.	0.			ARTS/CULTURE
ST. MARY'S CATHOLIC SCHOOL 224 7TH ST. NW ALBUQUERQUE, NM 87102	85-0213561	RELIGIOUS	5,000.	0.			EDUCATION
LOCALOGY HC81 BOX 611 QUESTA, NM 87556	26-2078285	501(C)(3)	35,000.	0.			COMMUNITY IMPROVEMENT
NEW MEXICO CONFERENCE OF CHURCHES P.O. BOX 606 BERNALILLO, NM 87004	23-7048906	501(C)(3)	18,742.	0.			RELIGION
CATHOLIC CHARITIES 2010 BRIDGE SW ALBUQUERQUE, NM 87105	85-0110070	501(C)(3)	5,933.	0.			HUMAN SERVICES
NEW MEXICO MILITARY INSTITUTE FOUNDATION, INC. - 101 WEST COLLEGE BLVD. - ROSWELL, NM 88201	85-6010718	501(C)3	41,485.	0.			SINGLE ORG SUPPORT
DANFORTH MUSEUM OF ART 123 UNION AVENUE FRAMINGHAM, MA 10702-6265	04-2526917	501(C)(3)	7,000.	0.			ARTS/CULTURE
FRIENDS OF JEWISH COMMUNITY HOUSING FOR THE ELDERLY - 30 WALLINGFORD ROAD - BRIGHTON, MA 12135	04-2607197	501(C)(3)	5,000.	0.			HOUSING/SHELTER

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANA DE ALBUQUERQUE PO BOX 25801 ALBUQUERQUE, NM 87125	06-1835784	501(C)(3)	7,338.	0.			EDUCATION
NEW MEXICO SYMPHONY ORCHESTRA P.O. BOX 30208 ALBUQUERQUE, NM 87190	85-0110386	501(C)(3)	11,809.	0.			ARTS/CULTURE
ALBUQUERQUE COMMUNITY FOUNDATION P.O. BOX 36960 ALBUQUERQUE, NM 87176-6960	85-0295444	501(C)(3)	25,141.	0.			PHILANTHROPY/SERVICE ORG
NEW MEXICO BIOPARK SOCIETY 903 TENTH ST. SW ALBUQUERQUE, NM 87102	23-7087964	501(C)(3)	26,342.	0.			SINGLE ORG SUPPORT
NATIVE AMERICAN COMMUNITY ACADEMY 1100 CARDENAS AVENUE S.E. ALBUQUERQUE, NM 87108	59-3833915	PUBLIC ED	324,500.	0.			EDUCATION
NATIONAL INSTITUTE OF FLAMENCO 214 GOLD STREET SW ALBUQUERQUE, NM 87102	85-0332879	501(C)(3)	10,000.	0.			ARTS/CULTURE
CORNELL UNIVERSITY COLLEGE OF VETERINARY MEDICINE ITHACA, NY 14853	15-0532082	501(C)(3)	5,000.	0.			EDUCATION
NEW MEXICO FOUNDATION FOR OSTEOPATHIC EDUCATION - P.O. BOX 53098 - ALBUQUERQUE, NM 87153-3098	85-0402214	501(C)(3)	7,363.	0.			DISEASE/DISORDERS
UNITED WAY OF CENTRAL NEW MEXICO CENTER FOR NONPROFIT EXCELLENCE ALBUQUERQUE, NM 87125	85-0277138	501(C)(3)	10,000.	0.			PHILANTHROPY/SERVICE ORG

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MEXICO COMMUNITY FOUNDATION 343 E. ALAMEDA SANTA FE, NM 87501	85-0311210	501(C)(3)	10,000.	0.			PHILANTHROPY/SERVICE ORG
JUVENILE DIABETES RESEARCH FOUNDATION - 2501 SAN PEDRO DR. NE STE 116 - ALBUQUERQUE, NM 87110	23-1907729	501(C)(3)	5,000.	0.			DISEASE/DISORDERS
UNM FOUNDATION MSC 074260 ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	6,000.	0.			SPORTS/RECREATION
ST. MARY'S CATHOLIC SCHOOL 224 7TH ST. NW ALBUQUERQUE, NM 87102	85-0213561	RELIGIOUS	27,500.	0.			RELIGION
KALAMAZOO COLLEGE 1200 ACADEMY STREET KALAMAZOO, MI 49006	38-1358014	501(C)(3)	5,000.	0.			EDUCATION
WORKING CLASSROOM, INC. 207 GOLD SW ALBUQUERQUE, NM 87102	85-0280287	501(C)(3)	16,000.	0.			ARTS/CULTURE
OFFCENTER COMMUNITY ARTS PROJECT P.O. BOX 341 ALBUQUERQUE, NM 87103-0341	85-0480889	501(C)(3)	9,000.	0.			ARTS/CULTURE
ESCUELA DEL SOL MONTESSORI SCHOOL 1114 7TH ST. NW ALBUQUERQUE, NM 87102	23-7088029	501(C)(3)	10,000.	0.			EDUCATION
UNM FOUNDATION MSC 074260 ALBUQUERQUE, NM 87131-0001	85-0275408	PUBLIC ED	22,000.	0.			EDUCATION

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE STOREHOUSE 106 BROADWAY SE ALBUQUERQUE, NM 87102	85-0241340	501(C)(3)	10,000.	0.			FOOD/NUTRITION/AGRICULTUR
CROSSROADS FOR WOMEN 805 TIJERAS NW ALBUQUERQUE, NM 87102	85-0448641	501(C)(3)	17,200.	0.			HUMAN SERVICES
ART IN THE SCHOOL, INC. P.O. BOX 3416 ALBUQUERQUE, NM 87190-3416	85-0375839	501(C)(3)	10,000.	0.			ARTS/CULTURE
NATIONAL INSTITUTE OF FLAMENCO 214 GOLD STREET SW ALBUQUERQUE, NM 87102	85-0332879	501(C)(3)	10,000.	0.			ARTS/CULTURE
WORKING CLASSROOM, INC. 207 GOLD SW ALBUQUERQUE, NM 87102	85-0280287	501(C)(3)	10,000.	0.			ARTS/CULTURE
DISMAS HOUSE P.O. BOX 6101 ALBUQUERQUE, NM 87197-6101	85-0478597	501(C)(3)	7,000.	0.			CRIME/LEGAL RELATED
JUNIOR ACHIEVEMENT OF NEW MEXICO, INC. - 3601 PAN AMERICAN FREEWAY NE - ALBUQUERQUE, NM 87107-4760	85-0416889	501(C)(3)	8,000.	0.			EDUCATION
NEW MEXICO WILDERNESS ALLIANCE P.O. BOX 25464 ALBUQUERQUE, NM 87125	85-0457916	501(C)(3)	6,000.	0.			ENVIRONMENT GARDENS
ALBUQUERQUE MUSEUM FOUNDATION P.O. BOX 7006 ALBUQUERQUE, NM 87194	85-0201054	501(C)(3)	5,000.	0.			SINGLE ORG SUPPORT

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA MIDDLE RIO GRANDE 210 TRUMAN ST. NE A ALBUQUERQUE, NM 87108	85-0107101	501(C)(3)	8,500.	0.			YOUTH DEVELOPMENT
SUPPORTIVE HOUSING COALITION OF NEW MEXICO - P.O. BOX 27459 - ALBUQUERQUE, NM 87125	85-0439315	501(C)(3)	23,300.	0.			HOUSING/SHELTER
NEW MEXICO JAZZ WORKSHOP 5500 LOMAS BLVD. NE ALBUQUERQUE, NM 87110-6545	85-0247988	501(C)(3)	9,000.	0.			ARTS/CULTURE
APS EDUCATION FOUNDATION 6400 UPTOWN BLVD. NE STE 610E ALBUQUERQUE, NM 87110	85-0434438	PUBLIC ED	9,000.	0.			EDUCATION
ALBUQUERQUE HEALTH CARE FOR THE HOMELESS - P.O. BOX 25445 - ALBUQUERQUE, NM 87125-0445	85-0368993	501(C)(3)	5,735.	0.			HEALTH/GENERAL/REHAB
BOSQUE SCHOOL 4000 LEARNING RD. NW ALBUQUERQUE, NM 87120	85-0420092	501(C)(3)	8,300.	0.			EDUCATION
UNM FOUNDATION MSC 074260 ALBUQUERQUE, NM 87131-0001	85-0275408	PUBLIC ED	9,500.	0.			EDUCATION
RIO GRANDE COMMUNITY FARM 6804 FOURTH ST. NW 114 ALBUQUERQUE, NM 87107	74-2833329	501(C)(3)	10,000.	0.			FOOD/NUTRITION/AGRICULTUR
SOUTHWEST CREATIONS COLLABORATIVE 1308 4TH ST. NW ALBUQUERQUE, NM 87102	85-0440047	501(C)(3)	35,000.	0.			JOBS/EMPLOYMENT

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516 ARTS 516 CENTRAL SW ALBUQUERQUE, NM 87102	20-8540744	501(C)(3)	20,000.	0.			ARTS/CULTURE
UNITED WAY OF CENTRAL NEW MEXICO PO BOX 25147 ALBUQUERQUE, NM 87125	85-0277138	501(C)(3)	25,000.	0.			PHILANTHROPY/SERVICE ORG
NEW MEXICO ETHICS ALLIANCE PO BOX 9087 ALBUQUERQUE, NM 87119-9087	20-3575858	501(C)(3)	25,000.	0.			PUBLIC POLICY
FARM TO TABLE, INC. 618B PASEO DE PERALTA SANTA FE, NM 87501	85-0438238	501(C)(3)	25,000.	0.			PUBLIC POLICY
FARM TO TABLE, INC. 618B PASEO DE PERALTA SANTA FE, NM 87501	85-0438238	501(C)(3)	25,000.	0.			PUBLIC POLICY
THE LAND, AN ART SITE, INC. 419 GRANITE NW ALBUQUERQUE, NM 87102-2142	85-0466233	501(C)(1)	10,000.	0.			ARTS/CULTURE
AMY BIEHL HIGH SCHOOL FOUNDATION 123 4TH ST. SW ALBUQUERQUE, NM 87102	85-0483977	PUBLIC ED	5,000.	0.			SINGLE ORG SUPPORT
SANTA ROSA LIBRARY MOISE MEMORIAL LIBRARY SANTA ROSA, NM 88435	85-6000172	GOV'T	17,011.	0.			EDUCATION
OUTPOST PRODUCTIONS, INC. P.O. BOX 4543 ALBUQUERQUE, NM 87196-4543	85-0363945	501(C)(3)	6,000.	0.			ARTS/CULTURE

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CNM FOUNDATION 525 BUENA VISTA SE ALBUQUERQUE, NM 87106-4096	85-0338623	501(C)(3)	9,000.	0.			SINGLE ORG SUPPORT
SILVER HORIZONS NEW MEXICO, INC. P.O. BOX 6879 ALBUQUERQUE, NM 87197-6879	85-0279898	501(C)(3)	6,674.	0.			HOUSING/SHELTER
NATIONAL DANCE INSTITUTE OF NEW MEXICO - 3301 MENAUL BLVD. NE STE 6 - ALBUQUERQUE, NM 87107	85-0431846	501(C)(3)	7,500.	0.			ARTS/CULTURE
ALBUQUERQUE YOUTH SYMPHONY PROGRAM P.O. BOX 30961 ALBUQUERQUE, NM 87190-0961	85-0421180	501(C)(3)	5,000.	0.			ARTS/CULTURE
SENIOR CITIZENS' LAW OFFICE 4317 LEAD SE, STE A ALBUQUERQUE, NM 87108	85-0314545	501(C)(3)	5,000.	0.			CIVIL RIGHTS / ADVOCACY
PRESBYTERIAN EAR INSTITUTE 415 CEDAR ST. SE ALBUQUERQUE, NM 87106-3927	85-0373591	501(C)(3)	5,000.	0.			DISEASE/DISORDERS
BOSQUE SCHOOL 4000 LEARNING RD. NW ALBUQUERQUE, NM 87120	85-0420092	501(C)(3)	5,000.	0.			EDUCATION
ALBUQUERQUE MEALS ON WHEELS P.O. BOX 92614 ALBUQUERQUE, NM 87199-2614	85-0307043	501(C)(3)	7,500.	0.			FOOD/NUTRITION/AGRICULTUR
RIO GRANDE FOOD PROJECT P.O. BOX 66498 ALBUQUERQUE, NM 87193	20-1667103	501(C)(3)	7,500.	0.			FOOD/NUTRITION/AGRICULTUR

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CASA ESPERANZA P.O. BOX 40472 ALBUQUERQUE, NM 87196-0472	85-0356946	501(C)(3)	5,000.	0.			HEALTH/GENERAL/REHAB
ARCA, INC. 11300 LOMAS BLVD. NE ALBUQUERQUE, NM 87112	85-6005755	501(C)(3)	7,500.	0.			HUMAN SERVICES
SAMARITAN COUNSELING CENTER 1101 MEDICAL ARTS AVE. NE 3 ALBUQUERQUE, NM 87102	85-0342072	501(C)(3)	10,000.	0.			MENTAL HEALTH/ INTERVENTION
ASSISTANCE LEAGUE OF ALBUQUERQUE P.O. BOX 35910 ALBUQUERQUE, NM 87176	85-6009968	501(C)(3)	7,500.	0.			PHILANTHROPY/SERVICE ORG
CNM FOUNDATION 525 BUENA VISTA SE ALBUQUERQUE, NM 87106-4096	85-0338623	501(C)(3)	7,500.	0.			SINGLE ORG SUPPORT
PLANNED PARENTHOOD OF NEW MEXICO 719 SAN MATEO NE ALBUQUERQUE, NM 87108-1434	85-0197745	501(C)(3)	10,500.	0.			HUMAN SERVICES
NEW MEXICO MUSEUM OF NATURAL HISTORY FOUNDATION - P.O. BOX 7010 - ALBUQUERQUE, NM 87194-7010	85-0257595	501(C)(3)	6,000.	0.			SINGLE ORG SUPPORT
PEGASUS LEGAL SERVICES FOR CHILDREN - 3201 FOURTH ST. NW - ALBUQUERQUE, NM 87107	46-0509986	501(C)(3)	7,500.	0.			CRIME/LEGAL RELATED
APS EDUCATION FOUNDATION 6400 UPTOWN BLVD. NE STE 610E ALBUQUERQUE, NM 87110	85-0434438	PUBLIC ED	10,000.	0.			EDUCATION

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THE STOREHOUSE 106 BROADWAY SE ALBUQUERQUE, NM 87102	85-0241340	501(C)(3)	7,500.	0.			FOOD/NUTRITION/AGRICULTUR
ALBUQUERQUE HEALTH CARE FOR THE HOMELESS - P.O. BOX 25445 - ALBUQUERQUE, NM 87125-0445	85-0368993	501(C)(3)	10,000.	0.			HEALTH/GENERAL/REHAB
ACCION NEW MEXICO ARIZONA COLORADO 20 FIRST PLAZA CTR NW STE 417 ALBUQUERQUE, NM 87102-3352	85-0417347	501(C)(3)	10,000.	0.			JOBS/EMPLOYMENT
WESST CORP 609 BROADWAY NE ALBUQUERQUE, NM 87102-2334	85-0367809	501(C)(3)	5,000.	0.			JOBS/EMPLOYMENT
HOGARES, INC. P.O. BOX 6485 ALBUQUERQUE, NM 87197	85-0212039	501(C)(3)	5,000.	0.			MENTAL HEALTH/ INTERVENTION
SPECIAL OLYMPICS NEW MEXICO 6600 PALOMAS DR. NE 207 ALBUQUERQUE, NM 87109-5655	85-0268084	501(C)(3)	5,000.	0.			SPORTS/RECREATION
CHRISTINA KENT DAY NURSERY 423 3RD STREET SW ALBUQUERQUE, NM 87102	85-0105594	501(C)(3)	20,967.	0.			EDUCATION
DIRECT ACTION FOR YOUTH FOUNDATION P.O. BOX 1071 PLACITAS, NM 87043-1071	85-0446992	501(C)(3)	5,000.	0.			EDUCATION
MENAU SCHOOL 301 MENAU BLVD. NE ALBUQUERQUE, NM 87107	85-0218216	501(C)(3)	5,000.	0.			EDUCATION

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CROSSROADS FOR WOMEN 805 TIJERAS NW ALBUQUERQUE, NM 87102	85-0448641	501(C)(3)	7,500.	0.			HUMAN SERVICES
A NEW DAY YOUTH & FAMILY SERVICES 1330 SAN PEDRO DR. NE 201B ALBUQUERQUE, NM 87110	85-0245782	501(C)(3)	5,000.	0.			HUMAN SERVICES
GOODWILL INDUSTRIES OF NEW MEXICO 5000 SAN MATEO NE ALBUQUERQUE, NM 87109	85-0107916	501(C)(3)	7,500.	0.			JOBS/EMPLOYMENT
EAST CENTRAL MINISTRIES 123 VERMONT NE ALBUQUERQUE, NM 87108	37-1426703	501(C)(3)	5,000.	0.			HUMAN SERVICES
FIRST NATIONS COMMUNITY HEALTHSOURCE - 5608 ZUNI RD. SE - ALBUQUERQUE, NM 87108-2926	85-0336893	501(C)(3)	5,000.	0.			HEALTH/GENERAL/REHAB
ALBUQUERQUE YOUTH SYMPHONY PROGRAM P.O. BOX 30961 ALBUQUERQUE, NM 87190-0961	85-0421180	501(C)(3)	9,387.	0.			ARTS/CULTURE
NEW MEXICO WILDERNESS ALLIANCE P.O. BOX 25464 ALBUQUERQUE, NM 87125	85-0457916	501(C)(3)	10,000.	0.			ENVIRONMENT GARDENS
WINGS MINISTRY 2527 VIRGINIA NE. STE A ALBUQUERQUE, NM 87110	85-0473126	501(C)(3)	10,000.	0.			CRIME/LEGAL RELATED
BOY SCOUTS OF AMERICA GREAT SOUTHWEST COUNCIL ALBUQUERQUE, NM 87109	85-0102305	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT

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GORDON BERNELL CHARTER SCHOOL 401 ROMA NW, 3RD FLOOR ALBUQUERQUE, NM 87102	26-1269320	PUBLIC ED	10,000.	0.			EDUCATION
SANDIA PREPARATORY SCHOOL 532 OSUNA RD NE ALBUQUERQUE, NM 87113	85-0196115	501(C)(3)	5,000.	0.			EDUCATION
UNM FOUNDATION MSC 074260 ALBUQUERQUE, NM 87131-0001	85-0275408	PUBLIC ED	10,000.	0.			HEALTH/GENERAL/REHAB
NEW MEXICO BIOPARK SOCIETY 903 TENTH ST. SW ALBUQUERQUE, NM 87102	23-7087964	501(C)(3)	6,000.	0.			SINGLE ORG SUPPORT
SCHOOL FOR ADVANCED RESEARCH ON THE HUMAN EXPERIENCE - P.O. BOX 2188 - SANTA FE, NM 87504-2188	85-0125045	501(C)(3)	7,500.	0.			SOCIAL SCIENCE RESEARCH
SOCIETY FOR THE PRESERVATION OF AMERICAN INDIAN CULTURE - 134 TRIBAL RD 6 - BOSQUE FARMS, NM 87068	63-0798619	501(C)(3)	5,998.	0.			ARTS/CULTURE
NEW MEXICO HEART INSTITUTE FOUNDATION - 502 ELM ST. NE - ALBUQUERQUE, NM 87102-2512	20-1443608	501(C)(3)	70,800.	0.			DISEASE/DISORDERS
FESTIVAL BALLET ALBUQUERQUE 2155 LOUISIANA BLVD. NE STE 10300 ALBUQUERQUE, NM 87110	27-1993089	501(C)(1)	7,000.	0.			ARTS/CULTURE
PATHWAYS ACADEMY 5659 JEFFERSON NE STE B ALBUQUERQUE, NM 87109	68-0553717	501(C)(3)	9,180.	0.			EDUCATION

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VSA ARTS OF NEW MEXICO 4904 4TH ST. NW ALBUQUERQUE, NM 87107-3906	85-0303750	501(C)(3)	10,000.	0.			ARTS/CULTURE
ALZHEIMER'S ASSOCIATION 9500 MONTGOMERY NE 121 ALBUQUERQUE, NM 87111	85-0287820	501(C)(3)	10,000.	0.			DISEASE/DISORDERS
ARMAND HAMMER UNITED WORLD COLLEGE P.O. BOX 248 MONTEZUMA, NM 87731	85-0297355	501(C)(3)	20,000.	0.			EDUCATION
RIO GRANDE SCHOOL 715 CAMINO CABRA SANTA FE, NM 87505	85-0263326	501(C)(3)	5,000.	0.			EDUCATION
BOSQUE SCHOOL 4000 LEARNING RD. NW ALBUQUERQUE, NM 87120	85-0420092	501(C)(3)	10,000.	0.			EDUCATION
MENAUL SCHOOL 301 MENAUL BLVD. NE ALBUQUERQUE, NM 87107	85-0218216	501(C)(3)	10,000.	0.			EDUCATION
ST. CHARLES BORROMEIO SCHOOL 1801 HAZELDINE SE ALBUQUERQUE, NM 87106	85-0213561	RELIGIOUS	10,000.	0.			EDUCATION
NOON DAY MINISTRIES P.O. BOX 25451 ALBUQUERQUE, NM 87125	85-0349649	501(C)(3)	10,000.	0.			FOOD/NUTRITION/AGRICULTUR
S.A.F.E. HOUSE P.O. BOX 25363 ALBUQUERQUE, NM 87125-0363	85-0247473	501(C)(3)	10,000.	0.			HUMAN SERVICES

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CUIDANDO LOS NIOS P.O. BOX 12786 ALBUQUERQUE, NM 87195	85-0366029	501(C)(3)	7,100.	0.			HUMAN SERVICES
PEGASUS LEGAL SERVICES FOR CHILDREN - 3201 FOURTH ST. NW - ALBUQUERQUE, NM 87107	46-0509986	501(C)(3)	10,000.	0.			CRIME/LEGAL RELATED
UNITED WAY OF CENTRAL NEW MEXICO PO BOX 25147 ALBUQUERQUE, NM 87125	85-0277138	501(C)(3)	10,000.	0.			PHILANTHROPY/SERVICE ORG
RIVERS AND BIRDS, INC. P.O. BOX 819 ARROYO SECO, NM 87514	85-0457644	501(C)(1)	10,000.	0.			ENVIRONMENT GARDENS
RIO GRANDE FOOD PROJECT P.O. BOX 66498 ALBUQUERQUE, NM 87193	20-1667103	501(C)(3)	10,000.	0.			FOOD/NUTRITION/AGRICULTUR
LOVING THUNDER THERAPEUTIC RIDING, INC. - P.O. BOX 44517 - RIO RANCHO, NM 87174	01-0927472	501(C)(3)	7,600.	0.			HEALTH/GENERAL/REHAB
CHILDREN'S GRIEF CENTER OF NEW MEXICO - 3020 MORRIS ST NE - ALBUQUERQUE, NM 87111	85-0474099	501(C)(3)	10,000.	0.			HUMAN SERVICES
INTERFAITH HOSPITALITY NETWORK 2801 LOMAS NE B-4 ALBUQUERQUE, NM 87106	85-0472315	501(C)(3)	5,300.	0.			HUMAN SERVICES
NEW MEXICO FOUNDATION FOR DENTAL HEALTH - P.O. BOX 16854 - ALBUQUERQUE, NM 87191	74-3146433	501(C)(3)	10,000.	0.			HEALTH/GENERAL/REHAB

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ENLACE COMUNITARIO P.O. BOX 8919 ALBUQUERQUE, NM 87198	85-0473384	501(C)(3)	10,000.	0.			HUMAN SERVICES
SARANAM, LLC 1000 EUBANK NE STE C ALBUQUERQUE, NM 87112	20-2036621	LLC CORP	5,000.	0.			HOUSING/SHELTER
THE STOREHOUSE 106 BROADWAY SE ALBUQUERQUE, NM 87102	85-0241340	501(C)(3)	5,000.	0.			FOOD/NUTRITION/AGRICULTUR
SOUTHWEST ORGANIZING PROJECT 211 10TH ST. SW ALBUQUERQUE, NM 87102	85-0368743	501(C)(1)	5,000.	0.			CIVIL RIGHTS / ADVOCACY
WALKIN 'N' CIRCLES RANCH, INC. P.O. BOX 626 EDGEWOOD, NM 87015	04-3619624	501(C)(3)	5,000.	0.			ANIMAL/WILDLIFE
ARCA, INC. 11300 LOMAS BLVD. NE ALBUQUERQUE, NM 87112	85-6005755	501(C)(3)	10,000.	0.			HUMAN SERVICES
JEWISH FAMILY SERVICE OF NEW MEXICO - 5520 WYOMING NE STE 200 - ALBUQUERQUE, NM 87109	85-0346550	501(C)(3)	7,500.	0.			HUMAN SERVICES
LA FAMILIA PLACEMENT SERVICES 707 BROADWAY BLVD NE 103 ALBUQUERQUE, NM 87102-2300	85-0366556	501(C)(3)	10,000.	0.			HUMAN SERVICES
NEW MEXICO MUSEUM OF NATURAL HISTORY FOUNDATION - P.O. BOX 7010 - ALBUQUERQUE, NM 87194-7010	85-0257595	501(C)(3)	8,854.	0.			SINGLE ORG SUPPORT

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ALBUQUERQUE MEALS ON WHEELS P.O. BOX 92614 ALBUQUERQUE, NM 87199-2614	85-0307043	501(C)(3)	8,000.	0.			FOOD/NUTRITION/AGRICULTUR
CLOUD DANCERS THERAPEUTIC HORSEMANSHIP PROGRAM, INC. - P.O. BOX 14058 - ALBUQUERQUE, NM 87191-4058	85-0332760	501(C)(3)	7,600.	0.			HUMAN SERVICES
ST. ANTHONY'S ALLIANCE 4132 MONTGOMERY NE ALBUQUERQUE, NM 87109	85-0400708	501(C)(3)	5,000.	0.			INTERNATIONAL FOCUS
SANTA FE COMMUNITY FOUNDATION P.O. BOX 1827 SANTA FE, NM 87504-1827	85-0303044	501(C)(3)	7,206.	0.			EDUCATION
SANTA FE COMMUNITY FOUNDATION P.O. BOX 1827 SANTA FE, NM 87504-1827	85-0303044	501(C)(3)	19,200.	0.			PHILANTHROPY/SERVICE ORG
APS EDUCATION FOUNDATION 6400 UPTOWN BLVD. NE STE 610E ALBUQUERQUE, NM 87110	85-0434438	PUBLIC ED	9,074.	0.			ARTS/CULTURE
JEWISH FAMILY SERVICE OF METROWEST, INC. - 475 FRANKLIN ST. STE 101 - FRAMINGHAM, MA 10702-6265	04-2730898	501(C)(3)	5,000.	0.			HUMAN SERVICES
SENIOR ARTS, INC. P.O. BOX 4679 ALBUQUERQUE, NM 87196	85-0334831	501(C)(3)	20,000.	0.			ARTS/CULTURE
CHILDREN'S CANCER FUND OF NEW MEXICO - 112 14TH ST. SW - ALBUQUERQUE, NM 87102	23-7116828	501(C)(3)	10,000.	0.			DISEASE/DISORDERS

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ADELANTE DEVELOPMENT CENTER 3900 OSUNA RD. NE ALBUQUERQUE, NM 87109-4459	85-0262072	501(C)(3)	10,000.	0.			HUMAN SERVICES
UNM FOUNDATION MSC 074260 ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	18,000.	0.			SINGLE ORG SUPPORT
UNITED WAY OF CENTRAL NEW MEXICO PO BOX 25147 ALBUQUERQUE, NM 87125	85-0277138	501(C)(3)	25,000.	0.			PHILANTHROPY/SERVICE ORG
ALBUQUERQUE RESCUE MISSION P.O. BOX 331 ALBUQUERQUE, NM 87103-0331	85-0208645	501(C)(3)	5,000.	0.			HUMAN SERVICES
UNM FOUNDATION MSC 074260 ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	12,500.	0.			SINGLE ORG SUPPORT
NOON DAY MINISTRIES P.O. BOX 25451 ALBUQUERQUE, NM 87125	85-0349649	501(C)(3)	5,000.	0.			FOOD/NUTRITION/AGRICULTUR
UNITED WAY OF CENTRAL NEW MEXICO PO BOX 25147 ALBUQUERQUE, NM 87125	85-0277138	501(C)(3)	10,000.	0.			PHILANTHROPY/SERVICE ORG
CATHEDRAL CHURCH OF ST. JOHN P.O. BOX 1246 ALBUQUERQUE, NM 87103	85-0119046	RELIGIOUS	5,000.	0.			RELIGION
UNM FOUNDATION MSC 074260 ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	14,600.	0.			SINGLE ORG SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL NEW MEXICO PO BOX 25147 ALBUQUERQUE, NM 87125	85-0277138	501(C)(3)	11,000.	0.			PHILANTHROPY/SERVICE ORG
UNM FOUNDATION MSC 074260 ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	9,000.	0.			SINGLE ORG SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BRYAN CLINE MEMORIAL SOCCER SCHOLARSHIP	2	2,400.	0.		
EXCEL STAFFING COMPANIES SCHOLARSHIPS FOR EXCELLENCE IN CONTINUING EDUCATION	4	3,000.	0.		
YOUTH IN FOSTER CARE SCHOLARSHIP	2	2,400.	0.		
NEW MEXICO MANUFACTURED HOUSING SCHOLARSHIP	2	1,600.	0.		
KIWANIS CLUB OF ALBUQUERQUE SCHOLARSHIP	4	4,000.	0.		

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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 HAS BEEN SPENT AND THE GRANT COMPLETED WITH THE  
 FIRST SIX MONTHS, ONLY ONE REPORT IS NECESSARY. REPORTS MAY BE SENT VIA  
 EMAIL. 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 Individuals in the United States (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 non-cash assistance
MANUEL LUJAN EXCELLENCE IN EDUCATION SCHOLARSHIP	59.	38,350.	0.		
NOTAH BEGAY III SCHOLAR-ATHLETES SCHOLARSHIP	1.	2,000.	0.		
ROBBY BAKER MEMORIAL SCHOLARSHIP	1.	750.	0.		
BARNES W. ROSE, JR. AND EVA ROSE NICHOL SCHOLARSHIP	1.	1,000.	0.		
CARL F. SCOTT SCHOLARSHIPS FOR TUCUMCARI LODGE NO 27	23.	26,159.	0.		
SUSSMAN-MILLER EDUCATIONAL ASSISTANCE AWARDS	40.	42,850.	0.		
WOODCOCK FMILY EDUCATION SCHOLARSHIPS	9.	23,500.	0.		

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

**ALBUQUERQUE COMMUNITY FOUNDATION**

Employer identification number

**85-0295444**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>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 .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2010

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 R RANDALL ROYSTER	(i)	140,000.	0.	0.	11,200.	8,470.	159,670.	0.
	(ii)	0.	0.	0.	0.	0.	0.	157,803.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

**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.**

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
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 .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....	X	1	544,000.	APPRAISAL
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 ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

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

GRANTS TO NON-PROFIT ORGANIZATIONS TO ADDRESS THE SOCIAL, CULTURAL AND  
EDUCATIONAL NEEDS OF THE ALBUQUERQUE METROPOLITAN AREA.

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

EDUCATIONAL GRANTS TO SUPPORT A WIDE RANGE OF ACTIVITIES FROM EARLY  
CHILDHOOD THROUGH ADULT PROGRAMS INCLUDING SPECIAL EDUCATION,  
VOCATIONAL AND CAREER TRAINING, AND CLASSROOM INNOVATION. 168

NON-PROFIT ORGANIZATIONS RECEIVED GRANTS.

EXPENSES \$ 892,907. INCLUDING GRANTS OF \$ 1,311,705. REVENUE \$ 0.

ENVIRONMENTAL AND HISTORIC PRESERVATION GRANTS TO HELP PRESERVE

HISTORIC RESOURCES, CONSERVE THE NATURAL LAND, PROTECT WILDLIFE AND

PROVIDE ENVIRONMENTAL EDUCATION. 12 NON-PROFIT ORGANIZATIONS RECEIVED  
GRANTS.

EXPENSES \$ 1,807,345. INCLUDING GRANTS OF \$ 42,350. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS POSTED TO THE

FOUNDATION'S WEBSITE ON THE BOARD PAGE WHICH REQUIRES A PASSWORD. THEN AN

E-MAIL IS SENT TO ALL BOARD MEMBERS NOTIFYING THEM THE FORM 990 IS

AVAILABLE FOR REVIEW. THE FORM 990 IS VOTED ON AT THE BOARD MEETING. THE

FINANCE DIRECTOR, EXECUTIVE DIRECTOR AND FINANCE COMMITTEE CHAIR ALL REVIEW

THE FORM 990 PRIOR TO IT BEING POSTED ON THE WEBSITE. IF THERE ARE ANY

CHANGES OR AMENDMENTS TO THE FORM 990, THE REVISED FORM 990 WILL BE

RESUBMITTED TO THE BOARD EITHER AT A BOARD MEETING OR VIA E-MAIL FOR BOARD

APPROVAL.

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

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

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 FINANCE DIRECTOR, EXECUTIVE DIRECTOR AND FINANCE COMMITTEE CHAIR ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15A: A SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE OF THE FOUNDATION DETERMINES THE SALARY OF THE EXECUTIVE DIRECTOR. THE SUBCOMMITTEE REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND COMPARES THAT TO THE ESSENTIAL RESPONSIBILITIES OF THE POSITION AS OUTLINED IN THE "EXECUTIVE DIRECTOR POSITION DESCRIPTION." THE SUBCOMMITTEE CONSIDERS MARKET RATE INCREASES AS WELL AS COST OF LIVING ADJUSTMENTS IN DETERMINING ANY COMPENSATION ADJUSTMENTS.

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 FINANCE DIRECTOR AND THE EXECUTIVE DIRECTOR. CONTACT INFORMATION FOR ALL EMPLOYEES IS LOCATED ON THE FOUNDATION'S WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 3,279,082.

FORM 990, PART XII, LINE 2C

THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.



Name of the organization  
**ALBUQUERQUE COMMUNITY FOUNDATION**

Employer identification number  
**85-0295444**

Multiple horizontal lines for additional information.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

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

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ACF HOLDINGS, LLC - 27-2805006 P.O. BOX 36960 ALBUQUERQUE, NM 87176	TO HOLD DONATED ASSETS	NEW MEXICO	4.	14,107.	
HISTORIC CHAMPION GROCERY BUILDING, LLC - 27-2804817, 622-624 TIJERAS AVENUE NW, ALBUQUERQUE, NM 87102	TO HOLD DONATED BUILDING	NEW MEXICO	582,247.	721,344.	

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for other organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by other organization(s) .....	<b>1e</b>	
<b>f</b> Sale of assets to other organization(s) .....	<b>1f</b>	
<b>g</b> Purchase of assets from other organization(s) .....	<b>1g</b>	
<b>h</b> Exchange of assets .....	<b>1h</b>	
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....	<b>1j</b>	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....	<b>1l</b>	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....	<b>1m</b>	
<b>n</b> Sharing of paid employees .....	<b>1n</b>	
<b>o</b> Reimbursement paid to other organization for expenses .....	<b>1o</b>	
<b>p</b> Reimbursement paid by other organization for expenses .....	<b>1p</b>	
<b>q</b> Other transfer of cash or property to other organization(s) .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property from other organization(s) .....	<b>1r</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.

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

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

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

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

<b>Type or print</b>  <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization <b>ALBUQUERQUE COMMUNITY FOUNDATION</b>	Employer identification number <b>85-0295444</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 36960</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALBUQUERQUE, NM 87176-6960</b>	

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

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

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

**CASSIDY GRANTHAM**

• The books are in the care of  **3301 MENAUL BLVD NE, SUITE 2 - ALBUQUERQUE, NM 87107**  
 Telephone No.  **505-883-6240** FAX No.

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

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011.**

5 For calendar year **2010**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

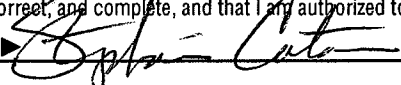
6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**TAXPAYER IS COMPILING INFORMATION NECESSARY FOR A COMPLETE AND ACCURATE TAX RETURN. ADDITIONAL TIME IS NEEDED TO COMPLETE THIS INFORMATION.**

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

**Signature and Verification**

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

Signature  Title  **CRA** Date  **8/12/11**  
Form 8868 (Rev. 1-2011)

**CERTIFIED MAIL** 8/15/11

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box  **X**

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

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

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

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

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

Part I only

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

<b>Type or print</b>	Name of exempt organization <b>ALBUQUERQUE COMMUNITY FOUNDATION</b>	Employer identification number <b>85-0295444</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3301 MENAUL BLVD. NE, SUITE 2</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALBUQUERQUE, NM 87107</b>	

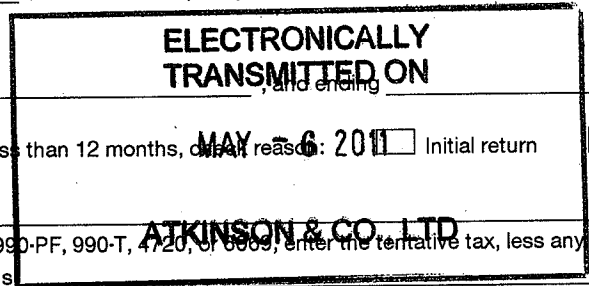
Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

- The books are in the care of ▶ \_\_\_\_\_ Telephone No. ▶ \_\_\_\_\_ FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:  
 ▶  calendar year **2010** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_



**2** If the tax year entered in line 1 is for less than 12 months, check reason: **MAY - 6 2011**  Initial return  Final return  
 Change in accounting period

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.



**IRS e-file Signature Authorization  
for an Exempt Organization**

**2010**

For calendar year 2010, or fiscal year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

**ALBUQUERQUE COMMUNITY FOUNDATION**

**85-0295444**

Name and title of officer

**R RANDALL ROYSTER  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>5507882</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

**Part II Declaration and Signature Authorization of Officer**

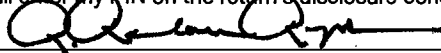
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN    
 ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ October 20, 2011

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**85096503026**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 6/19/11

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**