

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

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization ALBUQUERQUE COMMUNITY FOUNDATION
D Employer identification number 85-0295444
E Telephone number 505-883-6240
G Gross receipts \$ 28,186,164.
H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
I Tax-exempt status: 501(c)(3)
J Website: WWW.ALBUQUERQUEFOUNDATION.ORG
K Form of organization: Corporation
L Year of formation: 1981
M State of legal domicile: NM

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O; 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets; 3-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer R. RANDALL ROYSTER, PRESIDENT & CEO
Date
Print/Type preparer's name STEPHANIE J CATASCA, CPA
Preparer's signature
Date
Check if self-employed
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.

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 826,886. including grants of \$ 578,379.) (Revenue \$ 27,594.) 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. 148 DIFFERENT ORGANIZATIONS RECEIVED GRANTS.

4b (Code:) (Expenses \$ 418,662. including grants of \$ 292,840.) (Revenue \$ 13,971.) 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. 50 DIFFERENT NON-PROFIT ORGANIZATIONS RECEIVED GRANTS.

4c (Code:) (Expenses \$ 196,728. including grants of \$ 137,605.) (Revenue \$ 6,565.) SCHOLARSHIPS AND FINANCIAL AID AWARDS ALLOWING STUDENTS TO CONTINUE THEIR EDUCATION OR FURTHER THEIR CAREERS. 151 STUDENTS RECEIVED GRANTS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,719,111. including grants of \$ 1,202,461.) (Revenue \$ 57,368.)

4e Total program service expenses 3,161,387.

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; 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, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
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, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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 11 and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b with input fields and Yes/No columns.

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 (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked 'Yes' or 'No' with '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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked 'Yes' or 'No' with 'X'.

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.
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: CASSIDY GRANTHAM - 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 (describe hours for related organizations in Schedule O)	(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) DIANE HARRISON OGAWA PRESIDENT	2.00	X		X				0.	0.	0.
(2) VICTOR J CHAVEZ PAST PRESIDENT	1.00	X		X				0.	0.	0.
(3) RON J RIVERA TREASURER	2.00	X		X				0.	0.	0.
(4) KIM NUNLEY TRUSTEE	1.00	X						0.	0.	0.
(5) JULIA B BOWDICH SECRETARY	1.00	X		X				0.	0.	0.
(6) CARL ALONGI TRUSTEE	1.00	X						0.	0.	0.
(7) JAMES N KING TRUSTEE	1.00	X						0.	0.	0.
(8) MARK L GORHAM TRUSTEE	1.00	X						0.	0.	0.
(9) E LARRY LUJAN TRUSTEE	1.00	X						0.	0.	0.
(10) KAREN BARD TRUSTEE	1.00	X						0.	0.	0.
(11) KEVIN YEAROUT TRUSTEE	1.00	X						0.	0.	0.
(12) BEVERLY MCMILLAN TRUSTEE	1.00	X						0.	0.	0.
(13) GEORGE STANFIELD TRUSTEE	1.00	X						0.	0.	0.
(14) JENNIFER THOMAS TRUSTEE	1.00	X						0.	0.	0.
(15) VICKIE WILCOX TRUSTEE	1.00	X						0.	0.	0.
(16) ERIN YOUNG TRUSTEE	1.00	X						0.	0.	0.
(17) HILARY NOSKIN TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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) CHESTER FRENCH STEWART TRUSTEE	1.00	X						0.	0.	0.
(19) R RANDALL ROYSTER EXECUTIVE DIRECTOR	40.00			X				144,200.	0.	20,033.
1b Sub-total								144,200.	0.	20,033.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								144,200.	0.	20,033.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	126,800.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,311,329.				
	g Noncash contributions included in lines 1a-1f: \$		489,519.				
	h Total. Add lines 1a-1f		4,438,129.				
	Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code 523000	105,498.	105,498.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			105,498.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		458,856.			458,856.	
	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	23138696				
		(ii) Other					
		b Less: cost or other basis and sales expenses	24521550				
		c Gain or (loss)	-1382854				
	d Net gain or (loss)		-1382854.			-1382854.	
	8 a Gross income from fundraising events (not including \$ 126,800. of contributions reported on line 1c). See Part IV, line 18	a	44,985.				
		b Less: direct expenses	59,591.				
c Net income or (loss) from fundraising events			-14,606.			-14,606.	
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.			3,605,023.	105,498.	0.	-938,604.	

Part IX Statement of Functional Expenses

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

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	2,073,152.	2,073,152.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	138,133.	138,133.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	164,233.	14,781.	146,168.	3,284.
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	307,568.	195,505.	95,857.	16,206.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	68,901.	28,993.	36,865.	3,043.
10 Payroll taxes	34,759.	17,022.	16,230.	1,507.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	22,650.		22,650.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	73,759.	76.	73,683.	
g Other	330,162.	292,263.	36,836.	1,063.
12 Advertising and promotion	43,196.	12,204.	22,416.	8,576.
13 Office expenses	73,047.	28,983.	41,402.	2,662.
14 Information technology	45,670.	24,682.	19,408.	1,580.
15 Royalties				
16 Occupancy	49,766.	20,594.	26,976.	2,196.
17 Travel	29,587.	22,898.	6,185.	504.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,036.	407.	2,629.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,259.	14,364.	19,322.	1,573.
23 Insurance	29,856.		29,856.	
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 EVENT EXPENSES	224,633.	224,633.		
b ANNUAL LUNCHEON	31,509.	31,509.		
c DONOR RELATIONS	26,063.	17,811.	1,819.	6,433.
d TRAINING/DEVELOPMENT	5,098.	2,077.	2,794.	227.
e All other expenses	1,300.	1,300.		
25 Total functional expenses. Add lines 1 through 24e	3,811,337.	3,161,387.	601,096.	48,854.
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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,361,237.	1	2,900,250.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	784,000.	3	303,079.	
	4 Accounts receivable, net	69,011.	4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	10,049.	9	9,515.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,509,864.			
	b Less: accumulated depreciation	10b 188,601.	733,153.	10c	1,321,263.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	45,794,169.	12	45,164,863.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	4,112,158.	15	3,706,556.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	53,863,777.	16	53,405,526.		
Liabilities	17 Accounts payable and accrued expenses	136,769.	17	507,722.	
	18 Grants payable	13,500.	18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 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	14,094,389.	25	13,378,138.	
	26 Total liabilities. Add lines 17 through 25	14,244,658.	26	13,885,860.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	17,229,489.	27	17,215,553.	
	28 Temporarily restricted net assets	21,845,630.	28	21,760,113.	
	29 Permanently restricted net assets	544,000.	29	544,000.	
	Organizations that do not follow SFAS 117, 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	39,619,119.	33	39,519,666.	
34 Total liabilities and net assets/fund balances	53,863,777.	34	53,405,526.		

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	3,605,023.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,811,337.
3	Revenue less expenses. Subtract line 2 from line 1	3	-206,314.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,619,119.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	106,861.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	39,519,666.

Part XII Financial Statements and Reporting

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

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

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(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).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4225731.	2506803.	3874292.	5199725.	4363369.	20169920.
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	4225731.	2506803.	3874292.	5199725.	4363369.	20169920.
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)						3869968.
6 Public support. Subtract line 5 from line 4.						16299952.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4225731.	2506803.	3874292.	5199725.	4363369.	20169920.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2394061.	671,846.	554,249.	620,275.	458,856.	4699287.
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						24869207.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	65.54	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	60.97	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

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	59	24
2 Aggregate contributions to (during year)	580,430.	341,149.
3 Aggregate grants from (during year)	845,516.	401,726.
4 Aggregate value at end of year	16,033,120.	1,569,939.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	35,579,280.	33,336,719.	29,942,989.		
b Contributions	2,391,249.	908,729.	674,988.		
c Net investment earnings, gains, and losses	-639,066.	3,535,617.	4,941,422.		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,938,266.	2,201,785.	2,222,680.		
f Administrative expenses					
g End of year balance	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 43.00 %
 - b Permanent endowment .00 %
 - c Temporarily restricted endowment 57.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		544,000.		544,000.
c Leasehold improvements		116,119.	50,106.	66,013.
d Equipment		230,699.	138,495.	92,204.
e Other		619,046.		619,046.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,321,263.

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) EQUITY FUNDS	14,238,424.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	7,418,031.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE	4,633,662.	END-OF-YEAR MARKET VALUE
(D) LAND	270,001.	END-OF-YEAR MARKET VALUE
(E) PRIVATE EQUITY	3,290,413.	END-OF-YEAR MARKET VALUE
(F) FIXED INCOME/CASH	15,314,332.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	45,164,863.	

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	104,696.
(2) CHARITABLE REMAINDER TRUST	3,601,860.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	3,706,556.

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	3,156,150.
(3) LIABILITY FOR ASSETS HELD FOR	
(4) COMMUNITY ORGANIZATIONS	10,221,988.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	13,378,138.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,605,023.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,811,337.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-206,314.
4	Net unrealized gains (losses) on investments	4	106,861.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	106,861.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-99,453.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,887,270.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	106,861.
b	Donated services and use of facilities	2b	115,795.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	59,591.
e	Add lines 2a through 2d	2e	282,247.
3	Subtract line 2e from line 1	3	3,605,023.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,605,023.

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

1	Total expenses and losses per audited financial statements	1	3,986,723.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	115,795.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	59,591.
e	Add lines 2a through 2d	2e	175,386.
3	Subtract line 2e from line 1	3	3,811,337.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,811,337.

Part XIV Supplemental Information

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

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

COMMUNITY OVER TIME, DISTRIBUTIONS AND GRANTS ARE MADE TO ADDRESS

COMMUNITY NEEDS.

PART X, LINE 2: 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 XIV 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, 2011 AND 2010.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 59,591.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 59,591.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2011

Open To Public
Inspection

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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	171,785.			171,785.
	2 Less: Charitable contributions	126,800.			126,800.
	3 Gross income (line 1 minus line 2)	44,985.			44,985.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	14,868.			14,868.
	7 Food and beverages	24,873.			24,873.
	8 Entertainment	1,000.			1,000.
	9 Other direct expenses	18,850.			18,850.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(59,591)
	11 Net income summary. Combine line 3, column (d), and line 10				-14,606.

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:

a The organization's facility	13a	%
b An outside facility	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

2011

**Open to Public
Inspection**

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

**Employer identification number
85-0295444**

Part I General Information on Grants and Assistance

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

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

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
NATIVE AMERICAN COMMUNITY ACADEMY 1100 CARDENAS AVENUE S.E. ALBUQUERQUE, NM 87108	59-3833915	PUBLIC ED	170,500.	0.			EDUCATION
FARM TO TABLE, INC. 618B PASEO DE PERALTA SANTA FE, NM 87501	85-0438238	501(C)(3)	100,000.	0.			PUBLIC POLICY
CORNUCOPIA ADULT DAY SERVICES, INC. - 2002 BRIDGE BLVD SW - ALBUQUERQUE, NM 87105	85-0311603	501(C)(3)	37,000.	0.			HUMAN SERVICES
NEW MEXICO MILITARY INSTITUTE FOUNDATION, INC. - 101 WEST COLLEGE BLVD. - ROSWELL, NM 88201	85-6010718	501(C)(3)	33,012.	0.			SINGLE ORG SUPPORT
CENTER FOR CIVIC POLICY P.O. BOX 27616 ALBUQUERQUE, NM 87125	01-0869701	501(C)(3)	25,279.	0.			PUBLIC POLICY
OPERA SOUTHWEST P.O. BOX 27671 ALBUQUERQUE, NM 87125	23-7314812	501(C)(3)	25,000.	0.			ARTS/CULTURE

- 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) (2011)

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
LOCALOGY HC81 BOX 611 QUESTA, NM 87556	26-2078285	501(C)(3)	25,000.	0.			COMMUNITY IMPROVEMENT
FARM TO TABLE, INC. 618B PASEO DE PERALTA SANTA FE, NM 87501	85-0438238	501(C)(3)	25,000.	0.			PUBLIC POLICY
FARM TO TABLE, INC. 618B PASEO DE PERALTA SANTA FE, NM 87501	85-0438238	501(C)(3)	25,000.	0.			PUBLIC POLICY
NEW MEXICO BIOPARK SOCIETY 903 TENTH ST. SW ALBUQUERQUE, NM 87102	23-7087964	501(C)(3)	21,225.	0.			SINGLE ORG SUPPORT
ALBUQUERQUE COMMUNITY FOUNDATION P.O. BOX 36960 ALBUQUERQUE, NM 87176-6960	85-0295444	501(C)(3)	20,629.	0.			PHILANTHROPY/SERVICE ORG
516 ARTS 516 CENTRAL SW ALBUQUERQUE, NM 87102	20-8540744	501(C)(3)	20,000.	0.			ARTS/CULTURE
SENIOR ARTS, INC. P.O. BOX 4679 ALBUQUERQUE, NM 87196	85-0334831	501(C)(3)	20,000.	0.			ARTS/CULTURE
ARMAND HAMMER UNITED WORLD COLLEGE P.O. BOX 248 MONTEZUMA, NM 87731	85-0297355	501(C)(3)	20,000.	0.			EDUCATION
ENCUENTRO GATHERING PLACE 714 4TH ST. SW ALBUQUERQUE, NM 87102	27-2016727	501(C)(3)	20,000.	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
WORKING CLASSROOM, INC. 207 GOLD SW ALBUQUERQUE, NM 87102	85-0280287	501(C)(3)	18,000.	0.			ARTS/CULTURE
CHRISTINA KENT DAY NURSERY 423 3RD STREET SW ALBUQUERQUE, NM 87102	85-0105594	501(C)(3)	16,773.	0.			EDUCATION
NEW MEXICO APPLESEED 600 CENTRAL AVE SE ALBUQUERQUE, NM 87102	20-4985257	501(C)(3)	16,000.	0.			CIVIL RIGHTS / ADVOCACY
CENTER FOR CONTEMPORARY ARTS OF SANTA FE, INC. - 1050 OLD PECOS TRAIL - SANTA FE, NM 87505	85-0313183	501(C)(3)	15,000.	0.			ARTS/CULTURE
NEW MEXICO FORUM FOR YOUTH IN COMMUNITY - 924 PARK AVENUE SW, SUITE D - ALBUQUERQUE, NM 87102	20-1650827	501(C)(3)	15,000.	0.			PHILANTHROPY/SERVICE ORG
NEW MEXICO CONFERENCE OF CHURCHES P.O. BOX 606 BERNALILLO, NM 87004	23-7048906	501(C)(3)	14,808.	0.			RELIGION
UNM FOUNDATION MSC 074260, 1 UNM ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	14,100.	0.			SINGLE ORG SUPPORT
SANTA ROSA LIBRARY MOISE MEMORIAL LIBRARY, 208 5TH ST SANTA ROSA, NM 88435	85-6000172	GOV'T	13,612.	0.			EDUCATION
RIO GRANDE SCHOOL 715 CAMINO CABRA SANTA FE, NM 87505	85-0263326	501(C)(3)	13,000.	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.)

(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
UNM FOUNDATION MSC 074260, 1 UNM ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	13,000.	0.			SINGLE ORG SUPPORT
OFFCENTER COMMUNITY ARTS PROJECT P.O. BOX 341 ALBUQUERQUE, NM 87103-0341	85-0480889	501(C)(3)	12,000.	0.			ARTS/CULTURE
EL CENTRO DE IGUALDAD Y DERECHOS 714 4TH ST. SW ALBUQUERQUE, NM 87102	26-4675255	501(C)(3)	12,000.	0.			EDUCATION
NEW MEXICO SYMPHONY ORCHESTRA P.O. BOX 30208 ALBUQUERQUE, NM 87190	85-0110386	501(C)(3)	11,679.	0.			ARTS/CULTURE
UNM FOUNDATION MSC 074260, 1 UNM ALBUQUERQUE, NM 87131-0001	85-6000642	PROGRAM	10,712.	0.			COMMUNITY IMPROVEMENT
PLANNED PARENTHOOD OF NEW MEXICO 719 SAN MATEO NE ALBUQUERQUE, NM 87108-1434	85-0197745	501(C)(3)	10,500.	0.			HEALTH/GENERAL/REHAB
ART IN THE SCHOOL, INC. P.O. BOX 3416 ALBUQUERQUE, NM 87190-3416	85-0375839	501(C)(3)	10,000.	0.			ARTS/CULTURE
ART IN THE SCHOOL, INC. P.O. BOX 3416 ALBUQUERQUE, NM 87190-3416	85-0375839	501(C)(3)	10,000.	0.			ARTS/CULTURE
DANFORTH MUSEUM OF ART 123 UNION AVENUE FRAMINGHAM, MA 01702	04-2526917	501(C)(3)	10,000.	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
FESTIVAL BALLET ALBUQUERQUE 535 BLACK BEAR ROAD ALBUQUERQUE, NM 87122	27-1993089	501(C)(1)	10,000.	0.			ARTS/CULTURE
NATIONAL DANCE INSTITUTE OF NEW MEXICO - 1140 ALTO STREET - SANTA FE, NM 87501	85-0431846	501(C)(3)	10,000.	0.			ARTS/CULTURE
NATIONAL INSTITUTE OF FLAMENCO 214 GOLD STREET SW ALBUQUERQUE, NM 87102	85-0332879	501(C)(3)	10,000.	0.			ARTS/CULTURE
TAOS YOUTH MUSIC SCHOOL P.O. BOX 596 TAOS, NM 87571	26-0352422	501(C)(3)	10,000.	0.			ARTS/CULTURE
TRICKLOCK THEATRE COMPANY 1705 MESA VISTA RD. NE ALBUQUERQUE, NM 87106-3810	85-0413332	501(C)(3)	10,000.	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
WORKING CLASSROOM, INC. 207 GOLD SW ALBUQUERQUE, NM 87102	85-0280287	501(C)(3)	10,000.	0.			ARTS/CULTURE
WORKING CLASSROOM, INC. 207 GOLD SW ALBUQUERQUE, NM 87102	85-0280287	501(C)(3)	10,000.	0.			ARTS/CULTURE
DISMAS HOUSE P.O. BOX 6101 ALBUQUERQUE, NM 87197-6101	85-0478597	501(C)(3)	10,000.	0.			CRIME/LEGAL RELATED

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
DISMAS HOUSE P.O. BOX 6101 ALBUQUERQUE, NM 87197-6101	85-0478597	501(C)(3)	10,000.	0.			CRIME/LEGAL RELATED
PEGASUS LEGAL SERVICES FOR CHILDREN - 3201 FOURTH ST. NW - ALBUQUERQUE, NM 87107	46-0509986	501(C)(3)	10,000.	0.			CRIME/LEGAL RELATED
WINGS MINISTRY 2527 VIRGINIA NE. STE A ALBUQUERQUE, NM 87110	85-0473126	501(C)(3)	10,000.	0.			CRIME/LEGAL RELATED
CANCER SERVICES OF NEW MEXICO P.O. BOX 51735 ALBUQUERQUE, NM 87181	85-0481885	501(C)(3)	10,000.	0.			DISEASE/DISORDERS
APS EDUCATION FOUNDATION 6400 UPTOWN BLVD. NE STE 610E ALBUQUERQUE, NM 87110	85-0434438	PUBLIC ED	10,000.	0.			EDUCATION
APS EDUCATION FOUNDATION P.O. BOX 25704 ALBUQUERQUE, NM 87125	85-0434438	PUBLIC ED	10,000.	0.			EDUCATION
CAREER GUIDANCE INSTITUTE ALBUQUERQUE READS, 115 GOLD AVE SW ALBUQUERQUE, NM 87102	85-0323322	501(C)3 SU	10,000.	0.			EDUCATION
EXPLORA SCIENCE CENTER 1701 MOUNTAIN RD. NW ALBUQUERQUE, NM 87104	85-0442062	501(C)(3)	10,000.	0.			EDUCATION
FRACTAL FOUNDATION 2917 CAMPUS BLVD. NE ALBUQUERQUE, NM 87106	13-4252553	501(C)(3)	10,000.	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
AMY BIEHL HIGH SCHOOL FOUNDATION 123 4TH ST. SW ALBUQUERQUE, NM 87102	85-0483977	PUBLIC ED	10,000.	0.			EDUCATION
WILLIAMS COLLEGE 75 PARK ST., MEARS HOUSE WILLIAMSTOWN, MA 01267	04-2104847	501(C)(3)	10,000.	0.			EDUCATION
WILLIAMS COLLEGE 75 PARK ST., MEARS HOUSE WILLIAMSTOWN, MA 01267	04-2104847	501(C)(3)	10,000.	0.			EDUCATION
APS EDUCATION FOUNDATION P.O. BOX 25704 ALBUQUERQUE, NM 87125	85-0434438	PUBLIC ED	10,000.	0.			EDUCATION
EXPLORA SCIENCE CENTER 1701 MOUNTAIN RD. NW ALBUQUERQUE, NM 87104	85-0442062	501(C)(3)	10,000.	0.			EDUCATION
MENAUL SCHOOL 301 MENAUL BLVD. NE ALBUQUERQUE, NM 87107	85-0218216	501(C)(3)	10,000.	0.			EDUCATION
NEW MEXICO WILDERNESS ALLIANCE P.O. BOX 25464 ALBUQUERQUE, NM 87125	85-0457916	501(C)(3)	10,000.	0.			ENVIRONMENT GARDENS
RIO GRANDE COMMUNITY FARM 6804 FOURTH ST. NW #114 ALBUQUERQUE, NM 87107	74-2833329	501(C)(3)	10,000.	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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE STOREHOUSE 106 BROADWAY SE ALBUQUERQUE, NM 87102	85-0241340	501(C)(3)	10,000.	0.			FOOD/NUTRITION/AGRICULTUR
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
UNM FOUNDATION MSC 074260, 1 UNM ALBUQUERQUE, NM 87131-0001	85-0275408	PROGRAM	10,000.	0.			HEALTH/GENERAL/REHAB
BARRETT FOUNDATION 10300 CONSTITUTION AVE. NE ALBUQUERQUE, NM 87112	85-0336208	501(C)(3)	10,000.	0.			HOUSING/SHELTER
BARRETT FOUNDATION 10300 CONSTITUTION AVE. NE ALBUQUERQUE, NM 87112	85-0336208	501(C)(3)	10,000.	0.			HOUSING/SHELTER
ARCA, INC. 11300 LOMAS BLVD. NE ALBUQUERQUE, NM 87112	85-6005755	501(C)(3)	10,000.	0.			HUMAN SERVICES
CATHOLIC CHARITIES 2010 BRIDGE SW ALBUQUERQUE, NM 87105	85-0110070	501(C)(3)	10,000.	0.			HUMAN SERVICES
CUIDANDO LOS NINOS P.O. BOX 12786 ALBUQUERQUE, NM 87195	85-0366029	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

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
ENLACE COMUNITARIO P.O. BOX 8919 ALBUQUERQUE, NM 87198	85-0473384	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
PARENTS REACHING OUT 1920 B COLUMBIA DR. SE ALBUQUERQUE, NM 87106	85-0340120	501(C)(3)	10,000.	0.			HUMAN SERVICES
ACCION NEW MEXICO ARIZONA COLORADO 2000 ZEARING AVE. NW ALBUQUERQUE, NM 87104	85-0417347	501(C)(3)	10,000.	0.			JOBS/EMPLOYMENT
GOODWILL INDUSTRIES OF NEW MEXICO 5000 SAN MATEO NE ALBUQUERQUE, NM 87109	85-0107916	501(C)(3)	10,000.	0.			JOBS/EMPLOYMENT
WESST CORP 609 BROADWAY NE ALBUQUERQUE, NM 87102-2334	85-0367809	501(C)(3)	10,000.	0.			JOBS/EMPLOYMENT
SAMARITAN COUNSELING CENTER 1101 MEDICAL ARTS AVE. NE #3 ALBUQUERQUE, NM 87102	85-0342072	501(C)(3)	10,000.	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
NEW MEXICO ASSOCIATION OF GRANTMAKERS - P.O. BOX 9280 - SANTA FE, NM 87504-9280	85-0437031	501(C)(3)	10,000.	0.			PHILANTHROPY/SERVICE ORG

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
UNITED WAY OF CENTRAL NEW MEXICO PO BOX 25147 ALBUQUERQUE, NM 87125	85-0277138	PROGRAM	10,000.	0.			PHILANTHROPY/SERVICE ORG
UNITED WAY OF CENTRAL NEW MEXICO PO BOX 25147 ALBUQUERQUE, NM 87125	85-0277138	501(C)(3)	10,000.	0.			PHILANTHROPY/SERVICE ORG
NEW MEXICO CENTER ON LAW & POVERTY, INC. - 720 VASSAR DR. NE - ALBUQUERQUE, NM 87106	85-0437960	501(C)(3)	10,000.	0.			PUBLIC POLICY
CNM FOUNDATION 525 BUENA VISTA SE ALBUQUERQUE, NM 87106-4096	85-0338623	501(C)(3)	10,000.	0.			SINGLE ORG SUPPORT
NEW MEXICO STATE UNIVERSITY FOUNDATION, INC. - DOMINICI INSTITUTE, PO BOX 3590 - LAS CRUCES, NM 88003-3590	85-0170157	PUBLIC ED	10,000.	0.			SINGLE ORG SUPPORT
NEW MEXICO STATE UNIVERSITY FOUNDATION, INC. - P.O. BOX 3590 - LAS CRUCES, NM 88003-3590	85-0170157	PUBLIC ED	10,000.	0.			SINGLE ORG SUPPORT
YWCA MIDDLE RIO GRANDE 210 TRUMAN ST. NE #A ALBUQUERQUE, NM 87108	85-0107101	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
ANIMAL HUMANE ASSOCIATION OF NEW MEXICO - 615 VIRGINIA ST. SE - ALBUQUERQUE, NM 87108	85-0207652	501(C)(3)	9,980.	0.			ANIMAL/WILDLIFE
CATHOLIC CHARITIES 2010 BRIDGE SW ALBUQUERQUE, NM 87105	85-0110070	501(C)(3)	9,480.	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.)

(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
PEGASUS LEGAL SERVICES FOR CHILDREN - 3201 FOURTH ST. NW - ALBUQUERQUE, NM 87107	46-0509986	501(C)(3)	9,000.	0.			CRIME/LEGAL RELATED
ALZHEIMER'S ASSOCIATION 9500 MONTGOMERY NE #121 ALBUQUERQUE, NM 87111	85-0287820	501(C)(3)	9,000.	0.			DISEASE/DISORDERS
THE STOREHOUSE 106 BROADWAY SE ALBUQUERQUE, NM 87102	85-0241340	501(C)(3)	9,000.	0.			FOOD/NUTRITION/AGRICULTUR
NATIONAL DANCE INSTITUTE OF NEW MEXICO - 1140 ALTO STREET - SANTA FE, NM 87501	85-0431846	501(C)(3)	8,800.	0.			ARTS/CULTURE
APS EDUCATION FOUNDATION P.O. BOX 25704 ALBUQUERQUE, NM 87125	85-0434438	PUBLIC ED	8,544.	0.			ARTS/CULTURE
NEW MEXICO MUSEUM OF NATURAL HISTORY FOUNDATION - P.O. BOX 25446 - ALBUQUERQUE, NM 87125-5446	85-0257595	501(C)(3)	8,319.	0.			SINGLE ORG SUPPORT
COMMUNITY DENTAL SERVICES 2116 HINKLE SE ALBUQUERQUE, NM 87102	85-0237178	501(C)(3)	8,000.	0.			HEALTH/GENERAL/REHAB
PLAYWORKS ALBUQUERQUE C/O ACF P.O. BOX 36960 ALBUQUERQUE, NM 87176-6960	94-3251867	501(C)(3)	7,750.	0.			HEALTH/GENERAL/REHAB
SARANAM, LLC 1000 EUBANK NE STE A ALBUQUERQUE, NM 87112	20-2036621	LLC CORP	7,750.	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
BOSQUE SCHOOL 4000 LEARNING RD. NW ALBUQUERQUE, NM 87120	85-0420092	501(C)(3)	7,500.	0.			EDUCATION
GORDON BERNELL CHARTER SCHOOL 401 ROMA NW, 3RD FLOOR ALBUQUERQUE, NM 87102	26-1269320	PUBLIC ED	7,500.	0.			EDUCATION
METROPOLITAN HOMELESSNESS PROJECT ALBUQUERQUE OPPORTUNITY CENTER, P.O. BOX 27636 - ALBUQUERQUE, NM 87125	20-1917517	501(C)(3)	7,500.	0.			HOUSING/SHELTER
ACCION NEW MEXICO ARIZONA COLORADO 2000 ZEARING AVE. NW ALBUQUERQUE, NM 87104	85-0417347	501(C)(3)	7,500.	0.			JOBS/EMPLOYMENT
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
BERNALILLO COUNTY COUNCIL OF PTAS CLOTHING BANK, P.O. BOX 92675 ALBUQUERQUE, NM 87199	85-0340310	501(C)(3)	7,400.	0.			HUMAN SERVICES
ALBUQUERQUE OASIS, INC. C/O MACY'S, 6600 MENAUL BLVD. NE ALBUQUERQUE, NM 87110	32-0081580	501(C)(3)	7,300.	0.			PHILANTHROPY/SERVICE ORG
HAWKS ALOFT PO BOX 10028 ALBUQUERQUE, NM 87184	85-0418661	501(C)(3)	7,000.	0.			ANIMAL/WILDLIFE
LOCALOGY HC81 BOX 611 QUESTA, NM 87556	26-2078285	501(C)(3)	7,000.	0.			COMMUNITY IMPROVEMENT

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 FOUNDATION FOR DENTAL HEALTH - P.O. BOX 16854 - ALBUQUERQUE, NM 87191	74-3146433	501(C)(3)	7,000.	0.			HEALTH/GENERAL/REHAB
JEWISH FAMILY SERVICE OF NEW MEXICO - 5520 WYOMING NE STE 200 - ALBUQUERQUE, NM 87109	85-0346550	501(C)(3)	7,000.	0.			HUMAN SERVICES
SILVER HORIZONS NEW MEXICO, INC. P.O. BOX 6879 ALBUQUERQUE, NM 87197-6879	85-0279898	501(C)(3)	6,257.	0.			HOUSING/SHELTER
BOYS AND GIRLS CLUBS OF ALBUQUERQUE & RIO RANCHO, 3333 TRUMAN ST NE - ALBUQUERQUE, NM 87110	85-0106943	501(C)(3)	6,225.	0.			YOUTH DEVELOPMENT
ADELANTE DEVELOPMENT CENTER 3900 OSUNA RD. NE ALBUQUERQUE, NM 87109-4459	85-0262072	501(C)(3)	6,200.	0.			HUMAN SERVICES
NEW MEXICO CENTER ON LAW & POVERTY, INC. - 720 VASSAR DR. NE - ALBUQUERQUE, NM 87106	85-0437960	501(C)(3)	6,200.	0.			PUBLIC POLICY
NEW MEXICO BIOPARK SOCIETY 903 TENTH ST. SW ALBUQUERQUE, NM 87102	23-7087964	501(C)(3)	6,000.	0.			SINGLE ORG SUPPORT
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
NEW MEXICO CHILD ADVOCACY NETWORKS 707 BROADWAY NE #101 ALBUQUERQUE, NM 87102	85-0385103	501(C)(3)	6,000.	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.)

(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 OSTEOPATHIC FOUNDATION P.O. BOX 27029 ALBUQUERQUE, NM 87125	85-0402214	501(C)(3)	5,849.	0.			DISEASE/DISORDERS
MANA DE ALBUQUERQUE PO BOX 25801 ALBUQUERQUE, NM 87125	06-1835784	501(C)(3)	5,809.	0.			EDUCATION
AUDUBON NEW MEXICO RANDALL DAVEY AUDUBON CENTER, P.O. SANTA FE, NM 87504-9314	13-1624102	501(C)(3)	5,800.	0.			ANIMAL/WILDLIFE
CHILDREN'S GRIEF CENTER OF NEW MEXICO - 3001 TRELIS NW - ALBUQUERQUE, NM 87107	85-0474099	501(C)(3)	5,800.	0.			MENTAL HEALTH/ INTERVENTION
UNITED WAY OF CENTRAL NEW MEXICO PO BOX 25147 ALBUQUERQUE, NM 87125	85-0277138	501(C)(3)	5,500.	0.			PHILANTHROPY/SERVICE ORG
UNITED WAY OF CENTRAL NEW MEXICO PO BOX 25147 ALBUQUERQUE, NM 87125	85-0277138	501(C)(3)	5,500.	0.			PHILANTHROPY/SERVICE ORG
IMPACT PERSONAL SAFETY P.O. BOX 8350 SANTA FE, NM 87504	85-0475597	501(C)(3)	5,400.	0.			HUMAN SERVICES
ADELANTE DEVELOPMENT CENTER 3900 OSUNA RD. NE ALBUQUERQUE, NM 87109-4459	85-0262072	501(C)(3)	5,139.	0.			HUMAN SERVICES
ANIMAL HUMANE ASSOCIATION OF NEW MEXICO - 615 VIRGINIA ST. SE - ALBUQUERQUE, NM 87108	85-0207652	501(C)(3)	5,000.	0.			ANIMAL/WILDLIFE

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
DANFORTH MUSEUM OF ART 123 UNION AVENUE FRAMINGHAM, MA 01702	04-2526917	501(C)(3)	5,000.	0.			ARTS/CULTURE
LOCALOGY HC81 BOX 611 QUESTA, NM 87556	26-2078285	501(C)(3)	5,000.	0.			COMMUNITY IMPROVEMENT
HEALING THE CHILDREN SOUTHWEST CHAPTER, 1112 SAN PEDRO N ALBUQUERQUE, NM 87110	20-2976373	501(C)(3)	5,000.	0.			DISEASE/DISORDERS
JUVENILE DIABETES RESEARCH FOUNDATION - 2501 SAN PEDRO DR. NE STE 116 - ALBUQUERQUE, NM 87110	23-1907729	501(C)(3)	5,000.	0.			DISEASE/DISORDERS
NEW MEXICO SCHOOL FOR BLIND & VISUALLY IMPAIRED FOUNDATION - 801 STEPHEN MOODY ST. SE - ALBUQUERQUE, NM 87123	85-0298659	501(C)(3)	5,000.	0.			DISEASE/DISORDERS
PRESBYTERIAN EAR INSTITUTE 415 CEDAR ST. SE ALBUQUERQUE, NM 87106-3927	85-0373591	501(C)(3)	5,000.	0.			DISEASE/DISORDERS
JUNIOR ACHIEVEMENT OF NEW MEXICO, INC. - 4700 LINCOLN RD. NE #108 - ALBUQUERQUE, NM 87109	85-0416889	501(C)(3)	5,000.	0.			EDUCATION
KALAMAZOO COLLEGE 1200 ACADEMY STREET KALAMAZOO, MI 49006	38-1358014	501(C)(3)	5,000.	0.			EDUCATION
SANDIA PREPARATORY SCHOOL 532 OSUNA RD NE ALBUQUERQUE, NM 87113	85-0196115	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
UNSER CHILDREN'S DISCOVERY CENTER CHALLENGER LEARNING CENTER NEW MEXICO, 1776 MONTANO NW - LOS RANCHOS, NM 871	03-0425737	501(C)(3)	5,000.	0.			EDUCATION
AMY BIEHL HIGH SCHOOL FOUNDATION 123 4TH ST. SW ALBUQUERQUE, NM 87102	85-0483977	PUBLIC ED	5,000.	0.			EDUCATION
BOSQUE SCHOOL 4000 LEARNING RD. NW ALBUQUERQUE, NM 87120	85-0420092	501(C)(3)	5,000.	0.			EDUCATION
DIRECT ACTION FOR YOUTH FOUNDATION P.O. BOX 1071 PLACITAS, NM 87043-1071	85-0446992	501(C)(3)	5,000.	0.			EDUCATION
RIVERS AND BIRDS, INC. P.O. BOX 819 ARROYO SECO, NM 87514	85-0457644	501(C)(1)	5,000.	0.			ENVIRONMENT GARDENS
ALBUQUERQUE MEALS ON WHEELS P.O. BOX 92614 ALBUQUERQUE, NM 87199-2614	85-0307043	501(C)(3)	5,000.	0.			FOOD/NUTRITION/AGRICULTUR
NEW MEXICO ALLIANCE FOR CHILDREN PO BOX 1729 ALTO, NM 88312	03-0490007	501(C)(3)	5,000.	0.			FOOD/NUTRITION/AGRICULTUR
NOON DAY MINISTRIES P.O. BOX 25451 ALBUQUERQUE, NM 87125	85-0349649	501(C)(3)	5,000.	0.			FOOD/NUTRITION/AGRICULTUR
RIO GRANDE FOOD PROJECT P.O. BOX 66498 ALBUQUERQUE, NM 87193	20-1667103	501(C)(3)	5,000.	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
CASA ANGELICA 5629 ISLETA BLVD SW ALBUQUERQUE, NM 87105	85-0382266	RELIGIOUS	5,000.	0.			HEALTH/GENERAL/REHAB
FRIENDS OF JEWISH COMMUNITY HOUSING FOR THE ELDERLY - 30 WALLINGFORD ROAD - BRIGHTON, MA 02135	04-2607197	501(C)(3)	5,000.	0.			HOUSING/SHELTER
FRIENDS OF JEWISH COMMUNITY HOUSING FOR THE ELDERLY - 30 WALLINGFORD ROAD - BRIGHTON, MA 02135	04-2607197	501(C)(3)	5,000.	0.			HOUSING/SHELTER
METROPOLITAN HOMELESSNESS PROJECT ALBUQUERQUE OPPORTUNITY CENTER, P.O. BOX 27636 - ALBUQUERQUE, NM 87125	20-1917517	501(C)(3)	5,000.	0.			HOUSING/SHELTER
ADELANTE DEVELOPMENT CENTER 3900 OSUNA RD. NE ALBUQUERQUE, NM 87109-4459	85-0262072	501(C)(3)	5,000.	0.			HUMAN SERVICES
NEW MEXICO COMMUNITY FAITHLINKS, INC. - 233 HIGH ST. NE - ALBUQUERQUE, NM 87102	87-0745349	501(C)(3)	5,000.	0.			HUMAN SERVICES
JOB PATH, INC. 22 WEST 38TH ST. 11TH FL. NEW YORK, NY 10018	13-4038495	501(C)(3)	5,000.	0.			JOBS/EMPLOYMENT
CHILDREN'S GRIEF CENTER OF NEW MEXICO - 3001 TRELIS NW - ALBUQUERQUE, NM 87107	85-0474099	501(C)(3)	5,000.	0.			MENTAL HEALTH/ INTERVENTION
PRESBYTERIAN HEALTHCARE FOUNDATION P.O. BOX 26666 ALBUQUERQUE, NM 87125-6666	85-6016041	501(C)(3)	5,000.	0.			PHILANTHROPY/SERVICE ORG

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
LATIR VOLUNTEER FIRE DEPARTMENT HC81 BOX 644 QUESTA, NM 87556	85-0334053	501(C)(3)	5,000.	0.			PUBLIC SAFETY/DISASTER RELIEF
CATHEDRAL CHURCH OF ST. JOHN P.O. BOX 1246 ALBUQUERQUE, NM 87103	85-0119046	RELIGIOUS	5,000.	0.			RELIGION
MUSEUM OF NEW MEXICO FOUNDATION P.O. BOX 2065 SANTA FE, NM 87504-2065	85-0202503	501(C)(3)	5,000.	0.			SINGLE ORG SUPPORT
UNM FOUNDATION MSC 074260, 1 UNM ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	5,000.	0.			SINGLE ORG SUPPORT
UNM FOUNDATION MSC 074260, 1 UNM ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	5,000.	0.			SINGLE ORG SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BRYAN CLINE MEMORIAL SOCCER SCHOLARSHIP	2	2,000.	0.		
EXCEL STAFFING COMPANIES SCHOLARSHIPS FOR EXCELLENCE IN CONTINUING EDUCATION	3	3,200.	0.		
YOUTH IN FOSTER CARE SCHOLARSHIP	2	3,000.	0.		
NEW MEXICO MANUFACTURED HOUSING SCHOLARSHIP	2	1,500.	0.		
KIWANIS CLUB OF ALBUQUERQUE SCHOLARSHIP	3	3,600.	0.		

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

ALL NONPROFITS RECEIVING GRANTS THROUGH A COMPETITIVE PROCESS MUST PROVIDE REPORTS EVERY SIX MONTHS. FOUNDATION GRANTS ARE TYPICALLY FOR ONE YEAR. IF A DONOR HAS REQUESTED A REPORT AS INDICATED IN THE GRANT AGREEMENT OR BY LETTER, THOSE GUIDELINES MUST BE FOLLOWED. IF ALL FOUNDATION FUNDING HAS BEEN SPENT AND THE GRANT COMPLETED 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
MANUEL LUJAN EXCELLENCE IN EDUCATION SCHOLARSHIP	51.	32,200.	0.		
NOTAH BEGAY III SCHOLAR-ATHLETES SCHOLARSHIP	2.	3,000.	0.		
ROBBY BAKER MEMORIAL SCHOLARSHIP	1.	750.	0.		
CARL F. SCOTT SCHOLARSHIPS FOR TUCUMCARI LODGE NO 27	21.	24,283.	0.		
SUSSMAN-MILLER EDUCATIONAL ASSISTANCE AWARDS	55.	46,850.	0.		
WOODCOCK FAMILY EDUCATION SCHOLARSHIPS	8.	17,750.	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

2011

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. 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) 2011

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		(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	(i)	144,200.	0.	0.	11,536.	8,497.	164,233.	11,200.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

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	8	484,623.	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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>COMPUTER SOFT</u>)	X	1	4,896.	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	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) (2011)

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

2011

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.

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. 167
NON-PROFIT ORGANIZATIONS RECEIVED GRANTS.

EXPENSES \$ 1,636,807. INCLUDING GRANTS OF \$ 1,144,892. REVENUE \$ 54,621

ENVIRONMENTAL AND HISTORIC PRESERVATION GRANTS TO HELP PRESERVE
HISTORIC RESOURCES, CONSERVE THE NATURAL LAND, PROTECT WILDLIFE AND
PROVIDE ENVIRONMENTAL EDUCATION. 17 NON-PROFIT ORGANIZATIONS RECEIVED
GRANTS.

EXPENSES \$ 82,304. INCLUDING GRANTS OF \$ 57,569. REVENUE \$ 2,747.

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 XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 106,861.

FORM 990, PART XII, LINE 2C

THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE

Name of the organization
ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number
85-0295444

AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT
ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS.

FORM 990, SCHEDULE B, PART II, LINE 2

110 SHARES OF APACHE CORP, 50 SHARES OF APPLE INC, 145 SHARES OF COSTCO
WHOLESALE, 135 SHARES OF CHUBB CORP, 230 SHARES OF EMC CORP, 280 SHARES
OF POWERSHARES WILDERHILL, 201 SHARES OF GENERAL MILLS, 26 SHARES OF WW
GRAINGER, 357 SHARES OF HOME DEPOT, 95 SHARES OF INTL BUSINESS
MACHINES, 100 SHARES OF JARDEN CORP, 135 SHARES OF JOHNSON CONTROLS,
344 SHARES OF LINCOLN ELECT HOLDINGS, 17 SHARES OF MASTERCARD, 300
SHARES OF MICROSOFT, 195 SHARES OF NATIONAL GRID, 455 SHARES OF ORACLE
CORP, 125 SHARES OF SUPERIOR ENERGY SERVICES, 317 SHARES OF STATOIL
ASA, 155 SHARES OF JM SMUCKER, 442 SHARES OF SPECTRA ENERGY, 74 SHARES
OF SEVEN AND I HOLDINGS, 250 SHARES OF STARBUCKS
220 SHARES OF THOMAS&BETSS CP, 381 SHARES OF UNITED HEALTH GROUP, 194
SHARES OF VODAFONE GROUP PLC, 130 SHARES OF WHOLE FOODS MKT, 130 SHARES
OF WILEY JOHN & SONS, 2,528 SHARES OF JP MORGAN MID CAP, 5,473 SHARES
OF PENNSYLVANIA MUTUAL.

Related Organizations and Unrelated Partnerships

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

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

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ACF HOLDINGS, LLC - 27-2805006 P.O. BOX 25266 ALBUQUERQUE, NM 87176	TO HOLD DONATED ASSETS	NEW MEXICO	4.	13,909.	
HISTORIC CHAMPION GROCERY BUILDING, LLC - 27-2804817, 622-624 TIJERAS AVENUE NW, ALBUQUERQUE, NM 87102	TO HOLD DONATED BUILDING	NEW MEXICO	727,872.	1,932,573.	

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 III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

	Yes	No
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 Sale of assets to related organization(s)	1f	
g Purchase of assets from related organization(s)	1g	
h Exchange of assets with related organization(s)	1h	
i Lease of facilities, equipment, or other assets to related organization(s)	1i	
j Lease of facilities, equipment, or other assets from related organization(s)	1j	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	
n Sharing of paid employees with related organization(s)	1n	
o Reimbursement paid to related organization(s) for expenses	1o	
p Reimbursement paid by related organization(s) for expenses	1p	
q Other transfer of cash or property to related organization(s)	1q	
r Other transfer of cash or property from related organization(s)	1r	

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Lined area for supplemental information.