

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20____

2020

Department of the Treasury
Internal Revenue ServiceDo not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

ALBUQUERQUE COMMUNITY FOUNDATION

85-0295444

Name and title of officer or person subject to tax

R. RANDALL ROYSTER
PRESIDENT & CEO

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	15,721,383.
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize RICCI & COMPANY, LLC

ERO firm name

to enter my PIN 51421

Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax



Date 11/10/2021

Part III Certification and Authentication

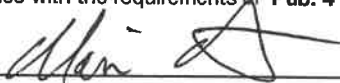
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

85076450533

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature



Date 11/10/21

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2020)

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALBUQUERQUE COMMUNITY FOUNDATION		D Employer identification number 85-0295444
	Doing business as		E Telephone number 505-883-6240
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 25266		
	City or town, state or province, country, and ZIP or foreign postal code ALBUQUERQUE, NM 87125-5266		G Gross receipts \$ 36,400,465.
	F Name and address of principal officer: R. RANDALL ROYSTER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶

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

J Website: **WWW.ALBQUERQUEFOUNDATION.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: **1981** **M** State of legal domicile: **NM**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ADMINISTER A PERMANENT COMMUNITY ENDOWMENT FROM WHICH DISTRIBUTIONS ARE USED TO PROVIDE GRANTS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	26
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,271,553.	10,902,064.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	133,407.	162,203.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,925,651.	4,666,466.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-126,806.	-9,350.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,203,805.	15,721,383.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,842,819.	6,377,556.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	937,848.	1,052,090.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 110,997.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	727,885.	779,628.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,508,552.	8,209,274.
	19 Revenue less expenses. Subtract line 18 from line 12	3,695,253.	7,512,109.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	108,567,607.	124,587,657.	
22 Net assets or fund balances. Subtract line 21 from line 20	18,945,940.	22,300,494.	
		89,621,667.	102,287,163.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	R. RANDALL ROYSTER, PRESIDENT & CEO Type or print name and title	11/12/2021
Paid	Print/Type preparer's name MARIA MATONTI	Preparer's signature <i>Maria Matonti</i>
Preparer	Firm's name ▶ RICCI & COMPANY, LLC	Date 11/10/21
Use Only	Firm's address ▶ 1030 18TH STREET NW ALBUQUERQUE, NM 87104	Check if self-employed <input type="checkbox"/> PTIN P01790899 Firm's EIN ▶ 20-5949532 Phone no. 505-338-0800

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

TO ADMINISTER A PERMANENT COMMUNITY ENDOWMENT FROM WHICH DISTRIBUTIONS ARE USED TO PROVIDE GRANTS TO NON-PROFIT ORGANIZATIONS TO ADDRESS THE SOCIAL, CULTURAL, EDUCATIONAL, ECONOMIC & WORKFORCE DEVELOPMENT NEEDS OF THE ALBUQUERQUE METRO AREA & OTHER GLOBAL OUTREACH ORGANIZATIONS.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 4,060,794. including grants of \$ 3,585,343.) (Revenue \$ 91,188.)

HEALTH CARE - GRANTS TO SUPPORT ACCESS TO QUALITY HEALTH CARE, INCLUDING MENTAL HEALTH AND DENTAL CARE, FOR UNINSURED, UNDERINSURED AND MEDICALLY UNDERSERVED ADULTS, CHILDREN AND THE ELDERLY.

HUMAN SERVICES - GRANTS TO SUPPORT PROGRAMS PROVIDING DIRECT ASSISTANCE FOR VULNERABLE POPULATIONS INCLUDING AT-RISK CHILDREN/YOUTH; AID FOR PEOPLE IN TRANSITION OR WHO ARE HOMELESS TO BECOME SELF-SUFFICIENT; AND NURTURING FAMILIES WITH AN EMPHASIS ON THE BASIC NEEDS OF FOOD AND SHELTER.

318 DIFFERENT NON-PROFIT ORGANIZATIONS RECEIVED GRANTS DURING THE YEAR.

4b (Code:) (Expenses \$ 801,096. including grants of \$ 707,301.) (Revenue \$ 17,989.)

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. 32 DIFFERENT NON-PROFIT ORGANIZATIONS RECEIVED GRANTS DURING THE YEAR.

4c (Code:) (Expenses \$ 176,256. including grants of \$ 155,619.) (Revenue \$ 3,958.)

SCHOLARSHIPS AND FINANCIAL AID AWARDS ALLOWING STUDENTS TO CONTINUE THEIR EDUCATION OR FURTHER THEIR CAREERS. 114 STUDENTS RECEIVED GRANTS DURING THE YEAR.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 2,185,137. including grants of \$ 1,929,293.) (Revenue \$ 49,068.)

4e Total program service expenses 7,223,283.

Form 990 (2020)

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	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>	4	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>	5	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>	6 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>	7	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>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
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>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b 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>	11c	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>	11d	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>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	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>	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	55	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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

Form 990 (2020)

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

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

☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 26		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 26		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NM, CA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
NICHOLAS WILLIAMS, CPA - 505-883-6240
624 TIJERAS AVE NW, ALBUQUERQUE, NM 87102

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) R. RANDALL ROYSTER PRESIDENT & CEO	50.00			X				226,387.	0.	20,209.
(2) KELLI K COOPER VICE PRESIDENT	32.00			X				109,398.	0.	13,774.
(3) NICHOLAS WILLIAMS CFO	40.00			X				95,096.	0.	11,908.
(4) CARL ALONGI TRUSTEE	3.00	X						0.	0.	0.
(5) TOM ANTRAM TRUSTEE	1.00	X						0.	0.	0.
(6) PATRICK APODACA TRUSTEE	2.00	X						0.	0.	0.
(7) BEVERLY BENDICKSEN TREASURER	3.00	X		X				0.	0.	0.
(8) ARELLANA BARELA CORDERO TRUSTEE	1.00	X						0.	0.	0.
(9) KATHY DAVIS TRUSTEE	1.00	X						0.	0.	0.
(10) PAUL DIPAOALA TRUSTEE	1.00	X						0.	0.	0.
(11) ANNA DOSS TRUSTEE	1.00	X						0.	0.	0.
(12) WILLIAM EBEL TRUSTEE	2.00	X						0.	0.	0.
(13) GLENN FELLOWS TRUSTEE	1.00	X						0.	0.	0.
(14) DEBBIE HARMS TRUSTEE	1.00	X						0.	0.	0.
(15) REBECCA HARRINGTON TRUSTEE	1.00	X						0.	0.	0.
(16) PAM HURD-KNIEF TRUSTEE	1.00	X						0.	0.	0.
(17) DEBBIE JOHNSON SECRETARY	3.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TED JORGENSEN TRUSTEE	1.00	X						0.	0.	0.
(19) STEVE KEENE TRUSTEE	1.00	X						0.	0.	0.
(20) WILLIAM LANG CHAIR	1.00	X		X				0.	0.	0.
(21) KENNETH LEACH TRUSTEE	1.00	X						0.	0.	0.
(22) STEVE MAESTAS CHAIR ELECT	3.00	X		X				0.	0.	0.
(23) MARCUS MIMS TRUSTEE	2.00	X						0.	0.	0.
(24) JERRY ROEHL TRUSTEE	1.00	X						0.	0.	0.
(25) ANNE SAPON TRUSTEE	2.00	X						0.	0.	0.
(26) CHARLOTTE SCHOENMANN TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								430,881.	0.	45,891.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								430,881.	0.	45,891.

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 **2**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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
RVK INC., 1211 SW 5TH AVE, SUITE 900, PORTLAND, OR 97204	INVESTMENT ADVISORY SERVICES	110,627.
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	1	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

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

032201
04-01-20

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	30,290.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	159,800.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,711,974.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,810,706.				
	h Total. Add lines 1a-1f		10,902,064.				
	Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code	523000	162,203.	162,203.	
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			162,203.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			1,678,824.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other	23,642,568.			
	b Less: cost or other basis and sales expenses	7b		20,654,926.			
	c Gain or (loss)	7c		2,987,642.			
	d Net gain or (loss)			2,987,642.			2,987,642.
	8 a Gross income from fundraising events (not including \$ 30,290. of contributions reported on line 1c). See Part IV, line 18	8a		14,806.			
	b Less: direct expenses	8b		24,156.			
	c Net income or (loss) from fundraising events			-9,350.			-9,350.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			15,721,383.	162,203.	0.	4,657,116.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	6,221,937.	6,221,937.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	155,619.	155,619.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	476,772.	265,221.	178,415.	33,136.
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	460,425.	256,029.	172,320.	32,076.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,475.	8,675.	5,712.	1,088.
9 Other employee benefits	37,276.	20,760.	14,035.	2,481.
10 Payroll taxes	62,142.	36,126.	21,400.	4,616.
11 Fees for services (nonemployees):				
a Management				
b Legal	21,459.		21,459.	
c Accounting	46,310.		46,310.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	190,410.		190,410.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	37,412.	10,307.	25,811.	1,294.
12 Advertising and promotion				
13 Office expenses	89,116.	39,018.	46,114.	3,984.
14 Information technology	100,027.	56,073.	36,921.	7,033.
15 Royalties				
16 Occupancy	72,683.	40,745.	26,828.	5,110.
17 Travel	14,797.	13,289.	1,267.	241.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,736.		11,736.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,157.	35,965.	23,681.	4,511.
23 Insurance	28,110.		28,110.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONOR RELATIONS	81,275.	51,110.	16,294.	13,871.
b MEMBERSHIP DUES & FEES	12,321.	6,907.	4,548.	866.
c TRAINING & DEVELOPMENT	9,815.	5,502.	3,623.	690.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,209,274.	7,223,283.	874,994.	110,997.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,287,776.	1	5,276,641.
	2 Savings and temporary cash investments		2	3,906,199.
	3 Pledges and grants receivable, net	58,241.	3	39,334.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	195,034.	7	190,931.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	62,261.	9	21,616.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,823,975.		
	b Less: accumulated depreciation	10b 981,449.		
	11 Investments - publicly traded securities	1,564,633.	10c	1,842,526.
	12 Investments - other securities. See Part IV, line 11	52,069,339.	11	56,286,529.
	13 Investments - program-related. See Part IV, line 11	46,642,270.	12	53,475,951.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	3,688,053.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	108,567,607.	15	3,547,930.	
Liabilities	17 Accounts payable and accrued expenses	21,444.	16	124,587,657.
	18 Grants payable	114,224.	17	20,055.
	19 Deferred revenue		18	758,534.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	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		24	
	26 Total liabilities. Add lines 17 through 25	18,810,272.	25	21,521,905.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.	18,945,940.	26
27 Net assets without donor restrictions		44,117,773.	27	52,276,238.
28 Net assets with donor restrictions		45,503,894.	28	50,010,925.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		89,621,667.	32	102,287,163.
33 Total liabilities and net assets/fund balances	108,567,607.	33	124,587,657.	

Form 990 (2020)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,721,383.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,209,274.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,512,109.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	89,621,667.
5	Net unrealized gains (losses) on investments	5	5,146,616.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	6,771.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	102,287,163.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Form 990 (2020)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

15

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2020.05000 ALBUQUEROUE COMMUNITY FOU 51421 1

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4733853.	8246451.	6441659.	7271553.	10900014.	37593530.
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	4733853.	8246451.	6441659.	7271553.	10900014.	37593530.
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)						5440829.
6 Public support. Subtract line 5 from line 4.						32152701.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	4733853.	8246451.	6441659.	7271553.	10900014.	37593530.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	381,070.	747,311.	1144966.	1030226.	1678824.	4982397.
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 VI.)						
11 Total support. Add lines 7 through 10						42575927.
12 Gross receipts from related activities, etc. (see instructions)					12	625,973.

13 **First 5 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	75.52	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	74.41	%
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <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"/>			

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019.** 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 ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

ALBUQUERQUE COMMUNITY FOUNDATION

85-0295444

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

Employer identification number

ALBUQUERQUE COMMUNITY FOUNDATION

85-0295444

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,996,274.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>312,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>275,398.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>220,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ALBUQUERQUE COMMUNITY FOUNDATION**85-0295444****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>584,745.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>413,054.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>270,288.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ALBUQUERQUE COMMUNITY FOUNDATION

85-0295444

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 222,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 235,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ALBUQUERQUE COMMUNITY FOUNDATION**85-0295444****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	VARIOUS PUBLICLY TRADED INVESTMENTS (FHLMC FUNDS, FNMA PMA FUNDS, FACEBOOK INC, VISA INC, ETC.)	\$ <u>967,763.</u>	<u>08/13/20</u>
<u>5</u>	686 SHRS APPLE INC PUBLICLY TRADED STOCK	\$ <u>86,354.</u>	<u>12/21/20</u>
<u>14</u>	9,160 SHRS BANK OF AMERICA CORP. PUBLICLY TRADED STOCK	\$ <u>235,000.</u>	<u>03/06/20</u>
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

ALBUQUERQUE COMMUNITY FOUNDATION**85-0295444****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ► \$

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

2020
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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	110	10
2 Aggregate value of contributions to (during year)	5,852,890.	49,017.
3 Aggregate value of grants from (during year)	2,971,229.	62,000.
4 Aggregate value at end of year	40,357,730.	1,120,879.
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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB 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) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$ 544,000.

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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2020

032051 12-01-20

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 make 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 program
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	85,645,599.	69,568,700.	67,531,828.	52,400,879.	45,671,249.
b Contributions	9,717,193.	5,774,545.	5,130,756.	12,125,240.	5,963,819.
c Net investment earnings, gains, and losses	9,780,565.	10,996,797.	-1,409,089.	7,414,649.	4,030,141.
d Grants or scholarships	5,834,093.				
e Other expenditures for facilities and programs	1,145,690.	694,443.	1,684,795.	4,408,940.	3,264,330.
f Administrative expenses	86,842.				
g End of year balance	98,076,732.	85,645,599.	69,568,700.	67,531,828.	52,400,879.

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

- a Board designated or quasi-endowment ☒ 50.5000 %
 b Permanent endowment ☐ %
 c Term endowment ☒ 49.5000 %

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

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

- (i) Unrelated organizations
 (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,438,095.	633,951.	1,804,144.
c Leasehold improvements				
d Equipment		360,785.	322,403.	38,382.
e Other		25,095.	25,095.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,842,526.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) FIXED INCOME	12,556,963.	END-OF-YEAR MARKET VALUE
(B) MULTI STRATEGY FUNDS	10,958,640.	END-OF-YEAR MARKET VALUE
(C) REAL ASSETS	19,575,869.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	10,114,478.	END-OF-YEAR MARKET VALUE
(E) LAND	270,001.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	53,475,951.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE REMAINDER TRUSTS	
(3) LIABILITY FOR ASSETS HELD FOR	2,850,765.
(4) COMMUNITY ORGANIZATIONS	
(5)	18,671,140.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	21,521,905.

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

Schedule D (Form 990) 2020

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	20,708,516.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,146,616.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	30,927.
e	Add lines 2a through 2d	2e	5,177,543.
3	Subtract line 2e from line 1	3	15,530,973.
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	190,410.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	190,410.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,721,383.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	8,043,020.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	24,156.
e	Add lines 2a through 2d	2e	24,156.
3	Subtract line 2e from line 1	3	8,018,864.
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	190,410.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	190,410.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,209,274.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUNDS PROVIDE FOR INVESTMENT IN THE COMMUNITY OVER TIME.

DISTRIBUTIONS AND GRANTS ARE MADE TO ADDRESS COMMUNITY NEEDS.

PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT 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 THE FOUNDATION ARE WITHIN

THEIR TAX-EXEMPT PURPOSE. HOWEVER, THE FOUNDATION MAY GENERATE INCOME

THROUGH CERTAIN ALTERNATIVE INVESTMENTS THAT MAY BE SUBJECT TO UNRELATED

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

Part XIII Supplemental Information (continued)

AND, ACCORDINGLY, NO PROVISION FOR INCOME TAX HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION MADE NO ESTIMATED TAX PAYMENTS DURING 2020 AND 2019. ACF HOLDING, LLC AND HCGB 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, 2020 AND 2019. ANY INTEREST AND PENALTIES ASSOCIATED WITH A TAX POSITION, WHEN APPLICABLE, ARE CLASSIFIED ACCORDING TO THEIR NATURAL CLASSIFICATION IN THE FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS. UNDER THE STATUTE OF LIMITATIONS, THE FOUNDATION'S TAX RETURNS ARE NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR YEARS PRIOR TO 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES	24,156.
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS	6,771.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	30,927.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES	24,156.
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SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020Open to Public
Inspection

Name of the organization

Employer identification number

ALBUQUERQUE COMMUNITY FOUNDATION

85-0295444

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		963,944.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		3,459,563.
3 a Subtotal	0	0			4,423,507.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			4,423,507.

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

Schedule F (Form 990) 2020

Part IV Foreign Forms

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

Schedule F (Form 990) 2020

Part V Supplemental Information

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

Supplemental information area with multiple horizontal lines for text entry.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number
85-0295444

Part I

Fundraising Activities.

Volunteering Activities. Complete if the organization answered "Yes" on 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 10 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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 CONCOURS DU SOLEIL (event type)	(b) Event #2 ANNUAL MEETING (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
	Revenue			
1 Gross receipts	44,646.	450.		45,096.
2 Less: Contributions	30,290.			30,290.
3 Gross income (line 1 minus line 2)	14,356.	450.		14,806.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	8,438.	215.		8,653.
8 Entertainment				
9 Other direct expenses	15,503.			15,503.
10 Direct expense summary. Add lines 4 through 9 in column (d)				24,156.
11 Net income summary. Subtract line 10 from line 3, column (d)				-9,350.

Part III Gaming. Complete if the organization answered "Yes" on 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))
Revenue				
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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:**a** Is the organization licensed to conduct 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 conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 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 ☐ Nob 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.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule G (Form 990 of 990-EZ) 2008	
Part IV	Supplemental Information (continued)

Schedule G (Form 990 or 990-EZ)

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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
350.ORG NEW MEXICO 17 TIERRA MONTE NE ALBUQUERQUE, NM 87122	26-1150699	501(C)(3)	10,000.	0.			DONOR-ADVISED
516 ARTS PO BOX 4570 ALBUQUERQUE, NM 87196	20-8540744	501(C)(3)	54,000.	0.			DONOR-ADVISED
ABRAZOS FAMILY SUPPORT SERVICES 412 DON TOMAS BERNALILLO, NM 87004	85-0265449	501(C)(3)	17,910.	0.			SANDIA FOUNDATION GRANT
ACLU OF NEW MEXICO FOUNDATION PO BOX 566 ALBUQUERQUE, NM 87103-0566	85-0275276	501(C)(3)	10,500.	0.			DONOR-ADVISED
ADELANTE DEVELOPMENT CENTER 3900 OSUNA RD. NE ALBUQUERQUE, NM 87109-4459	85-0262072	501(C)(3)	15,100.	0.			ACF HUMAN SERVICES
ALBUQUERQUE ACADEMY 6400 WYOMING BLVD. NE ALBUQUERQUE, NM 87109-3899	85-0129165	501(C)(3)	9,500.	0.			DONOR-ADVISED

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **218.**

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) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBUQUERQUE CENTER FOR PEACE & JUSTICE - 202 HARVARD SE - ALBUQUERQUE, NM 87106	85-0307612	501(C)(3)	12,000.	0.			DONOR-ADVISED
ALBUQUERQUE HEALTH CARE FOR THE HOMELESS - PO BOX 25445 - ALBUQUERQUE, NM 87125-0445	85-0368993	501(C)(3)	139,750.	0.			DONOR-ADVISED
ALBUQUERQUE MEALS ON WHEELS PO BOX 92614 ALBUQUERQUE, NM 87199-2614	85-0307043	501(C)(3)	10,300.	0.			NEW MEXICOOGA GRANT
ALBUQUERQUE MUSEUM FOUNDATION PO BOX 7006 ALBUQUERQUE, NM 87194	85-0201054	501(C)(3)	22,050.	0.			DONOR-ADVISED
ALBUQUERQUE OASIS, INC. PO BOX 35518 ALBUQUERQUE, NM 87176	32-0081580	501(C)(3)	18,000.	0.			ACF EDUCATION GRANT
ALBUQUERQUE ROTARY CHARITABLE FOUNDATION - PO BOX 3807 - ALBUQUERQUE, NM 87190	85-0371097	501(C)(3)	39,690.	0.			ACF HUMAN SERVICES
ALL FAITHS 1709 MOON NE ALBUQUERQUE, NM 87112	85-0165284	501(C)(3)	57,000.	0.			DONOR-ADVISED
ALMA PO BOX 12885 ALBUQUERQUE, NM 87195	47-4258780	501(C)(3)	7,700.	0.			ACF EDUCATION
ALBUQUERQUE YOUTH SYMPHONY PROGRAM PO BOX 30961 ALBUQUERQUE, NM 87190-0961	85-0421180	501(C)(3)	27,598.	0.			ACF ARTS/CULTURE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ALTA MIRA FAMILY SERVICES 1605 CARLISLE NE ALBUQUERQUE, NM 87110	85-0339642	501(c)(3)	8,000.	0.			SANDIA FOUNDATION GRANT
ALTURA SCHOOLS 8650 ALAMEDA BLVD. NE ALBUQUERQUE, NM 87122	82-2889566	501(c)(3)	5,261.	0.			DONOR-ADVISED
AMERICAN DIABETES ASSOCIATION 5333 N. 7TH ST PHOENIX, AZ 85014	13-1623888	501(c)(3)	10,000.	0.			DONOR-ADVISED
AMERICAN LEGION 1215 MOUNTAIN ROAD NE ALBUQUERQUE, NM 87102	35-0144250	501(c)(3)	10,000.	0.			DONOR-ADVISED
AMERICAN RED CROSS 2121 OSUNA RD. NE ALBUQUERQUE, NM 87113	53-0196605	501(c)(3)	20,000.	0.			ACF HUMAN SERVICES
AMIGOS BRAVOS PO BOX 238 TAOS, NM 87571	85-0363268	501(c)(3)	6,000.	0.			DONOR-ADVISED
AMP CONCERTS 1013 VASSAR DR. NE ALBUQUERQUE, NM 87106	56-2644410	501(c)(3)	15,000.	0.			ACF GRANTS
ANCESTRAL LANDS 831 ISLETA BLVD SW ALBUQUERQUE, NM 87105	84-1450808	501(c)(3)	10,000.	0.			ACF E&HP GRANT
ANIMAL HUMANE NEW MEXICO 615 VIRGINIA ST. SE ALBUQUERQUE, NM 87108	85-0207652	501(c)(3)	18,591.	0.			DONOR-ADVISED

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ANIMAL PROTECTION OF NEW MEXICO, INC. - PO BOX 11395 - ALBUQUERQUE, NM 87192-0395	85-0283292	501(C)(3)	6,000.	0.			DONOR-ADVISED
APS ED FOUNDATION -TITLE I HOMELESS PROJECTS - PO BOX 21939 - ALBUQUERQUE, NM 87154-1939	85-0434438	501(C)(3)	6,000.	0.			DONOR-ADVISED
ARMAND HAMMER UNITED WORLD COLLEGE PO BOX 248 MONTEZUMA, NM 87731	85-0297355	501(C)(3)	20,000.	0.			DONOR-ADVISED
ASSISTANCE LEAGUE OF ALBUQUERQUE PO BOX 35910 ALBUQUERQUE, NM 87176	85-6009968	501(C)(3)	15,000.	0.			ACF HUMAN SERVICES
BARRETT FOUNDATION 10300 CONSTITUTION AVE. NE ALBUQUERQUE, NM 87112	85-0336208	501(C)(3)	63,368.	0.			DONOR-ADVISED
BELEN AREA FOOD PANTRY PO BOX 225 BELEN, NM 87002	26-3109457	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES
BEST BUDDIES NEW MEXICO 3507 WYOMING BLVD. NE ALBUQUERQUE, NM 87111	52-1614576	501(C)(3)	10,000.	0.			ACF EDUCATION
BETHEL COMMUNITY STOREHOUSE PO BOX 968 MORIARTY, NM 87035	85-0387679	501(C)(3)	16,339.	0.			ACF HUMAN SERVICES
BIG BROTHERS BIG SISTERS OF CENTRAL NEW MEXICO - PO BOX 30515 - ALBUQUERQUE, NM 87190	85-0271207	501(C)(3)	22,600.	0.			DONOR-ADVISED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BOYS & GIRLS CLUBS OF CENTRAL NEW MEXICO - 3333 TRUMAN ST NE - ALBUQUERQUE, NM 87110	85-0106943	501(C)(3)	59,924.	0.			ACF HUMAN SERVICES
BRAIN HACKERS ASSOCIATION 2 LOBELIA LN SANDIA PARK, NM 87047-9499	46-3696082	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES
BROWN UNIVERSITY GIFT CASHIER PROVIDENCE, RI 02912	05-0258809	501(C)(3)	5,500.	0.			DONOR-ADVISED
CARLSBAD MAINSTREET PROJECT 102 S. CANYON CARLSBAD, NM 88220	85-0464302	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES
CASA ESPERANZA PO BOX 40472 ALBUQUERQUE, NM 87196-0472	85-0356946	501(C)(3)	11,500.	0.			ACF HUMAN SERVICES
CASA Q PO BOX 36168 ALBUQUERQUE, NM 87176-6168	46-1245391	501(C)(3)	14,200.	0.			ACF GRANT
CATHEDRAL CHURCH OF ST. JOHN PO BOX 1246 ALBUQUERQUE, NM 87103	85-0119046	501(C)(3)	5,100.	0.			ACF HUMAN SERVICES
CATHOLIC CHARITIES 2010 BRIDGE BLVD SW ALBUQUERQUE, NM 87105	85-0110070	501(C)(3)	37,000.	0.			DONOR-ADVISED
CENTER FOR BIOLOGICAL DIVERSITY PO BOX 710 TUCSON, AZ 85702	27-3943866	501(C)(3)	6,000.	0.			DONOR-ADVISED

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CENTER FOR CIVIC POLICY PO BOX 27616 ALBUQUERQUE, NM 87125	01-0869701	501(C)(3)	13,000.	0.			DONOR-ADVISED
CHILD AID 917 SW OAK STREET PORTLAND, OR 97205	33-0317937	501(C)(3)	10,000.	0.			DONOR-ADVISED
CHILDREN'S GRIEF CENTER OF NEW MEXICO - 4125 CARLISLE AVE. NE - ALBUQUERQUE, NM 87107	85-0474099	501(C)(3)	27,750.	0.			ACF MENTAL HEALTH
CHRISTINA KENT EARLY CHILDHOOD CENTER - 423 3RD STREET SW - ALBUQUERQUE, NM 87102	85-0105594	501(C)(3)	24,994.	0.			ACF EDUCATION
CITY OF ALBUQUERQUE COMMUNITY CENTERS - 700 4TH STREET SW - ALBUQUERQUE, NM 87102	85-6000102	GOV'T	7,178.	0.			DONOR-ADVISED
CNEW MEXICO FOUNDATION 525 BUENA VISTA SE ALBUQUERQUE, NM 87106-4096	85-0338623	501(C)(3)	21,250.	0.			DONOR-ADVISED
CNEW MEXICO INGENUITY, INC. 525 BUENA VISTA DRIVE SE ALBUQUERQUE, NM 87106	46-5131171	501(C)(3)	10,000.	0.			CINCO AMIGOS GRANT
COLUMBIA UNIVERSITY FOUNDATION 100 HAMILTON HALL MC 2802 NEW YORK, NY 10027	13-5598093	501(C)(3)	5,500.	0.			ACF GRANT
COMMUNITY LEARNING NETWORK = NEW MEXICO TECHWORKS - 208 AMEROSIO STREET - SANTA FE, NM 87501	47-2654167	501(C)(3)	10,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COMMUNITY PANTRY 1130 E HASLER VALLEY ROAD GALLUP, NM 87301	85-0460193	501(c)(3)	10,000.	0.			ACF HUMAN SERVICES
CONGREGATION ALBERT 3800 LOUISIANA BLVD. NE ALBUQUERQUE, NM 87110	85-0124933	501(c)(3)	5,200.	0.			ACF HUMAN SERVICES
COUNCIL ON FOUNDATIONS 1255 23RD STREET NW, SUITE 200 WASHINGTON, DC 20037	13-6068327	501(c)(3)	7,500.	0.			ACF PHILANTHROPY
CREATIVITY FOR PEACE INC 369 MONTEZUMA AVE SANTA FE, NM 87501	85-0366087	501(c)(3)	5,400.	0.			DONOR-ADVISED
CROSSROADS FOR WOMEN 805 TIJERAS AVE. NW ALBUQUERQUE, NM 87102	85-0448641	501(c)(3)	30,000.	0.			HUMAN SERVICES
CUIDANDO LOS NINOS PO BOX 12786 ALBUQUERQUE, NM 87195	85-0366029	501(c)(3)	44,600.	0.			ACF HUMAN SERVICES
DESERT FORGE FOUNDATION 617 CAMINO ESPANOL ALBUQUERQUE, NM 87107	46-5415993	501(c)(3)	22,500.	0.			ACF HUMAN SERVICES
DOCTORS WITHOUT BORDERS USA 40 RECTOR STREET NEW YORK, NY 10006-1705	13-3433452	501(c)(3)	64,000.	0.			DONOR-ADVISED
DOWNTOWN ABO MAINSTREET INITIATIVE 115 GOLD AVE. SW ALBUQUERQUE, NM 87102	46-4750143	501(c)(3)	28,000.	0.			ACF HUMAN SERVICES

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DVRC, INC 625 SILVER SW SUITE 185 ALBUQUERQUE, NM 87102	85-0439226	501(C)(3)	6,000.	0.			ACF HUMAN SERVICES
EARTHWORKS 1612 K ST NW WASHINGTON, DC 20006	52-1557765	501(C)(3)	15,000.	0.			DONOR-ADVISED
EAST CENTRAL MINISTRIES 123 VERMONT NE ALBUQUERQUE, NM 87108	37-1426703	501(C)(3)	34,600.	0.			DONOR-ADVISED
EASTERN NEW MEXICO UNIVERSITY FOUNDATION - 1500 SOUTH AVE. K - PORTALES, NM 88130	85-0266258	501(C)(3)	11,500.	0.			ACF GRANT
ENCUENTRO 714 4TH ST. SW ALBUQUERQUE, NM 87102	27-2016727	501(C)(3)	55,000.	0.			DONOR-ADVISED
ENLACE COMUNITARIO 2425 ALAMO DR SE ALBUQUERQUE, NM 87106	85-0473384	501(C)(3)	42,500.	0.			DONOR-ADVISED
ENVIRONW MEXICOENT NEW MEXICO RESEARCH & POLICY CENTER, INC. - PO BOX 40173 - ALBUQUERQUE, NM 87196	13-4342665	501(C)(3)	7,500.	0.			DONOR-ADVISED
ESCUELA DEL SOL MONTESSORI SCHOOL 1114 7TH ST. NW ALBUQUERQUE, NM 87102	23-7088029	501(C)(3)	11,500.	0.			SANDIA FOUNDATION GRANT
EXPLORA! 1701 MOUNTAIN RD. NW ALBUQUERQUE, NM 87104	85-0442062	501(C)(3)	24,250.	0.			DONOR-ADVISED

Schedule I (Form 990)

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FAMILY PROMISE OF ALBUQUERQUE 808 EDITH BLVD NE ALBUQUERQUE, NM 87102	85-0472315	501(C)(3)	26,000.	0.			ACF HS GRANT
FATHERS BUILDING FUTURES 2705 PAN AMERICAN FREEWAY NE ALBUQUERQUE, NM 87107	81-3215356	501(C)(3)	21,000.	0.			DONOR-ADVISED
FIRST NATIONS COMMUNITY HEALTHSOURCE - 5608 ZUNI RD. SE - ALBUQUERQUE, NM 87108-2926	85-0336893	501(C)(3)	15,000.	0.			ACF GRANT
FOOD BANK OF EASTERN NEW MEXICO, INC. - 2217 E. BRADY - CLOVIS, NM 88101	85-0320784	501(C)(3)	55,000.	0.			ACF HUMAN SERVICES
FOOD IS FREE ALBUQUERQUE PO BOX 51641 ALBUQUERQUE, NM 87181	81-2936310	501(C)(3)	7,500.	0.			ACF HUMAN SERVICES
FRACTAL FOUNDATION 2917 CAMPUS BLVD. NE ALBUQUERQUE, NM 87106	13-4252553	501(C)(3)	6,000.	0.			ACF GRANT
FRIENDS OF VALLE DE ORO NATIONAL WILDLIFE REFUGE - 7851 2ND STREET SW - ALBUQUERQUE, NM 87105	46-2102958	501(C)(3)	5,050.	0.			ACF ENVIRONMENT GARDENS
FUSION 700 1ST ST. NW ALBUQUERQUE, NM 87102	85-0484135	501(C)(3)	15,000.	0.			CAVETT-WALDEN GRANT
FUTURE FOCUSED EDUCATION 200 BROADWAY NE ALBUQUERQUE, NM 87102	47-3717716	501(C)(3)	15,000.	0.			ACF EDUCATION

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GALLUP MAINSTREET ARTS & CULTURAL DISTRICT - PO BOX 6007 - GALLUP, NM 87305	47-3269475	501(c)(3)	15,000.	0.			ACF GRANT
GARDEN'S EDGE, INC. 980 CYPRESS RD. BOSQUE FARMS, NM 87068	26-0645372	501(c)(3)	8,000.	0.			DONOR-ADVISED
GOOD SHEPHERD CENTER, INC. PO BOX 749 ALBUQUERQUE, NM 87103	85-0213561	501(c)(3)	16,431.	0.			ACF HUMAN SERVICES
GRANTS-MILAN ROTARY CLUB FOUNDATION INC - C/O ROBERT HANSON 1507 ICE CAVES RD - GRANTS, NM 87020	47-3875450	501(c)(3)	10,000.	0.			ACF HUMAN SERVICES
GREATER ALBUQUERQUE HABITAT FOR HUMANITY - 4900 MENAUL BLVD. NE - ALBUQUERQUE, NM 87110	85-0359138	501(c)(3)	10,557.	0.			DONOR-ADVISED
GREATER RATON ECONOMIC DEVELOPMENT CORPORATION - P.O. BOX 1753 - RATON, NM 87740	27-3607510	501(c)(3)	10,000.	0.			ACF GRANT
HARRISON MIDDLE SCHOOL 3912 ISLETA BLVD. SW ALBUQUERQUE, NM 87105	85-6000101	GOV'T	7,500.	0.			ACF EDUCATION
HEADING HOME PO BOX 27636 ALBUQUERQUE, NM 87125	20-1917517	501(c)(3)	28,000.	0.			DONOR-ADVISED
HEALING ADDICTION IN OUR COMMUNITY & SERENITY MESA - 3701 CONDESHIRE DR. SW - ALBUQUERQUE, NM 87121	27-2517121	501(c)(3)	15,000.	0.			DONOR-ADVISED

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HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(c)(3)	7,500.	0.			DONOR-ADVISED
HILLCREST HIGH SCHOOL COMMUNITY FOUNDATION - 6262 PRESTONCREST LN. - DALLAS, TX 75230	47-1229045	501(c)(3)	50,000.	0.			DONOR-ADVISED
HISTORIC BRIDGE MAINSTREET SOUTH VALLEY - 318 ISLETA BLVD SW - ALBUQUERQUE, NM 87105-3822	46-5218867	501(c)(3)	10,000.	0.			ACF GRANT
HOMEWISE 1301 SILER ROAD SANTA FE, NM 87507	85-0346325	501(c)(3)	85,000.	0.			DONOR-ADVISED
HOPEWORKS PO BOX 27258 ALBUQUERQUE, NM 87125	85-0338552	501(c)(3)	56,862.	0.			DONOR-ADVISED
HORIZONS ALBUQUERQUE PO BOX 6066 ALBUQUERQUE, NM 87197	81-2915448	501(c)(3)	22,500.	0.			ACF EDUCATION
IMMIGRANT AND REFUGEE RESOURCE VILLAGE OF ALBUQUERQUE (IRRA) - 120 MESILLA NE - ALBUQUERQUE, NM 87108	27-5024085	501(c)(3)	10,000.	0.			ACF GRANT
INDIAN PUEBLO CULTURAL CENTER 2401 TWELFTH ST, NW ALBUQUERQUE, NM 87104-2397	85-0232968	501(c)(3)	57,000.	0.			ACF EDUCATION
INSTITUTE FOR LOCAL SELF RELIANCE, INC. - 2720 EAST 22ND STREET - MINNEAPOLIS, MN 55406	23-7394104	501(c)(3)	8,000.	0.			DONOR-ADVISED

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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INTERNATIONAL CENTER FOR APPROPRIATE AND SUSTAINABLE TECHNOLOGY - 7400 W. 14TH AVE. - DENVER, CO 80214	41-2139623	501(C)(3)	25,000.	0.			ACF GRANT
INTERNATIONAL RESCUE COMMITTEE PO BOX 6068 ALBERT LEA, MN 56007-9847	13-5660870	501(C)(3)	16,000.	0.			DONOR-ADVISED
JEWISH COMMUNITY CENTER 5520 WYOMING NE ALBUQUERQUE, NM 87109	85-0457178	501(C)(3)	26,000.	0.			DONOR-ADVISED
JOBS FOR AMERICA'S GRADUATES - NM, INC - 320 GOLD AVE. SW - ALBUQUERQUE, NM 87102	84-1996641	501(C)(3)	10,000.	0.			ACF GRANT
JOY JUNCTION, INC. PO BOX 27693 ALBUQUERQUE, NM 87125-7693	85-0360268	501(C)(3)	11,339.	0.			DONOR-ADVISED
JUSTICE, ACCESS, SUPPORT AND SOLUTIONS FOR HEALTH - 1608 ISLETA BLVD SW - ALBUQUERQUE, NM 87105	42-1753563	501(C)(3)	45,000.	0.			ACF HUMANS SERVICES
KESHET DANCE COMPANY 4121 CUTLER AVE. NE ALBUQUERQUE, NM 87110	85-0436623	501(C)(3)	23,550.	0.			ACF ARTS/CULTURE
LA COSECHA CSA 318 ISLETA BLVD. SW ALBUQUERQUE, NM 87105	82-4552728	501(C)(3)	15,000.	0.			ACF FOOD/NUTRITION/AGRICULTURE
LA FAMILIA MEDICAL CENTER 1035 ALTO ST. SANTA FE, NM 87505	85-0220875	501(C)(3)	10,000.	0.			DONOR-ADVISED

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LAGUNA COMMUNITY FOUNDATION 33 RODEO DR. LAGUNA, NM 87026	46-0990639	501(C)(3)	20,000.	0.			ACF HUMAN SERVICES
LA MESA PRESBYTERIAN CHURCH 7401 COPPER AVE. NE ALBUQUERQUE, NM 87108	85-6000831	501(C)(3)	15,000.	0.			ACF HUMAN SERVICES
LA PLAZITA INSTITUTE 831 ISLETA BLVD. SW ALBUQUERQUE, NM 87105	26-2486467	501(C)(3)	15,285.	0.			ACF COMMUNITY IMPROVEMENT
LOVINGTON MAINSTREET CORPORATION PO BOX 1418 LOVINGTON, NM 88260	85-0477913	501(C)(3)	10,000.	0.			MMOGA BRIGHTER FUTURE FUND
MANA DE ALBUQUERQUE PO BOX 25801 ALBUQUERQUE, NM 87125	06-1835784	501(C)(3)	5,375.	0.			ACF EDUCATION
MANDY'S FARM PO BOX 9346 ALBUQUERQUE, NM 87119	85-0436516	501(C)(3)	21,500.	0.			ACF HEALTH/GENERAL/REHAB
MANZANO MOUNTAIN ART COUNCIL PO BOX 534 MOUNTAINAIR, NM 87036	74-2826118	501(C)(3)	11,000.	0.			ACF HISTORIC/PRESERVATION
MENAU SCHOOL 301 MENAU BLVD. NE ALBUQUERQUE, NM 87107	85-0218216	501(C)(3)	5,365.	0.			ACF EDUCATION
MERCY CORPS 45 SW ANKENY STREET PORTLAND, OR 97204	91-1148123	501(C)(3)	10,000.	0.			DONOR-ADVISED

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MISSIONARIES OF THE POOR USA, INC. PO BOX 29893 ATLANTA, GA 30359	20-4553442	501(C)(3)	14,350.	0.			DONOR-ADVISED
MUSEUM OF NEW MEXICO FOUNDATION PO BOX 2065 SANTA FE, NM 87504-2065	85-0202503	501(C)(3)	20,257.	0.			DONOR-ADVISED
NACA-INSPIRED SCHOOLS NETWORK 2301 MOUNTAIN RD. NE ALBUQUERQUE, NM 87106	47-2981893	501(C)(3)	25,681.	0.			ACF EDUCATION
NATIONAL DANCE INSTITUTE OF NEW MEXICO - 1140 ALTO STREET - SANTA FE, NM 87501	85-0431846	501(C)(3)	21,757.	0.			ACF ARTS/CULTURE
NATIONAL INDIAN YOUTH LEADERSHIP PROGRAM - 2501 SAN PEDRO DR. NE - ALBUQUERQUE, NM 87110	85-0373602	501(C)(3)	10,000.	0.			ACF COMMUNITY IMPROVEMENT
NATIONAL INSTITUTE OF FLAMENCO 1771 BELLAMAH AVE NW ALBUQUERQUE, NM 87104	85-0332879	501(C)(3)	7,500.	0.			ACF ARTS/CULTURE
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	13-2654926	501(C)(3)	10,000.	0.			DONOR-ADVISED
NATURE CONSERVANCY NEW MEXICO 1613 PASEO DE PERALTA, STE 200 SANTA FE, NM 87501	53-0242652	501(C)(3)	22,750.	0.			DONOR-ADVISED
NEW DAY YOUTH & FAMILY SERVICES 2305 RENARD PLACE SE ALBUQUERQUE, NM 87106	85-0245782	501(C)(3)	26,600.	0.			ACF HOUSING/SHELTER

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 8 CALLE MEDICO SANTA FE, NM 87505	85-0311210	501(c)(3)	16,500.	0.			ACF HUMAN SERVICES
NEW MEXICO ASIAN FAMILY CENTER PO BOX 37346 ALBUQUERQUE, NM 87176	26-0545877	501(c)(3)	34,171.	0.			DONOR-ADVISED
NEW MEXICO BIOPARK SOCIETY 903 TENTH ST. SW ALBUQUERQUE, NM 87102	23-7087964	501(c)(3)	33,535.	0.			ACF SINGLE ORG SUPPORT
NEW MEXICO BLACK LEADERSHIP COUNCIL - 1258 ORTIZ DR SE - ALBUQUERQUE, NM 87108	46-3638418	501(c)(3)	10,000.	0.			ACF COMMUNITY IMPROVEMENT
NEW MEXICO CENTER ON LAW AND POVERTY, INC. - 301 EDITH BLVD NE - ALBUQUERQUE, NM 87102	85-0437960	501(c)(3)	10,000.	0.			DONOR-ADVISED
NEW MEXICO COALITION TO END HOMELESSNESS - PO BOX 865 - SANTA FE, NM 87504	85-0482896	501(c)(3)	8,000.	0.			DONOR-ADVISED
NEW MEXICO COMMUNITY CAPITAL 301 GOLD AVE. SW ALBUQUERQUE, NM 87102	20-1798654	501(c)(3)	28,000.	0.			COVID EMPLOYMENT
NEW MEXICO CONFERENCE OF CHURCHES PO BOX 26782 ALBUQUERQUE, NM 87125-6782	23-7048906	501(c)(3)	12,865.	0.			ACF RELIGION
NEW MEXICO ENVIRONMENTAL LAW CENTER - 1405 LUISA ST. STE 5 - SANTA FE, NM 87505-4074	85-0360664	501(c)(3)	22,500.	0.			DONOR-ADVISED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 FARM AND LIVESTOCK BUREAU FOUNDATION - 2220 N TELSHOR BLVD - LAS CRUCES, NM 88011	85-0399251	501(c)(3)	10,000.	0.			DONOR-ADVISED
NEW MEXICO HEART INSTITUTE FOUNDATION - 601 LOMAS BLVD NE - ALBUQUERQUE, NM 87102	20-1443608	501(c)(3)	75,000.	0.			ACF DISEASE/DISORDERS
NEW MEXICO IMMIGRANT LAW CENTER PO BOX 7040 ALBUQUERQUE, NM 87194	27-3303237	501(c)(3)	29,000.	0.			ACF CIVIL RIGHTS/ADVOCACY
NEW MEXICO KIDS MATTER INC. 2340 ALAMO SE ALBUQUERQUE, NM 87106	85-0424064	501(c)(3)	14,000.	0.			ACF CRIME/LEGAL
NEW MEXICO LEGAL AID PO BOX 25486 ALBUQUERQUE, NM 87125-5486	85-0116950	501(c)(3)	20,000.	0.			DONOR-ADVISED
NEW MEXICO LIONS OPERATION KIDSIGHT - 1501NORTH SOLANO DRIVE - LAS CRUCES, NM 88001 NEW MEXICO MILITARY INSTITUTE FOUNDATION, INC. - 101 WEST COLLEGE BLVD. - ROSWELL, NM 88201-5173	45-4901616	501(c)(3)	10,000.	0.			ACF DISEASE/DISORDERS
NEW MEXICO MUSEUM OF NATURAL HISTORY FOUNDATION - PO BOX 25446 - ALBUQUERQUE, NM 87125-5446	85-6010718	501(c)(3)	28,665.	0.			CARL F. SCOTT SCHOLARSHIP
NEW MEXICO PBS 1130 UNIVERSITY BLVD. NE ALBUQUERQUE, NM 87102	85-0257595	501(c)(3)	20,684.	0.			BETTY AND LUKE VORTMAN ENDOWMENT FUND
	85-0275408	501(c)(3)	42,301.	0.			ACF COMMUNITY IMPROVEMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 PHILHARMONIC PO BOX 21428 ALBUQUERQUE, NM 87154	27-1148446	501(C)(3)	125,913.	0.			DONOR-ADVISED
NEW MEXICO PHILHARMONIC FOUNDATION INC - P.O. BOX 21428 - ALBUQUERQUE, NM 87154	82-2109038	501(C)(3)	190,000.	0.			DONOR-ADVISED
NEW MEXICO SOCCER FOUNDATION 4108 DIETZ CT. NW LOS RANCHOS, NM 87107	27-1098330	501(C)(3)	7,000.	0.			ACF SPORTS/RECREATION
NEW MEXICO STATE UNIVERSITY FOUNDATION - BOX 30001, MSC 5100 - LAS CRUCES, NM 88003-0001	85-0170157	501(C)(3)	19,450.	0.			ACF EDUCATION
NEW MEXICO STATE UNIVERSITY FOUNDATION - 1305 NORTH HORSESHOE DRIVE, DOVE HALL - LAS CRUCES, NM 88003	85-0170157	501(C)(3)	19,000.	0.			ACF EDUCATION
NEW MEXICO SYMPHONIC CHORUS PO BOX 7900 ALBUQUERQUE, NM 87194	45-1261027	501(C)(3)	6,500.	0.			ACF ARTS/CULTURE
NEW MEXICO WILDERNESS ALLIANCE PO BOX 25464 ALBUQUERQUE, NM 87125	85-0457916	501(C)(3)	16,757.	0.			DONOR-ADVISED
NEXT STEP MINISTRIES PO BOX 35327 ALBUQUERQUE, NM 87176	45-5448539	501(C)(3)	17,500.	0.			DONOR-ADVISED
NEW MEXICOCAN 625 SILVER AVE. SW STE ALBUQUERQUE, NM 87102	85-0385103	501(C)(3)	25,750.	0.			ACF HUMAN SERVICES

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NM VETERANS INTEGRATION CENTERS 13140 CENTRAL AVE SE ALBUQUERQUE, NM 87123	55-0901604	501(c)(3)	20,000.	0.			ACF HUMAN SERVICES
NOAHS ARK CHILDREN CENTER 4001 MONTGOMERY BLVD NE ALBUQUERQUE, NM 87109-1101	85-0464738	501(c)(3)	10,000.	0.			ACF HUMAN SERVICES
NORTH AMERICAN DIGITAL FABRICATION ALLIANCE - 3900 PASEO DEL SOL - SANTA FE, NM 87507	82-3999984	501(c)(3)	25,000.	0.			ACF HUMAN SERVICES
NOTAH BEGAY III FOUNDATION, INC. 290 PRAIRIE STAR ROAD SANTA ANA PUEBLO, NM 87004	20-1870330	501(c)(3)	20,000.	0.			DONOR-ADVISED
OFFCENTER COMMUNITY ARTS PROJECT 808 PARK AVE. SW ALBUQUERQUE, NM 87102-3017	85-0480889	501(c)(3)	27,750.	0.			DONOR-ADVISED
OPERA SOUTHWEST PO BOX 27671 ALBUQUERQUE, NM 87125-7671	23-7314812	501(c)(3)	42,500.	0.			DONOR-ADVISED
OT CIRCUS 709 CENTRAL AVE NW ALBUQUERQUE, NM 87102	47-4548720	501(c)(3)	10,000.	0.			COVID-EMPLOYMENT
PARTNERSHIP FOR COMMUNITY ACTION 722 ISLETA BLVD SW ALBUQUERQUE, NM 87105	31-1815692	501(c)(3)	10,000.	0.			ACF HUMAN SERVICES
PARTNERS IN EDUCATION 1300 CAMINO SIERRA VISTA SANTA FE, NM 87505	85-0392417	501(c)(3)	39,000.	0.			ACF HUMAN SERVICES

Schedule I (Form 990)

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PAWS AND STRIPES 617 TRUMAN STREET NE ALBUQUERQUE, NM 87110-6443	27-2908352	501(C)(3)	10,100.	0.			ACF MENTAL HEALTH/INTERVENTION
PB&J FAMILY SERVICES, INC. 1101 LOPEZ RD., SW ALBUQUERQUE, NM 87105	85-0231566	501(C)(3)	59,000.	0.			DONOR-ADVISED
PEGASUS LEGAL SERVICES FOR CHILDREN - 505 MARQUETTE NW - ALBUQUERQUE, NM 87102	46-0509986	501(C)(3)	10,300.	0.			ACF CRIME/LEGAL
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS, INC. - 719 SAN MATEO BLVD. NE - ALBUQUERQUE, NM 87108	84-0404253	501(C)(3)	76,144.	0.			ACF HEALTH/GENERAL/REHAB
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM STREET - NEW YORK, NY 10038	13-1644147	501(C)(3)	10,000.	0.			DONOR-ADVISED
PRESBYTERIAN EAR INSTITUTE 415 CEDAR ST. SE ALBUQUERQUE, NM 87106	85-0373591	501(C)(3)	18,000.	0.			ACF HUMAN SERVICES
R4 CREATING 6391 ROADRUNNER LOOP RIO RANCHO, NM 87144	81-1547684	501(C)(3)	34,000.	0.			ACF EDUCATION
RIO GRANDE COMMUNITY DEVELOPMENT CORPORATION - 318 ISLETA BLVD SW - ALBUQUERQUE, NM 87105	85-0348445	501(C)(3)	167,500.	0.			ACF HEALTH/GENERAL/REHAB
RIO GRANDE FOOD PROJECT PO BOX 66498 ALBUQUERQUE, NM 87193	20-1667103	501(C)(3)	44,361.	0.			DONOR-ADVISED

Schedule I (Form 990)

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ROADRUNNER FOOD BANK 5840 OFFICE BOULEVARD NE ALBUQUERQUE, NM 87109	85-0278525	501(C)(3)	85,290.	0.			DONOR-ADVISED
ROCKY MOUNTAIN YOUTH CORPS PO BOX 1960 RANCHOS DE TAOS, NM 87557	85-0404817	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES
RONALD McDONALD HOUSE CHARITIES OF NEW MEXICO - 1011 YALE NE - ALBUQUERQUE, NM 87106	85-0283204	501(C)(3)	15,000.	0.			BRADBURY STAMM CONSTRUCTION GIVING PROGRAM
RUIDOSO MIDTOWN ASSOCIATION 720 SUDDERTH DR RUIDOSO, NM 88345-6206	82-1838342	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES
SALVATION ARMY 2707 E. VAN BUREN ST. PHOENIX, AZ 85008	94-1156347	501(C)(3)	7,342.	0.			ACF HUMAN SERVICES
SANTA FE COMMUNITY FOUNDATION PO BOX 1827 SANTA FE, NM 87504-1827	85-0303044	501(C)(3)	10,250.	0.			ACF HUMAN SERVICES
SARANAM, LLC 1028 EUBANK NE STE F ALBUQUERQUE, NM 87112	20-2036621	501(C)(3)	107,384.	0.			DONOR-ADVISED
SAVILA COLLABORATIVE CENTRO SAVILA ALBUQUERQUE, NM 87105-4035	46-0667855	501(C)(3)	41,500.	0.			ACF MENTAL HEALTH/INTERVENTION
SCHOOL FOR ADVANCED RESEARCH ON THE HUMAN EXPERIENCE - PO BOX 2188 - SANTA FE, NM 87504-2188	85-0125045	501(C)(3)	16,412.	0.			BETTY AND LUKE VORTMAN ENDOWMENT FUND

Schedule I (Form 990)

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SHARE YOUR CARE ADULT DAY SERVICE CENTERS, INC. - 2651 PAN AMERICAN FREEWAY NE STE A - ALBUQUERQUE, NM 87107	85-0237569	501(c)(3)	10,000.	0.			ACF HUMAN SERVICES
SHINE SCHOOL PARTNERSHIP 6300 SAN MATEO BLVD STE F-1 ALBUQUERQUE, NM 87109	81-2266285	501(c)(3)	15,000.	0.			DONOR-ADVISED
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET OAKLAND, CA 94612	94-6069890	501(c)(3)	10,000.	0.			DONOR-ADVISED
SILVER CITY MAINSTREET PO BOX 4068 SILVER CITY, NM 88062	85-0359283	501(c)(3)	10,000.	0.			NMOGA'S BRIGHTER FUTURE FUND
SILVER HORIZONS NEW MEXICO, INC. 1913 EUBANK BLVD NE ALBUQUERQUE, NM 87112	85-0279898	501(c)(3)	11,447.	0.			ACF HOUSING/SHELTER & HUMAN SERVICES
SOCIETY FOR THE PRESERVATION OF AMERICAN INDIAN CULTURE - 134 TRIBAL RD 6 - BOSQUE FARMS, NM 87068-8135	63-0798619	501(c)(3)	8,748.	0.			ACF ARTS/CULTURE
SOUTHERN UTAH WILDERNESS ALLIANCE 425 EAST 100 SOUTH SALT LAKE CITY, UT 84111	94-2936961	501(c)(3)	7,500.	0.			DONOR-ADVISED
SOUTH VALLEY ECONOMIC DEVELOPMENT CENTER - 318 ISLETA BLVD. SW - ALBUQUERQUE, NM 87105	85-0348445	501(c)(3)	10,000.	0.			DONOR-ADVISED
SOUTHWEST CREATIONS COLLABORATIVE 1308 4TH ST. NW ALBUQUERQUE, NM 87102	85-0440047	501(c)(3)	37,700.	0.			ACF JOBS/EMPLOYMENT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SOUTHWEST ENVIRONMENTAL CENTER 350 EL MOLINO BLVD. LAS CRUCES, NM 88005	85-0403860	501(C)(3)	6,000.	0.			DONOR-ADVISED
SOUTHWEST ORGANIZING PROJECT 211 10TH ST. SW ALBUQUERQUE, NM 87102	85-0368743	501(C)(3)	7,500.	0.			ACF HUMAN SERVICES
SOUTHWEST RESEARCH AND INFORMATION CENTER - PO BOX 4524 - ALBUQUERQUE, NM 87196	23-7159949	501(C)(3)	8,000.	0.			DONOR-ADVISED
SPECIAL OLYMPICS NEW MEXICO 6600 PALOMAS DR. NE ALBUQUERQUE, NM 87109-5655	85-0268084	501(C)(3)	13,021.	0.			ACF SPORTS/RECREATION
STEELBRIDGE MINISTRIES PO BOX 331 ALBUQUERQUE, NM 87103-0331	85-0208645	501(C)(3)	16,400.	0.			DONOR-ADVISED
ST FELIX PANTRY INC 4020 BARBARA LOOP SE RIO RANCHO, NM 87124	85-0407376	501(C)(3)	20,000.	0.			ACF HUMAN SERVICES
STOREHOUSE WEST 1030-F VERANDA DR. RIO RANCHO, NM 87124	85-0400450	501(C)(3)	5,100.	0.			ACF HUMAN SERVICES
STREET FOOD INSITUTE 900 UNIVERSITY BLVD. SE ALBUQUERQUE, NM 87106	81-3560360	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES
STUDENT'S CLOTHING BANK PO BOX 94735 ALBUQUERQUE, NM 87102	46-5765753	501(C)(3)	15,008.	0.			ACF HUMAN SERVICES

Schedule I (Form 990)

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SUPPORTIVE HOUSING COALITION OF NEW MEXICO - PO BOX 27459 - ALBUQUERQUE, NM 87125	85-0439315	501(c)(3)	19,000.	0.			ACF HOUSING/SHELTER
TAMAYA HORSE REHAB PO BOX 144 SAN YSIDRO, NM 87053	46-1405668	501(c)(3)	15,000.	0.			ACF HEALTH/GENERAL/REHAB
TENDERLOVE COMMUNITY CENTER PO BOX 65156 ALBUQUERQUE, NM 87193	45-4766711	501(c)(3)	15,000.	0.			ACF HUMAN SERVICES
TEXAS TECH UNIVERSITY FOUNDATION SCHOLARSHIP OFFICE LUBBOCK, TX 79409-5011	75-6043842	501(c)(3)	6,452.	0.			ACF GRANT
THE CHILDREN'S HOUR 2425 TEODORO RD. NW ALBUQUERQUE, NM 87107	83-1871581	501(c)(3)	24,500.	0.			ACF EDUCATION
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY - 5201 ROMA AVE NE - ALBUQUERQUE, NM 87108	45-0228055	501(c)(3)	10,000.	0.			ACF HUMAN SERVICES
THE FOOD DEPOT 1222 SILER ROAD SANTA FE, NM 87507	85-0416803	501(c)(3)	15,000.	0.			ACF HUMAN SERVICES
THE HORSE SHELTER 821 W. SAN MATEO RD. SANTA FE, NM 87505-4145	52-2214286	501(c)(3)	10,000.	0.			DONOR-ADVISED
THE ROCK AT NOON DAY PO BOX 25451 ALBUQUERQUE, NM 87125	85-0349649	501(c)(3)	5,550.	0.			ACF HUMAN SERVICES

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 NEW MEXICO PO BOX 94810 ALBUQUERQUE, NM 87199-4810	35-2511614	501(C)(3)	10,850.	0.			ACF HUMAN SERVICES
THINK NEW MEXICO 1227 PASEO DE PERALTA SANTA FE, NM 87501	31-1611995	501(C)(3)	11,750.	0.			DONOR-ADVISED
THREE SISTERS KITCHEN 109 GOLD AVE. SW ALBUQUERQUE, NM 87102	82-4882255	501(C)(3)	153,000.	0.			DONOR-ADVISED
TRICKLOCK THEATRE COMPANY 808 LEAD AVE SW ALBUQUERQUE, NM 87102	85-0413332	501(C)(3)	17,000.	0.			ACF ARTS/CULTURE
UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	7,000.	0.			DONOR-ADVISED
UNITED WAY OF CENTRAL NEW MEXICO PO BOX 25147 ALBUQUERQUE, NM 87125	85-0277138	501(C)(3)	15,222.	0.			ACF AGENCY DISTRIBUTION
UNIVERSITY OF NEW MEXICO FOUNDATION - MSC 11-6320 - ALBUQUERQUE, NM 87131-0001	85-6000642	501(C)(3)	54,250.	0.			ACF GRANT
UNM CANCER RESEARCH & TREATMENT CENTER - MSC07 4025 - ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	10,000.	0.			DONOR-ADVISED
UNEW MEXICO CONTRACT AND GRANT ACCOUNTING - 1700 LOMAS BLVD. NE, SUITE 2100 - ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	28,635.	0.			DONOR-ADVISED

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
UNIVERSITY OF NEW MEXICO FOUNDATION - 700 LOMAS BLVD. NE - ALBUQUERQUE, NM 87102	85-0275408	501(C)(3)	363,758.	0.			DONOR-ADVISED
VILLA THERESE CATHOLIC CLINIC 1779 HOPEWELL STREET SANTA FE, NM 87505	85-0229019	501(C)(3)	10,000.	0.			DONOR-ADVISED
WATERMELON MOUNTAIN RANCH, INC. 1380 RIO RANCHO BLVD. RIO RANCHO, NM 87124	85-0480585	501(C)(3)	23,036.	0.			ACF ANIMAL/WILDLIFE
WEST 609 BROADWAY NE ALBUQUERQUE, NM 87102-2334	85-0367809	501(C)(3)	11,000.	0.			ACF HUMAN SERVICES
WILDEARTH GUARDIANS 301 NORTH GUADALUPE STREET SANTA FE, NM 87508	85-0406306	501(C)(3)	15,250.	0.			DONOR-ADVISED
WORKING CLASSROOM, INC. 423 ATLANTIC AVE. SW ALBUQUERQUE, NM 87102	85-0280287	501(C)(3)	35,000.	0.			DONOR-ADVISED

ALBUQUERQUE COMMUNITY FOUNDATION

85-0295444

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
THE PAM SCHNEIDER MEMORIAL SCHOLARSHIP PRESENTED BY AMERICAN ADVERTISING FEDERATION OF NEW MEXICO	2	1,900.	0.		
THE WILLIAM F. MANN SCHOLARSHIP ENDOWMENT FUND	2	4,000.	0.		
WOODCOCK FAMILY EDUCATION SCHOLARSHIP FUND	12	30,000.	0.		
DAVID R. WOODLING MEMORIAL FUND	0	0.	0.		
SUSSMAN-MILLER EDUCATIONAL ASSISTANCE FUND	18	32,750.	0.		

Part IV

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

PART I, LINE 2:

ALL NONPROFITS RECEIVING GRANTS THROUGH A COMPETITIVE PROCESS MUST PROVIDE REPORTS EVERY SIX MONTHS. FOUNDATION GRANTS ARE TYPICALLY FOR ONE YEAR. IF A DONOR HAS REQUESTED A REPORT AS INDICATED IN THE GRANT AGREEMENT OR BY LETTER, THOSE GUIDELINES MUST BE FOLLOWED. IF ALL FOUNDATION FUNDING IS SPENT AND THE GRANT COMPLETED WITHIN THE FIRST SIX MONTHS, ONLY ONE REPORT IS NECESSARY. REPORTS MAY BE SENT VIA E-MAIL. REPORTS INCLUDE FINANCIAL ACCOUNTING AND A NARRATIVE. THE FINAL REPORT IS DUE NO LATER THAN 14 MONTHS FROM THE BEGINNING OF THE GRANT DATE.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SUSIE KUBIE SYMPHONIC MUSIC SCHOLARSHIP	3.	8,000.	0.		
CARL F. SCOTT SCHOLARSHIP FUND FOR TUCUMCARI LODGE #27 A.F. & A.M.	17.	30,250.	0.		
ROBBY BAKER MEMORIAL SCHOLARSHIP FUND	1.	885.	0.		
ANDREW PIECH MEMORIAL SCHOLARSHIP FUND	0.	0.	0.		
JIM AND ANN NELSON STUDENT AID FUND FOR FOSTER YOUTH	1.	2,300.	0.		
MANUEL LUJAN EXCELLENCE IN EDUCATION SCHOLARSHIP FUND	44.	24,000.	0.		
JAMES LEDWITH MEMORIAL SCHOLARSHIP FUND	1.	2,000.	0.		
KIWANIS CLUB OF ALBUQUERQUE SCHOLARSHIP FUND	3.	3,000.	0.		
NEW MEXICO MANUFACTURED HOUSING ASSOCIATION SCHOLARSHIP FUND	2.	1,904.	0.		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRYTHALL FAMILY ENDOWMENT FOR EXCELLENCE IN CONTINUING EDUCATION	1.	3,500.	0.		
BRYAN CLINE MEMORIAL SOCCER SCHOLARSHIP FUND	2.	1,600.	0.		
WOMEN IN RHETORIC AND LOGIC SCHOLARSHIP	1.	3,000.	0.		
BARNES W. ROSE JR. AND EVA ROSE NICKOL SCHOLARSHIP FUND	1.	780.	0.		
THE PEDRO AND MATEO SANDOVAL/STRONG MEMORIAL SCHOLARSHIP FUND	1.	2,500.	0.		
JOE "ISI" TRUJILLO STUDENT AID FUND	1.	2,000.	0.		
RAE LEE SIPORIN SCHOLARSHIP FOR WOMEN ENDOWMENT	1.	1,250.	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" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2020

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

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	19	1,810,706. 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 ▶ ()				
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 V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2020

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

**MERRILL LYNCH HANDLES THE SALE OF DONATED STOCK. THE ORGANIZATION USES
A REALTOR FOR THE SALE OF DONATED REAL ESTATE.**

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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number
85-0295444

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

EDUCATIONAL GRANTS TO SUPPORT A WIDE RANGE OF ACTIVITIES FROM EARLY
CHILDHOOD THROUGH ADULT PROGRAMS INCLUDING SPECIAL EDUCATION,
VOCATIONAL AND CAREER TRAINING, AND CLASSROOM INNOVATION. 127

NON-PROFIT ORGANIZATIONS RECEIVED GRANTS DURING THE YEAR.

EXPENSES \$ 1,500,747. INCLUDING GRANTS OF \$ 1,325,034. REVENUE \$ 33,700

ENVIRONMENTAL AND HISTORIC PRESERVATION GRANTS TO HELP PRESERVE
HISTORIC RESOURCES, CONSERVE THE NATURAL LAND, PROTECT WILDLIFE AND
PROVIDE ENVIRONMENTAL EDUCATION. 36 NON-PROFIT ORGANIZATIONS RECEIVED
GRANTS DURING THE YEAR.

EXPENSES \$ 312,101. INCLUDING GRANTS OF \$ 275,559. REVENUE \$ 7,008.

ECONOMIC AND WORKFORCE DEVELOPMENT GRANTS TO HELP PROMOTE JOB GROWTH,
WORKFORCE DEVELOPMENT AND SOCIAL IMPACT LEADING TOWARD SYSTEMIC CHANGE.
73 NON-PROFIT ORGANIZATIONS RECEIVED GRANTS DURING THE YEAR.

EXPENSES \$ 372,289. INCLUDING GRANTS OF \$ 328,700. REVENUE \$ 8,360.

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

THE FORM 990 IS APPROVED BY THE FOUNDATION'S FINANCE COMMITTEE. THE BOARD
OF THE FOUNDATION HAS AUTHORIZED THE FINANCE COMMITTEE TO APPROVE AND
SUBMIT THE 990 ON ITS BEHALF. THE CFO, PRESIDENT & CEO, AND FINANCE
COMMITTEE CHAIR ALL REVIEW THE FORM 990 PRIOR TO IT BEING REVIEWED AND
APPROVED BY THE FINANCE COMMITTEE. ONCE THE FINANCE COMMITTEE APPROVES THE
FORM 990, IT IS THEN POSTED TO THE FOUNDATION'S WEBSITE ON THE BOARD PAGE
WHICH REQUIRES A PASSWORD FOR ACCESS. THEN AN E-MAIL IS SENT TO ALL BOARD

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number
85-0295444

MEMBERS NOTIFYING THEM THE FORM 990 IS AVAILABLE FOR REVIEW. ONCE POSTED TO THE BOARD PAGE, THE 990 IS SUBMITTED TO THE IRS. IF ANY BOARD MEMBERS SHOULD IDENTIFY ANY ISSUES THAT REQUIRE AMENDMENTS TO THE FORM 990, THE FORM WOULD BE AMENDED, REVIEWED BY THE FINANCE COMMITTEE AND RESUBMITTED TO THE IRS. ALL BOARD MEMBERS WOULD BE NOTIFIED OF CHANGES VIA E-MAIL.

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

EACH YEAR ALL TRUSTEES, COMMITTEE MEMBERS AND EMPLOYEES MUST REVIEW THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY CONFLICTS OF INTEREST. THE CONFLICTS OF INTEREST ARE REVIEWED BY THE CFO, PRESIDENT & CEO, AND 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 PRESIDENT & CEO. THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE PRESIDENT & CEO AND COMPARES THAT TO THE ESSENTIAL RESPONSIBILITIES OF THE POSITION AS OUTLINED IN THE "PRESIDENT & CEO POSITION DESCRIPTION." THE EXECUTIVE COMMITTEE CONSIDERS PERFORMANCE, MARKET RATE AND COST OF LIVING ADJUSTMENTS IN DETERMINING ANY COMPENSATION ADJUSTMENTS. THE EXECUTIVE COMMITTEE REVIEWS INDUSTRY DATA SUCH AS THE COUNCIL OF FOUNDATIONS ANNUAL SALARY SURVEY IN DETERMINING AN APPROPRIATE LEVEL OF COMPENSATION. THIS DECISION-MAKING PROCESS IS DOCUMENTED IN THE EXECUTIVE COMMITTEE MEETING MINUTES.

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

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

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

CEO. CONTACT INFORMATION FOR ALL EMPLOYEES IS LOCATED ON THE FOUNDATION'S WEBSITE.

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

CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS 6,771.

FORM 990, PART XII, LINE 2C EXPLANATION

THE AUDIT AND RISK MANAGEMENT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE AUDIT AND RISK MANAGEMENT COMMITTEE WAS CREATED BY THE BOARD IN 2019 AND TOOK OVER THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS STARTING THAT YEAR. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

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

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2020

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ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number
85-0295444

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ACF HOLDINGS, LLC - 27-2805006 P.O. BOX 25266 ALBUQUERQUE, NM 87176 HISTORIC CHAMPION GROCERY BUILDING, LLC - 27-2804817, 622-624 TIJERAS AVE NW, ALBUQUERQUE, NM 87102	TO HOLD DONATED ASSETS TO HOLD DONATED BUILDING	NEW MEXICO NEW MEXICO		231,948. 1,498,244.	ALBUQUERQUE COMMUNITY FOUNDATION ALBUQUERQUE COMMUNITY FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on 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?
NEW MEXICO COMMUNITY TRUST - 85-4395064 624 TIJERAS AVE SW ALBUQUERQUE, NM 87102	TO MANAGE ENDOWMENT FUNDS THAT SUPPORT NM NONPROFITS AND NM COMMUNITIES	NEW MEXICO	501(C)(3)	LINE 10		Yes No X

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

Schedule R (Form 990) 2020

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

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

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

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

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.

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

- **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	ALBUQUERQUE COMMUNITY FOUNDATION	85-0295444
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	P.O. BOX 25266	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ALBUQUERQUE, NM 87125-5266	

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

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

NICHOLAS WILLIAMS, CPA

- The books are in the care of ► **624 TIJERAS AVE NW - ALBUQUERQUE, NM 87102**
Telephone No. ► **505-883-6240** Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year **2020** or
 ► ☐ tax year beginning , and ending

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

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2020)