

Return of Organization Exempt From Income Tax

2012

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning and ending

| | | | |
|---|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization ALBUQUERQUE COMMUNITY FOUNDATION | | D Employer identification number 85-0295444 |
| | Doing Business As | | E Telephone number 505-883-6240 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 12,271,711. |
| | P.O. BOX 25266 | | |
| City, town, or post office, state, and ZIP code ALBUQUERQUE, NM 87125-5266 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| F Name and address of principal officer: R. RANDALL ROYSTER SAME AS C ABOVE | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | If "No," attach a list. (see instructions) | |
| J Website: WWW.ALBUQUERQUEFOUNDATION.ORG | | H(c) Group exemption number ▶ | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1981 M State of legal domicile: NM | |

Part I Summary

| | | | |
|---|--|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | | |
| | 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) | 24 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 24 | |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 10 | |
| | 6 Total number of volunteers (estimate if necessary) | 75 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0. | |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 4,438,129. | Current Year 4,523,537. |
| | 9 Program service revenue (Part VIII, line 2g) | 105,498. | 85,471. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -923,998. | 949,212. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -14,606. | -34,978. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,605,023. | 5,523,242. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,211,285. | 3,038,416. |
| | 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) | 575,461. | 535,729. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 77,937. | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,024,591. | 762,465. | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,811,337. | 4,336,610. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -206,314. | 1,186,632. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 53,405,526. | End of Year 58,483,813. |
| | 21 Total liabilities (Part X, line 26) | 13,885,860. | 12,253,261. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 39,519,666. | 46,230,552. |

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 | Date | | | |
| | R. RANDALL ROYSTER, PRESIDENT & CEO Type or print name and title | TAXPAYER'S COPY | | | |
| Paid Preparer Use Only | Print/Type preparer's name STEPHANIE J CATASCA, CPA | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN P00003026 |
| | Firm's name ▶ ATKINSON & CO., LTD. | Firm's EIN ▶ 85-0211867 | | | |
| | Firm's address ▶ P.O. BOX 25246 ALBUQUERQUE, NM 87125 | Phone no. 505-843-6492 | | | |

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 AND OTHER GLOBAL OUTREACH ORGANIZATIONS.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,941,415. including grants of \$ 1,531,881.) (Revenue \$ 43,092.) 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. 173 DIFFERENT ORGANIZATIONS RECEIVED GRANTS.

4b (Code:) (Expenses \$ 599,046. including grants of \$ 472,680.) (Revenue \$ 13,297.) 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 ACHIEVEMENT. 61 DIFFERENT NON-PROFIT ORGANIZATIONS RECEIVED GRANTS.

4c (Code:) (Expenses \$ 163,692. including grants of \$ 129,162.) (Revenue \$ 3,633.) SCHOLARSHIPS AND FINANCIAL AID AWARDS ALLOWING STUDENTS TO CONTINUE THEIR EDUCATION OR FURTHER THEIR CAREERS. 130 STUDENTS RECEIVED GRANTS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,146,554. including grants of \$ 904,693.) (Revenue \$ 25,449.)

4e Total program service expenses 3,850,707.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question ID, question text, and Yes/No response columns. Includes questions 1a through 14b regarding 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 (24), 1b (24), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NM
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOHN MAES - 505-883-6240 624 TIJERAS AVE NW, ALBUQUERQUE, NM 87102

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

Check if Schedule O contains a response 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 (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) CARL ALONGI TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (2) KAREN BARD TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (3) JULIA B BOWDICH SECRETARY | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (4) NANCY CROKER TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (5) WILLIAM E. EBEL TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (6) GLENN FELLOWS TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (7) MARK GORHAM TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) TED JORGENSEN TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) JIM KING TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) E LARRY LUJAN TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) STEVE MAESTAS TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) BEV MCMILLAN TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) HILARY NOSKIN TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) KIM NUNLEY TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) DIANE HARRISON OGAWA CHAIR | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (16) KATHLEEN RASKOB TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) RON RIVERA TREASURER, CHAIR-ELECT | 1.00 | X | | 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 (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JERRALD J ROEHL TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) RON SOLIMON TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) GEORGE STANFIELD TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) CHESTER FRENCH STEWART TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) JENNIFER THOMAS TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) VICKIE WILCOX TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) KEVIN YEAROUT TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) R RANDALL ROYSTER PRESIDENT & CEO | 40.00 | | | X | | | | 146,200. | 0. | 6,662. |
| 1b Sub-total | | | | | | | | 146,200. | 0. | 6,662. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 146,200. | 0. | 6,662. |

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

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | 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? If "Yes," complete Schedule J for such individual | 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? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

| | | (A) | (B) | (C) | (D) | |
|--|--|---|------------------------------------|----------------------------|---|--|
| | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | 137,783. | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 4,385,754. | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 174,939. | | | |
| | h Total. Add lines 1a-1f | | 4,523,537. | | | |
| | Program Service Revenue | 2 a ADMINISTRATIVE FEES | Business Code | | | |
| | | 523000 | 85,471. | 85,471. | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 85,471. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 431,717. | | 431,717. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | 6,575,660. | 52,602. | |
| | | c Gain or (loss) | | 570,097. | -52,602. | |
| | d Net gain or (loss) | | 517,495. | | 517,495. | |
| | 8 a Gross income from fundraising events (not including \$ 137,783. of contributions reported on line 1c). See Part IV, line 18 | a | | 85,229. | | |
| | | b Less: direct expenses | | 120,207. | | |
| c Net income or (loss) from fundraising events | | | -34,978. | | -34,978. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a | | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | | | | |
| 12 Total revenue. See instructions. | | 5,523,242. | 85,471. | 0. | 914,234. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 2,896,420. | 2,896,420. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 131,996. | 131,996. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 10,000. | 10,000. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 152,862. | 108,914. | 25,987. | 17,961. |
| 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 | 320,340. | 188,785. | 109,051. | 22,504. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 29,547. | 17,362. | 10,302. | 1,883. |
| 10 Payroll taxes | 32,980. | 20,588. | 9,682. | 2,710. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 2,291. | | 2,291. | |
| c Accounting | 23,300. | | 23,300. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 71,279. | | 71,279. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 234,170. | 202,807. | 31,363. | |
| 12 Advertising and promotion | 41,621. | 29,754. | 8,790. | 3,077. |
| 13 Office expenses | 72,819. | 40,124. | 27,688. | 5,007. |
| 14 Information technology | 35,404. | 23,105. | 9,529. | 2,770. |
| 15 Royalties | | | | |
| 16 Occupancy | 60,329. | 38,771. | 16,703. | 4,855. |
| 17 Travel | 19,080. | 14,915. | 3,227. | 938. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 3,027. | 303. | 2,724. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 80,652. | 50,507. | 23,356. | 6,789. |
| 23 Insurance | 30,131. | | 30,131. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a DONOR RELATIONS | 32,029. | 21,377. | 1,514. | 9,138. |
| b ANNUAL LUNCHEON | 27,934. | 27,934. | | |
| c EVENT EXPENSES | 24,777. | 24,777. | | |
| d TRAINING/DEVELOPMENT | 3,622. | 2,268. | 1,049. | 305. |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 4,336,610. | 3,850,707. | 407,966. | 77,937. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 2,900,250. | 1 | 2,380,277. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 303,079. | 3 | 830,272. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 9,515. | 9 | 7,265. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,397,483. | | |
| | b Less: accumulated depreciation | 10b 205,529. | 10c | |
| | 11 Investments - publicly traded securities | 1,321,263. | 11 | 2,191,954. |
| | 12 Investments - other securities. See Part IV, line 11 | 26,461,585. | 12 | 25,305,523. |
| | 13 Investments - program-related. See Part IV, line 11 | 18,703,278. | 13 | 23,933,903. |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 3,706,556. | 15 | 3,834,619. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 53,405,526. | 16 | 58,483,813. | |
| Liabilities | 17 Accounts payable and accrued expenses | 507,722. | 17 | 38,936. |
| | 18 Grants payable | | 18 | 42,500. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 13,378,138. | 25 | 12,171,825. |
| | 26 Total liabilities. Add lines 17 through 25 | 13,885,860. | 26 | 12,253,261. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 17,215,553. | 27 | 17,552,373. |
| | 28 Temporarily restricted net assets | 21,760,113. | 28 | 28,134,179. |
| | 29 Permanently restricted net assets | 544,000. | 29 | 544,000. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 39,519,666. | 33 | 46,230,552. |
| 34 Total liabilities and net assets/fund balances | 53,405,526. | 34 | 58,483,813. | |

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 | 5,523,242. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,336,610. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,186,632. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 39,519,666. |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,565,449. |
| 6 | Donated services and use of facilities | 6 | 225,717. |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 2,733,088. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 46,230,552. |

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 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 | |
| 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 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 [X] 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 - Non-functionally integrated
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?
(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?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

Table with 3 columns: Question, Yes, No. Rows include 11g(i), 11g(ii), and 11g(iii).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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 monetary support.

Total LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2506803. | 3874292. | 5199725. | 4363369. | 4523537. | 20467726. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 2506803. | 3874292. | 5199725. | 4363369. | 4523537. | 20467726. |
| 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) | | | | | | 5204279. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 15263447. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 2506803. | 3874292. | 5199725. | 4363369. | 4523537. | 20467726. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 671,846. | 554,249. | 620,275. | 458,856. | 431,717. | 2736943. |
| 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 Total support. Add lines 7 through 10 | | | | | | 23204669. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-------------------------------------|-------|---|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 65.78 | % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 65.54 | % |
| 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2012. 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 - 2011. 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 A Identification of Excess Contributions Included on Part II, Line 5 2012

**** Do Not File ****

***** Not Open to Public Inspection *****

| Contributor's Name | Total Contributions | Excess Contributions |
|---|---------------------|----------------------|
| SANDIA FOUNDATION | 1,333,400. | 869,307. |
| WK KELLOGG FOUNDATION | 1,620,000. | 1,155,907. |
| PAUL AND PATRICIA MARIANETTI | 689,000. | 224,907. |
| HENRY AND SARAH DENNIS | 1,479,062. | 1,014,969. |
| MARY STEPHENSEN CHARITABLE REMAINDER ANNUITY TRUST | 1,231,426. | 767,333. |
| TODD TIBBALS AND ANDREA ESCHER | 494,044. | 29,951. |
| SHARE OUR STRENGTH | 1,074,629. | 610,536. |
| CLIFTON ELBERT WOODCOCK | 735,867. | 271,774. |
| MARGARET AND BERRY MENAGH ESTATE | 680,000. | 215,907. |
| WALTER AND SHELLEY COHEN ESTATE | 507,781. | 43,688. |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Excess Contributions to Schedule A, Part II, Line 5 | | 5,204,279. |

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

ALBUQUERQUE COMMUNITY FOUNDATION

85-0295444

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|--|
| 1 | MR. AND MRS. CLIFTON ELBERT WOODCOCK P.O. BOX 25365 ALBUQUERQUE, NM 87125 | \$ 735,867. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | MARGARET AND BERRY MENAGH ESTATE 6000 INDIAN SCHOOL RD. N.E. SUITE 100 ALBUQUERQUE, NM 87110 | \$ 680,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | WALTER AND SHELLEY COHEN ESTATE P.O. BOX 1968 ALBUQUERQUE, NM 87103 | \$ 507,781. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | BOY SCOUTS OF AMERICA 5841 OFFICE BLVD. NE ALBUQUERQUE, NM 87109 | \$ 377,374. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | SANDIA FOUNDATION 6211 SAN MATEO BLVD. NE #100 ALBUQUERQUE, NM 87109-3534 | \$ 298,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | MANZANO DAY SCHOOL 1801 CENTRAL NW ALBUQUERQUE, NM 87104 | \$ 271,523. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|--|
| 7 | TODD TIBBALS AND ANDREA ESCHER 7316 GUADALUPE TR. NW ALBUQUERQUE, NM 87107 | \$ 113,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | PNM RESOURCES FOUNDATION ALVARADO SQUARE, MS 0410 ALBUQUERQUE, NM 87158 | \$ 107,250. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | GREATER ALBUQUERQUE ASSOCIATION OF REALTORS 1635 UNIVERSITY BOULEVARD NE ALBUQUERQUE, NM 87102 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 10 | SHARE OUR STRENGTH 1730 M STREET NW, STE. 700 WASHINGTON, DC 20036 | \$ 99,710. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

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 | 60 | 37 |
| 2 Aggregate contributions to (during year) | 658,178. | 550,127. |
| 3 Aggregate grants from (during year) | 1,567,029. | 542,600. |
| 4 Aggregate value at end of year | 16,285,603. | 1,986,002. |
| 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).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> 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 XIII, 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 XIII, 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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 35,393,197. | 35,579,280. | 33,336,719. | 29,942,989. | |
| b Contributions | 4,434,696. | 2,391,249. | 908,729. | 674,988. | |
| c Net investment earnings, gains, and losses | 3,526,825. | -639,066. | 3,535,617. | 4,941,422. | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 2,985,923. | 1,938,266. | 2,201,785. | 2,222,680. | |
| f Administrative expenses | | | | | |
| g End of year balance | 40,368,795. | 35,393,197. | 35,579,280. | 33,336,719. | |

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

- a Board designated or quasi-endowment 38.00 %
- b Permanent endowment _____ %
- c Temporarily restricted endowment 62.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 2,103,889. | 44,521. | 2,059,368. |
| c Leasehold improvements | | | | |
| d Equipment | | 268,499. | 143,023. | 125,476. |
| e Other | | 25,095. | 17,985. | 7,110. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 2,191,954. |

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) CASH | 2,135,771. | END-OF-YEAR MARKET VALUE |
| (B) FIXED INCOME | 2,222,594. | END-OF-YEAR MARKET VALUE |
| (C) MULTI STRATEGY FUNDS | 10,512,165. | END-OF-YEAR MARKET VALUE |
| (D) REAL ASSETS | 4,214,314. | END-OF-YEAR MARKET VALUE |
| (E) PRIVATE EQUITY | 4,579,058. | END-OF-YEAR MARKET VALUE |
| (F) LAND | 270,001. | END-OF-YEAR MARKET VALUE |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 23,933,903. | |

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) | | |
| Total. (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) OTHER ASSETS | 104,654. |
| (2) CHARITABLE REMAINDER TRUST | 3,729,965. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 3,834,619. |

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

| 1. (a) Description of liability | (b) Book value |
|---|--------------------|
| (1) Federal income taxes | |
| (2) REMAINDER TRUSTS | 3,246,650. |
| (3) LIABILITY FOR ASSETS HELD FOR | |
| (4) COMMUNITY ORGANIZATIONS | 8,925,175. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 12,171,825. |

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 8,491,860. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 2,565,449. |
| b | Donated services and use of facilities | 2b | 282,962. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 120,207. |
| e | Add lines 2a through 2d | 2e | 2,968,618. |
| 3 | Subtract line 2e from line 1 | 3 | 5,523,242. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 5,523,242. |

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

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 4,514,062. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 57,245. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 120,207. |
| e | Add lines 2a through 2d | 2e | 177,452. |
| 3 | Subtract line 2e from line 1 | 3 | 4,336,610. |
| 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 XIII.) | 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 | 4,336,610. |

Part XIII 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, lines 2d and 4b; and Part XII, 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: THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION THAT

IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE, AND HAS BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE

FOUNDATION. MANAGEMENT OF THE FOUNDATION BELIEVES THAT THE ACTIVITIES OF

Part XIII Supplemental Information (continued)

THE FOUNDATION ARE WITHIN THEIR TAX-EXEMPT PURPOSE. ACF HOLDINGS, LLC AND THE HISTORIC CHAMPION GROCERY BUILDING, LLC ARE DISREGARDED ENTITIES FOR TAX PURPOSES, THEREFORE, NO PROVISION FOR INCOME TAXES IS PROVIDED FOR IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011. ANY INTEREST AND PENALTIES ASSOCIATED WITH A TAX POSITION, WHEN APPLICABLE, ARE CLASSIFIED ACCORDING TO THEIR NATURAL CLASSIFICATION IN THE FOUNDATION'S FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|-----------------------|----------|
| SPECIAL EVENT EXPENSE | 120,207. |
|-----------------------|----------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|-----------------------|----------|
| SPECIAL EVENT EXPENSE | 120,207. |
|-----------------------|----------|

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | SOUTH AMERICA | EDUCATION | 5,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | EDUCATION | 5,000. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**

3 Enter total number of other organizations or entities **2**

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

FORM 990, SCHEDULE F, PART IV, LINE 1

TRANSFERS OF PROPERTY TO FOREIGN CORPORATIONS WERE DONE THROUGH SEVERAL PARTNERSHIPS IN WHICH THE ORGANIZATION HAS AN OWNERSHIP INTEREST. FORMS 926 WERE NOT REQUIRED BECAUSE THE ORGANIZATION HAD LESS THAN A 5% INTEREST IN THE PARTNERSHIPS.

FORM 990, SCHEDULE F, PART IV, LINE 4

FORMS 8621 WERE FILED AT THE PARTNERSHIP LEVEL.

FORM 990, SCHEDULE F, PART IV, LINE 5

FORMS 8865 WERE FILED AT THE PARTNERSHIP LEVEL.

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 | | NONE | |
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 223,012. | | | 223,012. |
| | 2 Less: Contributions | 137,783. | | | 137,783. |
| | 3 Gross income (line 1 minus line 2) | 85,229. | | | 85,229. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 13,978. | | | 13,978. |
| | 7 Food and beverages | 10,000. | | | 10,000. |
| | 8 Entertainment | 5,346. | | | 5,346. |
| | 9 Other direct expenses | 90,883. | | | 90,883. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | (120,207) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 | | | | -34,978. |

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:

| | | |
|------------|--|---|
| 13a | | % |
| 13b | | % |

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).

**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

2012

**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. Part II can be duplicated if additional space is needed.

| 1 (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 JAZZ WORKSHOP 5500 LOMAS BLVD. NE ALBUQUERQUE, NM 87110-6545 | 85-0247988 | 501(C)(3) | 7,000. | 0. | | | ARTS/CULTURE |
| OUTPOST PRODUCTIONS, INC. P.O. BOX 4543 ALBUQUERQUE, NM 87196-4543 | 85-0363945 | 501(C)(3) | 9,000. | 0. | | | ARTS/CULTURE |
| ART IN THE SCHOOL, INC. P.O. BOX 3416 ALBUQUERQUE, NM 87190-3416 | 85-0375839 | 501(C)(3) | 9,500. | 0. | | | ARTS/CULTURE |
| WORKING CLASSROOM, INC. 423 ATLANTIC AVE. SW ALBUQUERQUE, NM 87102 | 85-0280287 | 501(C)(3) | 7,000. | 0. | | | ARTS/CULTURE |
| FRIENDS OF PUPPET AND OBJECT THEATRE - 4913 GUADALUPE TRAIL NW - ALBUQUERQUE, NM 87107-3369 | 75-3161875 | 501(C)(3) | 7,000. | 0. | | | ARTS/CULTURE |
| ALBUQUERQUE PUBLIC SCHOOLS 6400 UPTOWN BLVD. NE STE 420W ALBUQUERQUE, NM 87110 | 85-0434438 | 501(C)(3) | 10,000. | 0. | | | EDUCATION |

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

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

Schedule I (Form 990) (2012)

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 MESA, INC. 2808 CENTRAL SE, STE 122 ALBUQUERQUE, NM 87106 | 85-0371954 | 501(C)(3) | 14,000. | 0. | | | EDUCATION |
| BOSQUE SCHOOL 4000 LEARNING RD. NW ALBUQUERQUE, NM 87120 | 85-0420092 | 501(C)(3) | 10,000. | 0. | | | EDUCATION |
| ESCUELA DEL SOL MONTESSORI SCHOOL 1114 7TH ST. NW ALBUQUERQUE, NM 87102 | 23-7088029 | 501(C)(3) | 9,000. | 0. | | | EDUCATION |
| HAWKS ALOFT PO BOX 10028 ALBUQUERQUE, NM 87184 | 85-0418661 | 501(C)(3) | 7,000. | 0. | | | ANIMAL/WILDLIFE |
| NEW MEXICO FOUNDATION FOR DENTAL HEALTH - P.O. BOX 16854 - ALBUQUERQUE, NM 87191 | 74-3146433 | 501(C)(3) | 10,000. | 0. | | | HEALTH/GENERAL/REHAB |
| PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS, INC. - 7155 E. 38TH AVE. - DENVER, CO 80207 | 84-0404253 | 501(C)(3) | 6,000. | 0. | | | HEALTH/GENERAL/REHAB |
| OUTCOMES, INC. 1503 UNIVERSITY NE ALBUQUERQUE, NM 87102-1708 | 85-0111252 | 501(C)(3) | 10,000. | 0. | | | MENTAL HEALTH/ INTERVENTION |
| HOGARES, INC. 1218 GRIEGOS RD. NW ALBUQUERQUE, NM 87107 | 85-0212039 | 501(C)(3) | 12,000. | 0. | | | MENTAL HEALTH/ INTERVENTION |
| ABRAZOS FAMILY SUPPORT SERVICES P.O. BOX 788 BERNALILLO, NM 87004 | 85-0265449 | 501(C)(3) | 8,000. | 0. | | | DISEASE/DISORDERS |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ALZHEIMER'S ASSOCIATION 9500 MONTGOMERY NE #121 ALBUQUERQUE, NM 87111 | 85-0287820 | 501(C)(3) | 5,000. | 0. | | | DISEASE/DISORDERS |
| PRESBYTERIAN EAR INSTITUTE 415 CEDAR ST. SE ALBUQUERQUE, NM 87106-3927 | 85-0373591 | 501(C)(3) | 14,000. | 0. | | | DISEASE/DISORDERS |
| DISMAS HOUSE P.O. BOX 6101 ALBUQUERQUE, NM 87197-6101 | 85-0478597 | 501(C)(3) | 10,000. | 0. | | | CRIME/LEGAL RELATED |
| THE STOREHOUSE 106 BROADWAY SE ALBUQUERQUE, NM 87102 | 85-0241340 | 501(C)(3) | 11,500. | 0. | | | FOOD/NUTRITION/AGRICULTUR |
| RIO GRANDE COMMUNITY FARM 6804 FOURTH ST. NW #114 ALBUQUERQUE, NM 87107 | 74-2833329 | 501(C)(3) | 6,800. | 0. | | | FOOD/NUTRITION/AGRICULTUR |
| NEW MEXICO COALITION TO END HOMELESSNESS - P.O. BOX 865 - SANTA FE, NM 87504 | 85-0482896 | 501(C)(3) | 10,000. | 0. | | | HOUSING/SHELTER |
| METROPOLITAN HOMELESSNESS PROJECT P.O. BOX 27636 ALBUQUERQUE, NM 87125 | 20-1917517 | 501(C)(3) | 10,000. | 0. | | | HOUSING/SHELTER |
| A NEW DAY YOUTH & FAMILY SERVICES 1330 SAN PEDRO DR. NE #201B ALBUQUERQUE, NM 87110 | 85-0245782 | 501(C)(3) | 9,500. | 0. | | | HUMAN SERVICES |
| CUIDANDO LOS NIOS P.O. BOX 12786 ALBUQUERQUE, NM 87195 | 85-0366029 | 501(C)(3) | 15,000. | 0. | | | HUMAN SERVICES |

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.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| EAST CENTRAL MINISTRIES 123 VERMONT NE ALBUQUERQUE, NM 87108 | 37-1426703 | 501(C)(3) | 10,000. | 0. | | | HUMAN SERVICES |
| CROSSROADS FOR WOMEN 805 TIJERAS NW ALBUQUERQUE, NM 87102 | 85-0448641 | 501(C)(3) | 15,000. | 0. | | | HUMAN SERVICES |
| MUSEUM OF NEW MEXICO FOUNDATION P.O. BOX 2065 SANTA FE, NM 87504-2065 | 85-0202503 | 501(C)(3) | 15,000. | 0. | | | SINGLE ORG SUPPORT |
| UNITED WAY OF CENTRAL NEW MEXICO PO BOX 25147 ALBUQUERQUE, NM 87125 | 85-0277138 | PROGRAM | 5,000. | 0. | | | PHILANTHROPY/SERVICE ORG |
| SANTA FE COMMUNITY FOUNDATION P.O. BOX 1827 SANTA FE, NM 87504-1827 | 85-0303044 | 501(C)(3) | 10,000. | 0. | | | PHILANTHROPY/SERVICE ORG |
| NEW MEXICO SYMPHONIC CHORUS P.O. BOX 7900 ALBUQUERQUE, NM 87197 | 45-1261027 | 501(C)(3) | 8,000. | 0. | | | ARTS/CULTURE |
| ALBUQUERQUE YOUTH SYMPHONY PROGRAM P.O. BOX 30961 ALBUQUERQUE, NM 87190-0961 | 85-0421180 | 501(C)(3) | 31,000. | 0. | | | ARTS/CULTURE |
| THE FIGUEROA MUSIC AND ARTS PROJECT - P.O. BOX 94596 - ALBUQUERQUE, NM 87199-4596 | 45-3245085 | 501(C)(3) | 20,000. | 0. | | | ARTS/CULTURE |
| NEW MEXICO PHILHARMONIC, INC. PO BOX 21428 ALBUQUERQUE, NM 87154 | 27-1148446 | 501(C)(3) | 60,000. | 0. | | | ARTS/CULTURE |

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.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ENSEMBLE MUSIC NEW MEXICO P.O. BOX 7464 ALBUQUERQUE, NM 87106 | 47-0910372 | 501(C)(3) | 5,000. | 0. | | | ARTS/CULTURE |
| OPERA SOUTHWEST P.O. BOX 27671 ALBUQUERQUE, NM 87125-7671 | 23-7314812 | 501(C)(3) | 15,000. | 0. | | | ARTS/CULTURE |
| WESST CORP 609 BROADWAY NE ALBUQUERQUE, NM 87102-2334 | 85-0367809 | 501(C)(3) | 25,000. | 0. | | | JOBS/EMPLOYMENT |
| NEW MEXICO BIOPARK SOCIETY 903 TENTH ST. SW ALBUQUERQUE, NM 87102 | 23-7087964 | 501(C)(3) | 25,000. | 0. | | | SINGLE ORG SUPPORT |
| CNM FOUNDATION 525 BUENA VISTA SE ALBUQUERQUE, NM 87106-4096 | 85-0338623 | 501(C)(3) | 40,000. | 0. | | | SINGLE ORG SUPPORT |
| DANFORTH MUSEUM OF ART 123 UNION AVENUE FRAMINGHAM, MA 10702 | 04-2526917 | 501(C)(3) | 8,500. | 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 |
| ALBUQUERQUE COMMUNITY FOUNDATION P.O. BOX 36960 ALBUQUERQUE, NM 87176-6960 | 85-0295444 | 501(C)(3) | 19,444. | 0. | | | PHILANTHROPY/SERVICE ORG |
| BOYS AND GIRLS CLUBS OF ABQ AND RR 3333 TRUMAN ST NE ALBUQUERQUE, NM 87110 | 85-0106943 | 501(C)(3) | 6,102. | 0. | | | YOUTH DEVELOPMENT |

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.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NEW MEXICO WILDLIFE ASSOCIATION P.O. BOX 1359 EDGEWOOD, NM 87015 | 85-0402566 | 501(C)(3) | 20,000. | 0. | | | ANIMAL/WILDLIFE |
| MANDY'S SPECIAL FARM P.O. BOX 9346 ALBUQUERQUE, NM 87119 | 85-0436516 | 501(C)(3) | 10,000. | 0. | | | HUMAN SERVICES |
| UNM FOUNDATION MSC 074260 1 UNM ALBUQUERQUE, NM 87131-0001 | 85-0275408 | PUBLIC ED | 5,000. | 0. | | | EDUCATION |
| EL RANCHITO DE LOS NINOS, INC. P.O. BOX 2400 LOS LUNAS, NM 87031 | 85-0471183 | 501(C)(3) | 10,000. | 0. | | | HUMAN SERVICES |
| UNM FOUNDATION MSC 074260 1 UNM ALBUQUERQUE, NM 87131-0001 | 85-0275408 | 501(C)(3) | 13,000. | 0. | | | SINGLE ORG SUPPORT |
| PEGASUS LEGAL SERVICES FOR CHILDREN - 3201 FOURTH ST. NW - ALBUQUERQUE, NM 87107 | 46-0509986 | 501(C)(3) | 20,000. | 0. | | | CRIME/LEGAL RELATED |
| A NEW DAY YOUTH & FAMILY SERVICES 1330 SAN PEDRO DR. NE #201B ALBUQUERQUE, NM 87110 | 85-0245782 | 501(C)(3) | 15,000. | 0. | | | HUMAN SERVICES |
| CHRISTINA KENT DAY NURSERY 423 3RD STREET SW ALBUQUERQUE, NM 87102 | 85-0105594 | 501(C)(3) | 15,740. | 0. | | | EDUCATION |
| MANA DE ALBUQUERQUE PO BOX 25801 ALBUQUERQUE, NM 87125 | 06-1835784 | 501(C)(3) | 5,374. | 0. | | | EDUCATION |

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.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NEW MEXICO CONFERENCE OF CHURCHES P.O. BOX 606 BERNALILLO, NM 87004 | 23-7048906 | 501(C)(3) | 13,778. | 0. | | | RELIGION |
| CASA ANGELICA 5629 ISLETA BLVD SW ALBUQUERQUE, NM 87105 | 85-0382266 | 501(C)(3) | 5,000. | 0. | | | HEALTH/GENERAL/REHAB |
| CANCER SUPPORT NOW, INC. 4811A HARWARE DRIVE NE STE 1 LOS RANCHOS, NM 87107 | 80-0515169 | 501(C)(3) | 8,133. | 0. | | | DISEASE/DISORDERS |
| APS EDUCATION FOUNDATION P.O. BOX 25704 ALBUQUERQUE, NM 87125 | 85-0434438 | PUBLIC ED | 8,094. | 0. | | | ARTS/CULTURE |
| AMY BIEHL HIGH SCHOOL FOUNDATION 123 4TH ST. SW ALBUQUERQUE, NM 87102 | 85-0483977 | 501(C)(3) | 10,000. | 0. | | | EDUCATION |
| NEW MEXICO CHILD ADVOCACY NETWORKS 707 BROADWAY NE #101 ALBUQUERQUE, NM 87102 | 85-0385103 | 501(C)(3) | 8,000. | 0. | | | YOUTH DEVELOPMENT |
| PB&J FAMILY SERVICES, INC. 1101 LOPEZ RD., SW ALBUQUERQUE, NM 87105 | 85-0231566 | 501(C)(3) | 8,000. | 0. | | | HUMAN SERVICES |
| ENOS GARCIA ELEMENTARY SCHOOL 307 MANZANARES ST. TAOS, NM 87571 | | PUBLIC ED | 5,000. | 0. | | | EDUCATION |
| TAOS CHARTER SCHOOL P.O. BOX 3009 RANCHOS DE TAOS, NM 87557 | 85-0467491 | COMMUNITY | 7,000. | 0. | | | ENVIRONMENT GARDENS |

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.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RIVERS AND BIRDS, INC. P.O. BOX 819 ARROYO SECO, NM 87514 | 85-0457644 | 501(C)(3) | 5,000. | 0. | | | ENVIRONMENT GARDENS |
| LOCALOGY HC81 BOX 41 QUESTA, NM 87556 | 26-2078285 | 501(C)(3) | 5,000. | 0. | | | COMMUNITY IMPROVEMENT |
| LOCALOGY HC81 BOX 41 QUESTA, NM 87556 | 26-2078285 | 501(C)(3) | 25,000. | 0. | | | COMMUNITY IMPROVEMENT |
| NEW MEXICO HEART INSTITUTE FOUNDATION - 502 ELM ST. NE - ALBUQUERQUE, NM 87102-2512 | 20-1443608 | 501(C)(3) | 5,000. | 0. | | | DISEASE/DISORDERS |
| 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 |
| UNM FOUNDATION MSC 074260 1 UNM ALBUQUERQUE, NM 87131-0001 | 85-0275408 | 501(C)(3) | 15,100. | 0. | | | SINGLE ORG SUPPORT |
| CATHEDRAL CHURCH OF ST. JOHN P.O. BOX 1246 ALBUQUERQUE, NM 87103 | 85-0119046 | RELIGIOUS | 5,000. | 0. | | | RELIGION |
| CHILDREN'S GRIEF CENTER OF NEW MEXICO - 3001 TRELIS NW - ALBUQUERQUE, NM 87107 | 85-0474099 | 501(C)(3) | 5,000. | 0. | | | MENTAL HEALTH/INTERVENTION |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RIO GRANDE FOOD PROJECT P.O. BOX 66498 ALBUQUERQUE, NM 87193 | 20-1667103 | 501(C)(3) | 7,500. | 0. | | | FOOD/NUTRITION/AGRICULTUR |
| WILLIAMS COLLEGE MEARS HOUSE 75 PARK ST. WILLIAMSTOWN, MA 01267 | 04-2104847 | 501(C)(3) | 10,000. | 0. | | | EDUCATION |
| RIO GRANDE SCHOOL 715 CAMINO CABRA SANTA FE, NM 87505 | 85-0263326 | 501(C)(3) | 5,000. | 0. | | | EDUCATION |
| EAST MOUNTAIN HIGH SCHOOL P.O. BOX 340 SANDIA PARK, NM 87047 | 85-0467418 | PUBLIC ED | 5,000. | 0. | | | EDUCATION |
| OPERA SOUTHWEST P.O. BOX 27671 ALBUQUERQUE, NM 87125-7671 | 23-7314812 | 501(C)(3) | 25,000. | 0. | | | ARTS/CULTURE |
| UNM FOUNDATION MSC 074260 1 UNM ALBUQUERQUE, NM 87131-0001 | 85-0275408 | PUBLIC ED | 50,000. | 0. | | | ARTS/CULTURE |
| VSA ARTS OF NEW MEXICO 4904 4TH ST. NW ALBUQUERQUE, NM 87107-3906 | 85-0303750 | 501(C)(3) | 10,000. | 0. | | | ARTS/CULTURE |
| SANDIA PREPARATORY SCHOOL 532 OSUNA RD NE ALBUQUERQUE, NM 87113 | 85-0196115 | 501(C)(3) | 5,000. | 0. | | | EDUCATION |
| ARMAND HAMMER UNITED WORLD COLLEGE P.O. BOX 248 MONTEZUMA, NM 87731 | 85-0297355 | 501(C)(3) | 20,000. | 0. | | | EDUCATION |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ANIMAL HUMANE ASSOCIATION OF NEW MEXICO - 615 VIRGINIA ST. SE - ALBUQUERQUE, NM 87108 | 85-0207652 | 501(C)(3) | 5,000. | 0. | | | ANIMAL/WILDLIFE |
| UNM FOUNDATION MSC 074260 1 UNM ALBUQUERQUE, NM 87131-0001 | 85-0275408 | 501(C)(3) | 10,000. | 0. | | | HEALTH/GENERAL/REHAB |
| ROADRUNNER FOOD BANK 5840 OFFICE BOULEVARD NE ALBUQUERQUE, NM 87109 | 85-0278525 | 501(C)(3) | 6,996. | 0. | | | FOOD/NUTRITION/AGRICULTUR |
| NEW MEXICO ALLIANCE FOR CHILDREN PO BOX 1729 ALTO, NM 88312 | 03-0490007 | 501(C)(3) | 6,810. | 0. | | | FOOD/NUTRITION/AGRICULTUR |
| ADELANTE DEVELOPMENT CENTER 3900 OSUNA RD. NE ALBUQUERQUE, NM 87109-4459 | 85-0262072 | 501(C)(3) | 10,000. | 0. | | | HUMAN SERVICES |
| ROADRUNNER FOOD BANK 5840 OFFICE BOULEVARD NE ALBUQUERQUE, NM 87109 | 85-0278525 | 501(C)(3) | 9,009. | 0. | | | FOOD/NUTRITION/AGRICULTUR |
| UNM FOUNDATION MSC 074260 1 UNM ALBUQUERQUE, NM 87131-0001 | 85-0275408 | 501(C)(3) | 5,000. | 0. | | | SINGLE ORG SUPPORT |
| SILVER HORIZONS NEW MEXICO, INC. P.O. BOX 6879 ALBUQUERQUE, NM 87197-6879 | 85-0279898 | 501(C)(3) | 5,500. | 0. | | | HOUSING/SHELTER |
| THE STOREHOUSE 106 BROADWAY SE ALBUQUERQUE, NM 87102 | 85-0241340 | 501(C)(3) | 7,500. | 0. | | | FOOD/NUTRITION/AGRICULTUR |

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 MUSEUM OF NATURAL HISTORY FOUNDATION - P.O. BOX 25446 - ALBUQUERQUE, NM 87125-5446 | 85-0257595 | 501(C)(3) | 7,894. | 0. | | | SINGLE ORG SUPPORT |
| NEW MEXICO WILDERNESS ALLIANCE P.O. BOX 25464 ALBUQUERQUE, NM 87125 | 85-0457916 | 501(C)(3) | 10,000. | 0. | | | ENVIRONMENT GARDENS |
| ANIMAL HUMANE ASSOCIATION OF NEW MEXICO - 615 VIRGINIA ST. SE - ALBUQUERQUE, NM 87108 | 85-0207652 | 501(C)(3) | 10,000. | 0. | | | ANIMAL/WILDLIFE |
| NATIONAL INSTITUTE OF FLAMENCO 214 GOLD STREET SW ALBUQUERQUE, NM 87102 | 85-0332879 | 501(C)(3) | 25,000. | 0. | | | ARTS/CULTURE |
| THE STOREHOUSE 106 BROADWAY SE ALBUQUERQUE, NM 87102 | 85-0241340 | 501(C)(3) | 800,000. | 0. | | | FOOD/NUTRITION/AGRICULTUR |
| KALAMAZOO COLLEGE 1200 ACADEMY STREET KALAMAZOO, MI 49006 | 38-1358014 | 501(C)(3) | 5,000. | 0. | | | EDUCATION |
| NEW MEXICO BIOPARK SOCIETY 903 TENTH ST. SW ALBUQUERQUE, NM 87102 | 23-7087964 | 501(C)(3) | 19,932. | 0. | | | SINGLE ORG SUPPORT |
| SILVER HORIZONS NEW MEXICO, INC. P.O. BOX 6879 ALBUQUERQUE, NM 87197-6879 | 85-0279898 | 501(C)(3) | 5,813. | 0. | | | HOUSING/SHELTER |
| FARM TO TABLE, INC. 618B PASEO DE PERALTA SANTA FE, NM 87501 | 85-0438238 | 501(C)(3) | 75,000. | 0. | | | PUBLIC POLICY |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SANTA ROSA LIBRARY MOISE MEMORIAL LIBRARY 208 5TH ST. SANTA ROSA, NM 88435 | 85-6000172 | 501(C)(3) | 12,782. | 0. | | | EDUCATION |
| WINGS MINISTRY 2527 VIRGINIA NE. STE A ALBUQUERQUE, NM 87110 | 85-0473126 | 501(C)(3) | 10,000. | 0. | | | CRIME/LEGAL RELATED |
| IMPACT PERSONAL SAFETY P.O. BOX 8350 SANTA FE, NM 87504 | 85-0475597 | 501(C)(3) | 9,029. | 0. | | | HUMAN SERVICES |
| PB&J FAMILY SERVICES, INC. 1101 LOPEZ RD., SW ALBUQUERQUE, NM 87105 | 85-0231566 | 501(C)(3) | 6,000. | 0. | | | HUMAN SERVICES |
| NATIONAL DANCE INSTITUTE OF NEW MEXICO - 1140 ALTO STREET - SANTA FE, NM 87501 | 85-0431846 | 501(C)(3) | 7,000. | 0. | | | ARTS/CULTURE |
| FESTIVAL BALLET ALBUQUERQUE 535 BLACK BEAR ROAD ALBUQUERQUE, NM 87122 | 27-1993089 | 501(C)(3) | 7,000. | 0. | | | ARTS/CULTURE |
| ROADRUNNER FOOD BANK 5840 OFFICE BOULEVARD NE ALBUQUERQUE, NM 87109 | 85-0278525 | 501(C)(3) | 5,000. | 0. | | | FOOD/NUTRITION/AGRICULTUR |
| JEWISH FAMILY SERVICE OF NEW MEXICO - 5520 WYOMING NE STE 200 - ALBUQUERQUE, NM 87109 | 85-0346550 | 501(C)(3) | 5,000. | 0. | | | HUMAN SERVICES |
| NEW MEXICO MILITARY INSTITUTE FOUNDATION, INC. - 101 WEST COLLEGE BLVD. - ROSWELL, NM 88201-5173 | 85-6010718 | 501(C)(3) | 30,932. | 0. | | | SINGLE ORG SUPPORT |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3800 SPRUCE STREET - PHILADELPHIA, PA 19104-6047 | 23-1352685 | 501(C)(3) | 10,000. | 0. | | | EDUCATION |
| MORRIS ANIMAL FOUNDATION 10200 EAST GIRARD AVE. SUITE B430 DENVER, CO 80231 | 84-6032307 | 501(C)(3) | 10,000. | 0. | | | ANIMAL/WILDLIFE |
| ANIMAL HUMANE ASSOCIATION OF NEW MEXICO - 615 VIRGINIA ST. SE - ALBUQUERQUE, NM 87108 | 85-0207652 | 501(C)(3) | 10,000. | 0. | | | ANIMAL/WILDLIFE |
| MORRIS ANIMAL FOUNDATION 10200 EAST GIRARD AVE. SUITE B430 DENVER, CO 80231 | 84-6032307 | 501(C)(3) | 5,000. | 0. | | | ANIMAL/WILDLIFE |
| DOCTORS WITHOUT BORDERS P.O. BOX 5030 HAGERSTOWN, MD 21741 | 13-3433452 | 501(C)(3) | 5,000. | 0. | | | HEALTH/GENERAL/REHAB |
| NATIONAL JEWISH HEALTH P.O. BOX 17169 DENVER, CO 80217-0169 | 74-2044647 | 501(C)(3) | 10,000. | 0. | | | HEALTH/GENERAL/REHAB |
| WORKING CLASSROOM, INC. 423 ATLANTIC AVE. SW ALBUQUERQUE, NM 87102 | 85-0280287 | 501(C)(3) | 18,400. | 0. | | | ARTS/CULTURE |
| ESCUELA DEL SOL MONTESSORI SCHOOL 1114 7TH ST. NW ALBUQUERQUE, NM 87102 | 23-7088029 | 501(C)(3) | 7,500. | 0. | | | ARTS/CULTURE |
| 516 ARTS 516 CENTRAL SW ALBUQUERQUE, NM 87102 | 20-8540744 | 501(C)(3) | 20,000. | 0. | | | ARTS/CULTURE |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| OFFCENTER COMMUNITY ARTS PROJECT P.O. BOX 341 ALBUQUERQUE, NM 87103-0341 | 85-0480889 | 501(C)(3) | 11,000. | 0. | | | ARTS/CULTURE |
| 516 ARTS 516 CENTRAL SW ALBUQUERQUE, NM 87102 | 20-8540744 | 501(C)(3) | 15,000. | 0. | | | ARTS/CULTURE |
| 516 ARTS 516 CENTRAL SW ALBUQUERQUE, NM 87102 | 20-8540744 | 501(C)(3) | 15,000. | 0. | | | ARTS/CULTURE |
| ESCUELA DEL SOL MONTESSORI SCHOOL 1114 7TH ST. NW ALBUQUERQUE, NM 87102 | 23-7088029 | 501(C)(3) | 7,500. | 0. | | | EDUCATION |
| NEW MEXICO XTREME SPORTS ASSOCIATION, INC. - 508 FIRST ST. NW - ALBUQUERQUE, NM 87102 | 43-2089526 | 501(C)(3) | 10,000. | 0. | | | SPORTS/RECREATION |
| MENAU SCHOOL 301 MENAU BLVD. NE ALBUQUERQUE, NM 87107 | 85-0218216 | 501(C)(3) | 5,000. | 0. | | | EDUCATION |
| PLANNED PARENTHOOD OF NEW MEXICO 719 SAN MATEO NE ALBUQUERQUE, NM 87108-1434 | 85-0197745 | 501(C)(3) | 10,500. | 0. | | | HEALTH/GENERAL/REHAB |
| PLANNED PARENTHOOD OF NEW MEXICO 719 SAN MATEO NE ALBUQUERQUE, NM 87108-1434 | 85-0197745 | 501(C)(3) | 30,000. | 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 |

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 MUSEUM OF NATURAL HISTORY FOUNDATION - P.O. BOX 25446 - ALBUQUERQUE, NM 87125-5446 | 85-0257595 | 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 |
| SCHOOL FOR ADVANCED RESEARCH ON THE HUMAN EXPERIENCE - P.O. BOX 2188 - SANTA FE, NM 87504-2188 | 85-0125045 | 501(C)(3) | 5,000. | 0. | | | SOCIAL SCIENCE RESEARCH |
| NATIONAL DANCE INSTITUTE OF NEW MEXICO - 1140 ALTO STREET - SANTA FE, NM 87501 | 85-0431846 | 501(C)(3) | 10,000. | 0. | | | ARTS/CULTURE |
| WORKING CLASSROOM, INC. 423 ATLANTIC AVE. SW ALBUQUERQUE, NM 87102 | 85-0280287 | 501(C)(3) | 10,000. | 0. | | | ARTS/CULTURE |
| ALBUQUERQUE YOUTH SYMPHONY PROGRAM P.O. BOX 30961 ALBUQUERQUE, NM 87190-0961 | 85-0421180 | 501(C)(3) | 6,000. | 0. | | | ARTS/CULTURE |
| NEW MEXICO MESA, INC. 2808 CENTRAL SE, STE 122 ALBUQUERQUE, NM 87106 | 85-0371954 | 501(C)(3) | 5,000. | 0. | | | EDUCATION |
| EXPLORA SCIENCE CENTER 1701 MOUNTAIN RD. NW ALBUQUERQUE, NM 87104 | 85-0442062 | 501(C)(3) | 10,000. | 0. | | | EDUCATION |
| BOSQUE SCHOOL 4000 LEARNING RD. NW ALBUQUERQUE, NM 87120 | 85-0420092 | 501(C)(3) | 5,000. | 0. | | | EDUCATION |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ALBUQUERQUE PUBLIC SCHOOLS 6400 UPTOWN BLVD. NE STE 420W ALBUQUERQUE, NM 87110 | 85-0434438 | 501(C)(3) | 10,000. | 0. | | | EDUCATION |
| NEW MEXICO FOUNDATION FOR DENTAL HEALTH - P.O. BOX 16854 - ALBUQUERQUE, NM 87191 | 74-3146433 | 501(C)(3) | 9,000. | 0. | | | HEALTH/GENERAL/REHAB |
| 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 |
| CHILDREN'S GRIEF CENTER OF NEW MEXICO - 3001 TRELIS NW - ALBUQUERQUE, NM 87107 | 85-0474099 | 501(C)(3) | 8,000. | 0. | | | MENTAL HEALTH/ INTERVENTION |
| SAMARITAN COUNSELING CENTER 1101 MEDICAL ARTS AVE. NE #3 ALBUQUERQUE, NM 87102 | 85-0342072 | 501(C)(3) | 10,000. | 0. | | | MENTAL HEALTH/ INTERVENTION |
| ACUPUNCTURISTS WITHOUT BORDERS 909 VIRGINIA ST. NE STE 211 ALBUQUERQUE, NM 87108 | 54-2190889 | 501(C)(3) | 5,000. | 0. | | | MENTAL HEALTH/ INTERVENTION |
| PRESBYTERIAN EAR INSTITUTE 415 CEDAR ST. SE ALBUQUERQUE, NM 87106-3927 | 85-0373591 | 501(C)(3) | 7,000. | 0. | | | DISEASE/DISORDERS |
| PEGASUS LEGAL SERVICES FOR CHILDREN - 3201 FOURTH ST. NW - ALBUQUERQUE, NM 87107 | 46-0509986 | 501(C)(3) | 10,000. | 0. | | | CRIME/LEGAL RELATED |
| GOODWILL INDUSTRIES OF NEW MEXICO 5000 SAN MATEO NE ALBUQUERQUE, NM 87109 | 85-0107916 | 501(C)(3) | 10,000. | 0. | | | JOBS/EMPLOYMENT |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ACCION NEW MEXICO ARIZONA COLORADO 2000 ZEARING AVE. NW ALBUQUERQUE, NM 87104 | 85-0417347 | 501(C)(3) | 9,000. | 0. | | | JOBS/EMPLOYMENT |
| WESST CORP 609 BROADWAY NE ALBUQUERQUE, NM 87102-2334 | 85-0367809 | 501(C)(3) | 10,000. | 0. | | | JOBS/EMPLOYMENT |
| RIO GRANDE FOOD PROJECT P.O. BOX 66498 ALBUQUERQUE, NM 87193 | 20-1667103 | 501(C)(3) | 5,000. | 0. | | | FOOD/NUTRITION/AGRICULTUR |
| ROADRUNNER FOOD BANK 5840 OFFICE BOULEVARD NE ALBUQUERQUE, NM 87109 | 85-0278525 | 501(C)(3) | 10,000. | 0. | | | FOOD/NUTRITION/AGRICULTUR |
| THE STOREHOUSE 106 BROADWAY SE ALBUQUERQUE, NM 87102 | 85-0241340 | 501(C)(3) | 10,000. | 0. | | | FOOD/NUTRITION/AGRICULTUR |
| ALBUQUERQUE MEALS ON WHEELS P.O. BOX 92614 ALBUQUERQUE, NM 87199-2614 | 85-0307043 | 501(C)(3) | 5,000. | 0. | | | FOOD/NUTRITION/AGRICULTUR |
| ST. MARTIN'S HOSPITALITY CENTER P.O. BOX 27258 ALBUQUERQUE, NM 87125 | 85-0338552 | 501(C)(3) | 9,000. | 0. | | | HOUSING/SHELTER |
| BARRETT FOUNDATION 10300 CONSTITUTION AVE. NE ALBUQUERQUE, NM 87112 | 85-0336208 | 501(C)(3) | 8,000. | 0. | | | HOUSING/SHELTER |
| METROPOLITAN HOMELESSNESS PROJECT P.O. BOX 27636 ALBUQUERQUE, NM 87125 | 20-1917517 | 501(C)(3) | 10,000. | 0. | | | HOUSING/SHELTER |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GREATER ALBUQUERQUE HABITAT FOR HUMANITY - P.O. BOX 8353 - ALBUQUERQUE, NM 87198 | 85-0359138 | 501(C)(3) | 8,000. | 0. | | | HOUSING/SHELTER |
| CROSSROADS FOR WOMEN 805 TIJERAS NW ALBUQUERQUE, NM 87102 | 85-0448641 | 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) | 10,000. | 0. | | | HUMAN SERVICES |
| PB&J FAMILY SERVICES, INC. 1101 LOPEZ RD., SW ALBUQUERQUE, NM 87105 | 85-0231566 | 501(C)(3) | 10,000. | 0. | | | HUMAN SERVICES |
| ENLACE COMUNITARIO P.O. BOX 8919 ALBUQUERQUE, NM 87198 | 85-0473384 | 501(C)(3) | 10,000. | 0. | | | HUMAN SERVICES |
| A NEW DAY YOUTH & FAMILY SERVICES 1330 SAN PEDRO DR. NE #201B ALBUQUERQUE, NM 87110 | 85-0245782 | 501(C)(3) | 8,000. | 0. | | | HUMAN SERVICES |
| ARCA, INC. 11300 LOMAS BLVD. NE ALBUQUERQUE, NM 87112 | 85-6005755 | 501(C)(3) | 8,000. | 0. | | | HUMAN SERVICES |
| NEW MEXICO APPLESEED 600 CENTRAL AVE SE STE 200 ALBUQUERQUE, NM 87102 | 20-4985257 | 501(C)(3) | 5,000. | 0. | | | CIVIL RIGHTS / ADVOCACY |
| SENIOR CITIZENS' LAW OFFICE 4317 LEAD SE, STE A ALBUQUERQUE, NM 87108 | 85-0314545 | 501(C)(3) | 5,000. | 0. | | | CIVIL RIGHTS / ADVOCACY |

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 CENTER ON LAW & POVERTY, INC. - 720 VASSAR DR. NE - ALBUQUERQUE, NM 87106 | 85-0437960 | 501(C)(3) | 10,000. | 0. | | | PUBLIC POLICY |
| GLOBAL LEARNING ACROSS BORDERS, INC. - 4307 42ND ST. 5C - SUNNYSIDE, NY 11104 | 20-4412113 | 501(C)(3) | 10,000. | 0. | | | EDUCATION |
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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 |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| BARNES W. ROSE JR. AND EVA ROSE NICKOL SCHOLARSHIP | 1 | 750. | 0. | | |
| BRYAN CLINE MEMORIAL SOCCER SCHOLARSHIP | 2 | 1,500. | 0. | | |
| EXCEL STAFFING COMPANIES SCHOLARSHIPS FOR EXCELLENCE IN CONTINUING EDUCATION | 3 | 3,000. | 0. | | |
| CHARLIE AND KATHY BARNHART AND KEN HAYNES, JR. MANUFACTURED HOUSING ASSOCIATION SCHOLARSHIP | 2 | 1,500. | 0. | | |
| KIWANIS CLUB OF ALBUQUERQUE SCHOLARSHIP | 4 | 3,900. | 0. | | |

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 WITHIN 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 |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| JAMES LEDWITH MEMORIAL SCHOLARSHIP | 1. | 1,000. | 0. | | |
| MANUEL LUJAN EXCELLENCE IN EDUCATION SCHOLARSHIP | 56. | 33,450. | 0. | | |
| NOTAH BEGAY III SCHOLAR-ATHLETES SCHOLARSHIP | 2. | 2,800. | 0. | | |
| JIM AND ANN NELSON STUDENT AID FUND FOR FOSTER YOUTH | 3. | 3,600. | 0. | | |
| ROBBY BAKER MEMORIAL SCHOLARSHIP | 1. | 750. | 0. | | |
| CARL F. SCOTT SCHOLARSHIPS FOR TUCUMCARI LODGE NO 27 A.F. & A.M. | 12. | 20,561. | 0. | | |
| SUSSMAN-MILLER EDUCATIONAL ASSISTANCE FUND | 26. | 40,250. | 0. | | |
| DAVID R. WOODLING MEMORIAL FUND | 6. | 3,435. | 0. | | |
| WOODCOCK FAMILY EDUCATION SCHOLARSHIPS | 7. | 15,500. | 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

2012

Open to Public Inspection

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|---|--|--|--|--|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>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</p> | 1b | | | | | | | | | |
| <p>2 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?</p> | 2 | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | 4b | 4c | | | | | | | |
| | | | X | | | | | | | |
| | | | X | | | | | | | |
| | | | X | | | | | | | |
| <p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p> | 5a | 5b | | | | | | | | |
| | | | X | | | | | | | |
| | | | X | | | | | | | |
| <p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p> | 6a | 6b | | | | | | | | |
| | | | X | | | | | | | |
| | | | X | | | | | | | |
| <p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p> | 7 | | X | | | | | | | |
| <p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | 8 | | X | | | | | | | |
| <p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

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

Schedule J (Form 990) 2012

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) R RANDALL ROYSTER PRESIDENT & CEO | (i) | 146,200. | 0. | 0. | 0. | 6,662. | 152,862. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 11,536. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

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 | X | 9 | 142,523. | FMV |
| 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 | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 1 | 10,000. | FMV |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (<u>A/V EQUIPMENT</u>) | X | 1 | 19,750. | FMV |
| 26 Other ▶ (<u>FURNITURE</u>) | X | 1 | 1,666. | FMV |
| 27 Other ▶ (<u>COMPUTER</u>) | X | 1 | 1,000. | FMV |
| 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**

| | 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) (2012)

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

2012

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:

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 AND OTHER GLOBAL OUTREACH ORGANIZATIONS.

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. 151
NON-PROFIT ORGANIZATIONS RECEIVED GRANTS.

EXPENSES \$ 1,002,279. INCLUDING GRANTS OF \$ 790,852. REVENUE \$ 22,247.

ENVIRONMENTAL AND HISTORIC PRESERVATION GRANTS TO HELP PRESERVE
HISTORIC RESOURCES, CONSERVE THE NATURAL LAND, PROTECT WILDLIFE AND
PROVIDE ENVIRONMENTAL EDUCATION. 26 NON-PROFIT ORGANIZATIONS RECEIVED
GRANTS.

EXPENSES \$ 144,275. INCLUDING GRANTS OF \$ 113,841. REVENUE \$ 3,202.

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

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

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

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: THE EXECUTIVE COMMITTEE OF THE FOUNDATION DETERMINES THE SALARY OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE 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 EXECUTIVE COMMITTEE 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 X, LINES 11 & 12
IN 2012, INVESTMENTS WERE REGROUPED ON THE 990 IN ORDER TO BETTER CONFORM WITH IRS INSTRUCTIONS. IN ORDER TO BE CONSISTENT, 2011 INVESTMENTS WERE ALSO REGROUPED.

Name of the organization
ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number
85-0295444

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

TRANSFER FROM COMMUNITY ORGANIZATION 2,733,088.

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. THE PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS.

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 (if applicable) 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 25266 ALBUQUERQUE, NM 87176 | TO HOLD DONATED ASSETS | NEW MEXICO | 125. | 14,034. | |
| HISTORIC CHAMPION GROCERY BUILDING, LLC - 27-2804817, 622-624 TIJERAS AVENUE NW, ALBUQUERQUE, NM 87102 | TO HOLD DONATED BUILDING | NEW MEXICO | 512,084. | 2,278,284. | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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, 35b, 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 |
|---|-----------|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | 1a | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | |
| d Loans or loan guarantees to or for related organization(s) | 1d | |
| e Loans or loan guarantees by related organization(s) | 1e | |
| f Dividends from related organization(s) | 1f | |
| g Sale of assets to related organization(s) | 1g | |
| h Purchase of assets from related organization(s) | 1h | |
| i Exchange of assets with related organization(s) | 1i | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | |
| o Sharing of paid employees with related organization(s) | 1o | |
| p Reimbursement paid to related organization(s) for expenses | 1p | |
| q Reimbursement paid by related organization(s) for expenses | 1q | |
| r Other transfer of cash or property to related organization(s) | 1r | |
| s Other transfer of cash or property from related organization(s) | 1s | |

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-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

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

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

Enter filer's identifying number, see instructions

| | | |
|---|---|--|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions ALBUQUERQUE COMMUNITY FOUNDATION | Employer identification number (EIN) or 85-0295444 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 25266 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALBUQUERQUE, NM 87125-5266 | |

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

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990 or Form 990-EZ | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 | 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.

JOHN MAES

• The books are in the care of **▶ 624 TIJERAS AVE NW - ALBUQUERQUE, NM 87102**
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 **X**
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, 2013.**

5 For calendar year **2012**, 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.

| | | | |
|---|----|----|----|
| 8a 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. | 8a | \$ | 0. |
| 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. | 8b | \$ | 0. |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | 0. |

Signature and Verification must be completed for Part II only.

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

Signature **▶ *Eyhan Cator*** Title **▶ CPA** Date **▶ 8/6/13**

CERTIFIED MAIL

8/6/13

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

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

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

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

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

Part I only

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

| | | |
|--|---|--|
| Type or print | Name of exempt organization or other filer, see instructions. ALBUQUERQUE COMMUNITY FOUNDATION | Employer identification number (EIN) or 85-0295444 |
| 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. P.O. BOX 25266 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALBUQUERQUE, NM 87125-5266 | |

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

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 | 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 |

CASSIDY GRANTHAM

• The books are in the care of ▶ **624 TIJERAS AVE NW - ALBUQUERQUE, NM 87102**
 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2012** or
 ▶ tax year beginning _____, and ending _____.

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

| | | | |
|--|-----------|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for 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. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 109

FOR THE YEAR ENDING

December 31, 2012

| | |
|---|--|
| Prepared for | Albuquerque Community Foundation P.O. Box 25266 Albuquerque, NM 87125-5266 |
| Prepared by | Atkinson & CO., Ltd. P.O. Box 25246 Albuquerque, NM 87125 |
| Amount due or refund | Balance due of \$48 |
| Make check payable to | Franchise Tax Board |
| Mail tax return and check (if applicable) to | Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0701 |
| Return must be mailed on or before | December 16, 2013 |
| Special Instructions | The return should be signed and dated by an authorized individual. Include the organization's California corporation/organization number or FEIN and "2012 Form 109" on the remittance. |

2012

Underpayment of Estimated Tax by Corporations

5806

For calendar year 2012 or fiscal year beginning month _____ day _____ year 2012, and ending month _____ day _____ year _____.

Corporation name **ALBUQUERQUE COMMUNITY FOUNDATION** California corporation number _____

Part I Figure the Underpayment

| | | | | | | |
|-----|---|--------------------------|--------------|----------------|-----------------|-----|
| 1 | Current year's tax. See instructions | | | | 1 | 47. |
| 2 | Installment due dates. See instructions | (a) | (b) | (c) | (d) | |
| | | 04/16/12 | 06/15/12 | 09/17/12 | 12/17/12 | |
| 3 | Percentage required. See instructions | 30% (not less than min.) | 70% less 1st | 70% less prior | 100% less prior | |
| 4 | Amount due. See instructions | 14. | 19. | | 14. | |
| 5 a | Amount paid or credited for each installment | | | | | |
| b | Overpayment from previous installment | | | | | |
| 6 | Add line 5a and line 5b | | | | | |
| 7 | Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). (If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets.) | 14. | 19. | | 14. | |

Part II Exceptions to the Penalty

If Exception A, line 8a is met for all four installments, **do not** attach this form to the return.

| | | (check the applicable boxes) | | | | | | | |
|-----|---|------------------------------|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 8 a | Exception A - Regular Corporations, line 26 | 8a | | | | | | | |
| b | Exception A - Large Corporations | 8b | | | | | | | |
| 9 | Exception B (line 42) met? | 9 | | | | | | | |
| 10 | Exception C (line 64) met? | 10 | | | | | | | |

Part III Figure the Penalty

If line 7 shows an underpayment for any installment and one of the three exceptions was not met, figure the penalty for that installment by completing line 11 through line 22.

| | | | | | | |
|-----|---|-----|-------------------------------|--|--|----|
| 11 | Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instructions. | 11 | | | | |
| 12 | Number of days from date shown on line 2 to date shown on line 11 | 12 | | | | |
| 13 | Number of days on line 12 before 7/01/12 | 13 | | | | |
| 14 | Number of days on line 12 after 6/30/12 and before 1/01/13 | 14 | | | | |
| 15 | Number of days on line 12 after 12/31/12 and before 7/01/13 | 15 | | | | |
| 16 | Number of days on line 12 after 6/30/13 and before 1/01/14. See instr. | 16 | | | | |
| 17 | Number of days on line 12 after 12/31/13 and before 2/15/14 | 17 | | | | |
| 18 | Number of days on line 13 Number of days in taxable year x 4% x line 7 | 18 | | | | |
| 19 | Number of days on line 14 Number of days in taxable year x 3% x line 7 | 19 | | | | |
| 20 | Number of days on line 15 Number of days in taxable year x 3% x line 7 | 20 | | | | |
| 21 | Number of days on line 16 Number of days in taxable year x % (see instr.) x line 7 | 21 | | | | |
| 22 | Number of days on line 17 Number of days in taxable year x % (see instr.) x line 7 | 22 | SEE ATTACHED WORKSHEET | | | |
| 22a | Add amounts for each column from line 18 through line 22 | 22a | | | | |
| 22b | Total estimated penalty due. Add line 22a, column (a) through column (d). Enter here and on Form 100, line 42a; Form 100W, line 41a; Form 100S, line 41a; or Form 109, line 25 | 22b | | | | 1. |

California Exempt Organization Business Income Tax Return

2012

Calendar Year 2012 or fiscal year beginning month day year, and ending month day year

Corporation/Organization Name California corporation number

ALBUQUERQUE COMMUNITY FOUNDATION

Address (suite, room, or PMB no.) FEIN

P.O. BOX 25266 85-0295444

City State ZIP Code ALBUQUERQUE NM 87125-5266

A First Return Filed? B Is this an education IRA... C Is the organization under audit... D Final Return? E Amended Return F Accounting Method Used G Nature of trade or business H Is the organization a non-exempt charitable trust... I Is this organization claiming any Enterprise Zone... J Is this organization a qualified pension... K Unrelated Business Activity (UBA) Code L Is this a Hospital?

Table with columns for Taxable Corporation, Taxable Trust, Tax Computation, Total Tax, Payments, Refund, and Amount Due. Rows include Unrelated business taxable income, tax calculations, and total amounts.

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

| | | | | | |
|----|---|-------------------------------|-----------|----|----------|
| 1 | a Gross receipts or gross sales | b Less returns and allowances | c Balance | 1c | 00 |
| 2 | Cost of goods sold and/or operations (Schedule A, line 7) | | | 2 | 00 |
| 3 | Gross profit. Subtract line 2 from line 1c | | | 3 | 00 |
| 4 | a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541) | | | 4a | 00 |
| | b Net gain (loss) from Part II, Schedule D-1 | | | 4b | 00 |
| | c Capital loss deduction for trusts | | | 4c | 00 |
| 5 | Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule SEE STATEMENT 2 | | | 5 | 1,529.00 |
| 6 | Rental income (Schedule C) | | | 6 | 00 |
| 7 | Unrelated debt-financed income (Schedule D) | | | 7 | 00 |
| 8 | Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) | | | 8 | 00 |
| 9 | Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F) | | | 9 | 00 |
| 10 | Exploited exempt activity income (Schedule G) | | | 10 | 00 |
| 11 | Advertising income (Schedule H, Part III, Column A) | | | 11 | 00 |
| 12 | Other income. Attach schedule | | | 12 | 00 |
| 13 | Total unrelated trade or business income. Add line 3 through line 12 | | | 13 | 1,529.00 |

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | | | |
|----|--|-----|----|-----|----------|
| 14 | Compensation of officers, directors, and trustees from Schedule I | | | 14 | 00 |
| 15 | Salaries and wages | | | 15 | 00 |
| 16 | Repairs | | | 16 | 00 |
| 17 | Bad debts | | | 17 | 00 |
| 18 | Interest | | | 18 | 00 |
| 19 | Taxes | | | 19 | 00 |
| 20 | Contributions | | | 20 | 00 |
| 21 | a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F) | 21a | 00 | | |
| | b Less: depreciation claimed on Schedule A | 21b | 00 | 21 | 00 |
| 22 | Depletion | | | 22 | 00 |
| 23 | a Contributions to deferred compensation plans | | | 23a | 00 |
| | b Employee benefit programs | | | 23b | 00 |
| 24 | Other deductions | | | 24 | 00 |
| 25 | Total deductions. Add line 14 through line 24 | | | 25 | 00 |
| 26 | Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13 | | | 26 | 1,529.00 |
| 27 | Excess advertising costs (Schedule H, Part III, Column B) | | | 27 | 00 |
| 28 | Unrelated business taxable income before specific deduction. Subtract line 27 from line 26 | | | 28 | 1,529.00 |
| 29 | Specific deduction | | | 29 | 1,000.00 |
| 30 | Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28 | | | 30 | 529.00 |

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 taxpayer) is based on all information of which preparer has any knowledge.

| | | | | |
|--------------------------|---|---|------|----------------------------------|
| Sign Here | Signature of officer | Title PRESIDENT & CEO | Date | Telephone |
| | Preparer's signature | Date | | PTIN P00003026 |
| Paid Preparer's Use Only | Firm's name (or yours, if self-employed) and address | Check if self-employed <input type="checkbox"/> | | FEIN 85-0211867 |
| | May the FTB discuss this return with the preparer shown above? See instructions | | | Telephone 505-843-6492 |

TAXPAYER'S COPY

ATKINSON & CO., LTD.
P.O. BOX 25246
ALBUQUERQUE, NM 87125

Yes No

Schedule A Cost of Goods Sold and/or Operations.

Table with 7 rows for Schedule A. Line 1: Inventory at beginning of year (00). Line 2: Purchases (00). Line 3: Cost of labor (00). Line 4a: Additional IRC Section 263A costs (00). Line 4b: Other costs (00). Line 5: Total (00). Line 6: Inventory at end of year (00). Line 7: Cost of goods sold (00). Includes a checkbox for IRC Section 263A rules: Yes [], No [X].

Schedule B Tax Credits. Do not claim the New Jobs Credit on Schedule B.

Table with 4 rows for Schedule B. Line 1: Enter credit name, code no., amount (00). Line 2: Enter credit name, code no., amount (00). Line 3: Enter credit name, code no., amount (00). Line 4: Total of all claimed credits (00).

Schedule K Add-On Taxes or Recapture of Tax.

Table with 5 rows for Schedule K. Line 1: Interest computation under look-back method (00). Line 2: Interest on tax attributable to installment (2a, 2b) (00). Line 3: IRC Section 197(f)(9)(B)(ii) election (00). Line 4: Credit recapture (00). Line 5: Total (00).

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Table for Schedule R. Includes questions about alternate method election. Part A: Standard Method - Three Factor Formula. Part B: Alternate Method - Single-Sales Factor Formula. Columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California.

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

Table for Schedule C. Line 1: Description of property. Line 2: Rent received or accrued. Line 3: Percentage of rent attributable to personal property. Line 4: Complete if any item in column 3 is more than 50%. Line 5: Complete if any item in column 3 is more than 10%, but not more than 50%. Includes columns for deductions, gross income, and net income.

Schedule D Unrelated Debt-Financed Income

| 1 Description of debt-financed property | | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property | | |
|--|--|--|---|---|---|
| | | | (a) Straight-line depreciation | (b) Other deductions | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4 Amount of average acquisition indebtedness on or allocable to debt-financed property | 5 Average adjusted basis of or allocable to debt-financed property | 6 Debt basis percentage, column 4 ÷ column 5 | 7 Gross income reportable, column 2 x column 6 | 8 Allocable deductions, total of columns 3(a) and 3(b) x column 6 | 9 Net income (or loss) includible, column 7 less column 8 |
| | | % | | | |
| | | % | | | |
| | | % | | | |
| Total. Enter here and on Side 2, Part I, line 7 | | | | | |

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

| 1 Description | 2 Amount | 3 Deductions directly connected | 4 Net investment income, column 2 less column 3 | 5 Set-asides | 6 Balance of investment income, column 4 less column 5 |
|---|----------|---------------------------------|---|--------------|--|
| | | | | | |
| | | | | | |
| Total. Enter here and on Side 2, Part I, line 8 | | | | | |
| Enter gross income from members (dues, fees, charges, or similar amounts) | | | | | |

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

| Exempt Controlled Organizations | | | | | |
|---|----------------------------------|------------------------------------|---|--|---|
| 1 Name of controlled organizations | 2 Employer Identification Number | 3 Net unrelated income (loss) | 4 Total of specified payments made | 5 Part of column (4) that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column (5) |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7 Taxable Income | 8 Net unrelated income (loss) | 9 Total of specified payments made | 10 Part of column (9) that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column (10) | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 Add columns 5 and 10 | | | | | |
| 5 Add columns 6 and 11 | | | | | |
| 6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9 | | | | | |

Schedule G Exploited Exempt Activity Income, other than Advertising Income

| 1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity) | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income from unrelated trade or business, column 2 less column 3 | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expense, column 6 less column 5 but not more than column 4 | 8 Net income includible, column 4 less column 7 but not less than zero |
|--|--|--|---|--|-------------------------------------|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total. Enter here and on Side 2, Part I, line 10 | | | | | | | |

| | | | |
|----------|-----------------------------|-----------|---|
| FORM 109 | NATURE OF TRADE OR BUSINESS | STATEMENT | 1 |
|----------|-----------------------------|-----------|---|

ORDINARY BUSINESS INCOME FROM PARTNERSHIPS

TO FORM 109, PAGE 1

| | | | |
|----------|---------------------------------|-----------|---|
| FORM 109 | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT | 2 |
|----------|---------------------------------|-----------|---|

| DESCRIPTION | AMOUNT |
|-----------------------------------|--------|
| INCOME FROM PARTNERSHIPS | 1,529. |
| TOTAL TO FORM 109, PAGE 2, LINE 5 | 1,529. |

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

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

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

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

Enter filer's identifying number, see instructions

Form with fields for Name of exempt organization (ALBUQUERQUE COMMUNITY FOUNDATION), Employer identification number (EIN) (85-0295444), and City, town or post office, state, and ZIP code (ALBUQUERQUE, NM 87125-5266).

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

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Lists various forms like Form 990, Form 4720, Form 990-T, etc.

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

JOHN MAES

The books are in the care of 624 TIJERAS AVE NW - ALBUQUERQUE, NM 87102 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).

I request an additional 3-month extension of time until NOVEMBER 15, 2013.

For calendar year 2012, or other tax year beginning, and ending.

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

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.

Table with 3 rows (8a, 8b, 8c) and 2 columns (Description, Amount). 8a: tentative tax, 8b: refundable credits, 8c: balance due.

Signature and Verification must be completed for Part II only.

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

Signature: [Handwritten Signature] Title: CPA Date: 8/6/13

CERTIFIED MAIL

8/08/13

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

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

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

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

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

Part I only

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

| | | |
|--|---|--|
| Type or print | Name of exempt organization or other filer, see instructions. ALBUQUERQUE COMMUNITY FOUNDATION | Employer identification number (EIN) or 85-0295444 |
| 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. P.O. BOX 25266 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALBUQUERQUE, NM 87125-5266 | |

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

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 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 |

CASSIDY GRANTHAM

• The books are in the care of ▶ **624 TIJERAS AVE NW - ALBUQUERQUE, NM 87102**
 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2012** or
 ▶ tax year beginning _____, and ending _____.

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

| | | | |
|--|-----------|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for 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. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)