

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2021

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>ALBUQUERQUE COMMUNITY FOUNDATION</b>	<b>D</b> Employer identification number <b>85-0295444</b>
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number <b>505-883-6240</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 25266</b>	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>ALBUQUERQUE, NM 87125-5266</b>	<b>G</b> Gross receipts \$ <b>119,430,181.</b>
<input type="checkbox"/> Final return/terminated	<b>F</b> Name and address of principal officer: <b>NICHOLAS WILLIAMS</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. See instructions
<b>J</b> Website: ▶ <b>WWW.ALBUQUERQUEFOUNDATION.ORG</b>		<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1981</b> <b>M</b> State of legal domicile: <b>NM</b>

Part I Summary	
<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>ADMINISTER A PERMANENT COMMUNITY ENDOWMENT FROM WHICH DISTRIBUTIONS ARE USED TO PROVIDE GRANTS.</b>
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <span style="float:right">3 25</span>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <span style="float:right">4 25</span>
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a) <span style="float:right">5 15</span>
<b>6</b>	Total number of volunteers (estimate if necessary) <span style="float:right">6 27</span>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float:right">7a 326,334.</span>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <span style="float:right">7b 325,334.</span>
<b>Revenue</b>	
<b>8</b>	Contributions and grants (Part VIII, line 1h) <span style="float:right">10,902,064. 9,418,555.</span>
<b>9</b>	Program service revenue (Part VIII, line 2g) <span style="float:right">162,203. 243,826.</span>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <span style="float:right">4,666,466. 15,835,477.</span>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float:right">-9,350. 9,629.</span>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float:right">15,721,383. 25,507,487.</span>
<b>Expenses</b>	
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <span style="float:right">6,377,556. 7,303,756.</span>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <span style="float:right">0. 0.</span>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <span style="float:right">1,052,090. 1,121,421.</span>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <span style="float:right">0. 0.</span>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>258,297.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <span style="float:right">779,628. 791,235.</span>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <span style="float:right">8,209,274. 9,216,412.</span>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <span style="float:right">7,512,109. 16,291,075.</span>
<b>Net Assets or Fund Balances</b>	
<b>20</b>	Total assets (Part X, line 16) <span style="float:right">124,587,657. 148,115,428.</span>
<b>21</b>	Total liabilities (Part X, line 26) <span style="float:right">22,300,494. 26,285,548.</span>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <span style="float:right">102,287,163. 121,829,880.</span>

**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.

<b>Sign Here</b>	Signature of officer <b>NICHOLAS WILLIAMS, CFO</b>	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MARIA MATONTI</b>	Preparer's signature
	Firm's name ▶ <b>CARR, RIGGS &amp; INGRAM, LLC</b>	Date <b>11/11/22</b>
	Firm's address ▶ <b>2424 LOUISIANA BLVD NE, STE 300</b> <b>ALBUQUERQUE, NM 87110</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01790899</b>
		Firm's EIN ▶ <b>72-1396621</b>
		Phone no. <b>505.883.2727</b>

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 [X] 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 [X] 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 \$ 2,914,105. including grants of \$ 2,611,116. ) (Revenue \$ 87,777. ) 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.

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

4b (Code: ) (Expenses \$ 647,579. including grants of \$ 611,110. ) (Revenue \$ 19,506. ) 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. 40 DIFFERENT NON-PROFIT ORGANIZATIONS RECEIVED GRANTS DURING THE YEAR.

4c (Code: ) (Expenses \$ 323,789. including grants of \$ 266,957. ) (Revenue \$ 9,753. ) SCHOLARSHIPS AND FINANCIAL AID AWARDS ALLOWING STUDENTS TO CONTINUE THEIR EDUCATION OR FURTHER THEIR CAREERS. 142 STUDENTS RECEIVED GRANTS DURING THE YEAR.

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,209,262. including grants of \$ 3,814,573. ) (Revenue \$ 126,790. )

4e Total program service expenses 8,094,735.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational activities, financial reporting, and compliance with various IRS sections.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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?		

**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 Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) STEVE MAESTAS CHAIR	3.00	X		X				0.	0.	0.
(2) BEVERLY BENDICKSEN CHAIR ELECT & TREASURER	3.00	X		X				0.	0.	0.
(3) WILLIAM LANG IMMEDIATE PAST CHAIR	3.00 0.25	X		X				0.	0.	0.
(4) MARCUS MIMS SECRETARY	3.00	X		X				0.	0.	0.
(5) CHARLOTTE SCHOENMANN TRUSTEE	2.00	X						0.	0.	0.
(6) DEBBIE HARMS TRUSTEE	1.00	X						0.	0.	0.
(7) TOM DAULTON TRUSTEE	1.00	X						0.	0.	0.
(8) ANNA DOSS TRUSTEE	1.00	X						0.	0.	0.
(9) KENNETH LEACH TRUSTEE	1.00 0.25	X						0.	0.	0.
(10) SANJAY ENGINEER TRUSTEE	1.00	X						0.	0.	0.
(11) REBECCA HARRINGTON TRUSTEE	1.00	X						0.	0.	0.
(12) ANNE SAPON TRUSTEE	2.00	X						0.	0.	0.
(13) PAUL DIPAOLA TRUSTEE	1.00	X						0.	0.	0.
(14) PAM HURD-KNIEF TRUSTEE	2.00	X						0.	0.	0.
(15) TOM ANTRAM TRUSTEE	1.00	X						0.	0.	0.
(16) PATRICK APODACA TRUSTEE	2.00	X						0.	0.	0.
(17) ARELLANA BARELA CORDERO TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MICHELLE DEARHOLT TRUSTEE	1.00	X						0.	0.	0.
(19) WALTER STERN TRUSTEE	2.00	X						0.	0.	0.
(20) LINDA PARKER TRUSTEE	1.00	X						0.	0.	0.
(21) JOSE VIRAMONTES TRUSTEE	2.00	X						0.	0.	0.
(22) EMILY ALLEN TRUSTEE	1.00	X						0.	0.	0.
(23) DEBBIE JOHNSON TRUSTEE	1.00	X						0.	0.	0.
(24) BOB BOWMAN TRUSTEE	1.00	X						0.	0.	0.
(25) ABINASH ACHREKAR TRUSTEE	1.00	X						0.	0.	0.
(26) R. RANDALL ROYSTER PRESIDENT & CEO	50.00 2.00			X				243,960.	0.	23,213.
<b>1b Subtotal</b>								243,960.	0.	23,213.
<b>c Total from continuation sheets to Part VII, Section A</b>								207,647.	0.	21,716.
<b>d Total (add lines 1b and 1c)</b>								451,607.	0.	44,929.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
US BANK 800 NICOLLET MALL, MINNEAPOLIS, MN 55402	CUSTODIAL FEES, BANK AND CREDIT CARD PRO	168,703.

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



**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARISA MAGALLANEZ VICE PRESIDENT	50.00			X				99,214.	0.	10,474.
(28) NICHOLAS WILLIAMS CFO	50.00 4.00			X				108,433.	0.	11,242.
Total to Part VII, Section A, line 1c								207,647.		21,716.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	170,301.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	9,248,254.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 861,111.				
	<b>h Total.</b> Add lines 1a-1f			9,418,555.			
Program Service Revenue	<b>2 a</b> ADMINISTRATIVE FEES	<b>Business Code</b>					
		523000	243,826.	243,826.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			243,826.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		2,925,726.		326,334.	2599392.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	106,760,405.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	93,850,654.				
<b>c</b> Gain or (loss)	<b>7c</b>	12,909,751.					
<b>d</b> Net gain or (loss)			12,909,751.		12909751.		
<b>8 a</b> Gross income from fundraising events (not including \$ 170,301. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		81,669.				
<b>b</b> Less: direct expenses	<b>8b</b>	72,040.					
<b>c</b> Net income or (loss) from fundraising events			9,629.		9,629.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			25,507,487.	243,826.	326,334.	15518772.	

**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 ...	7,036,799.	7,036,799.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	266,957.	266,957.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	586,068.	266,534.	228,217.	91,317.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	423,670.	191,112.	165,179.	67,379.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,902.	7,376.	5,536.	990.
9 Other employee benefits .....	29,806.	14,336.	11,182.	4,288.
10 Payroll taxes .....	67,975.	29,041.	27,826.	11,108.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	7,960.		7,960.	
c Accounting .....	38,811.		38,811.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	49,905.		49,905.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	45,748.		45,748.	
12 Advertising and promotion .....				
13 Office expenses .....	144,565.	57,003.	76,354.	11,208.
14 Information technology .....	126,921.	57,840.	49,390.	19,691.
15 Royalties .....				
16 Occupancy .....	99,096.	45,160.	38,562.	15,374.
17 Travel .....	10,949.	5,587.	3,691.	1,671.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	19,796.		19,796.	
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	62,789.	28,565.	24,469.	9,755.
23 Insurance .....	43,044.		43,044.	
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 <b>DONOR RELATIONS</b>	91,458.	65,547.	8,175.	17,736.
b <b>MEMBERSHIP DUES &amp; FEES</b>	29,833.	13,596.	11,609.	4,628.
c <b>TRAINING &amp; DEVELOPMENT</b>	20,360.	9,282.	7,926.	3,152.
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>9,216,412.</b>	<b>8,094,735.</b>	<b>863,380.</b>	<b>258,297.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,276,641.	1	3,712,630.	
	<b>2</b> Savings and temporary cash investments .....	3,906,199.	2	3,210,928.	
	<b>3</b> Pledges and grants receivable, net .....	39,334.	3	1,224,633.	
	<b>4</b> Accounts receivable, net .....		4		
	<b>5</b> 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		
	<b>6</b> 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		
	<b>7</b> Notes and loans receivable, net .....	190,931.	7	188,743.	
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....	21,616.	9	11,755.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,654,765.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 842,951.	1,842,526.	<b>10c</b>	1,811,814.
	<b>11</b> Investments - publicly traded securities .....	56,286,529.	11	65,790,519.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	53,475,951.	12	68,599,836.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	3,547,930.	15	3,564,570.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	124,587,657.	16	148,115,428.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	20,055.	17	17,671.	
	<b>18</b> Grants payable .....	758,534.	18	1,238,558.	
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> 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 .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	21,521,905.	25	25,029,319.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	22,300,494.	26	26,285,548.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	52,276,238.	27	58,556,200.	
	<b>28</b> Net assets with donor restrictions .....	50,010,925.	28	63,273,680.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		29		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		30		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		31		
	<b>32</b> Total net assets or fund balances .....	102,287,163.	32	121,829,880.	
<b>33</b> Total liabilities and net assets/fund balances .....	124,587,657.	33	148,115,428.		

**Part XI Reconciliation of Net Assets**

Check 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	25,507,487.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,216,412.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,291,075.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	102,287,163.
5	Net unrealized gains (losses) on investments	5	3,223,461.
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	28,181.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	121,829,880.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 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? .....
- 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 .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 [X] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An 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 on 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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8246451.	6441659.	7271553.	10900014.	9418555.	42278232.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8246451.	6441659.	7271553.	10900014.	9418555.	42278232.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						6607616.
<b>6 Public support.</b> Subtract line 5 from line 4.						35670616.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	8246451.	6441659.	7271553.	10900014.	9418555.	42278232.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	747,311.	1144966.	1030226.	1678101.	2599392.	7199996.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				723.	326,334.	327,057.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						49805285.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	767,261.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	71.62 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	75.52 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**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.)

Lined area for supplemental information with a large diagonal watermark reading 'PUBLIC INSPECTION COPY'.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

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), 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), 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).

Name of organization  <b>ALBUQUERQUE COMMUNITY FOUNDATION</b>	Employer identification number  <b>85-0295444</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>296,091.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>817,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>377,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>303,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>151,619.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>190,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ALBUQUERQUE COMMUNITY FOUNDATION</b>	Employer identification number  <b>85-0295444</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>154,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>140,975.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>204,768.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>ALBUQUERQUE COMMUNITY FOUNDATION</b>	Employer identification number  <b>85-0295444</b>
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**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	<hr/> <hr/> <hr/>	\$ 101,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 109,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 195,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 2,381,448.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 106,567.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ALBUQUERQUE COMMUNITY FOUNDATION</b>	Employer identification number  <b>85-0295444</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>850,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ALBUQUERQUE COMMUNITY FOUNDATION</b>	Employer identification number  <b>85-0295444</b>
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**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
5	522 SHARES OF STOCK IN VARIOUS CORPORATIONS <hr/> <hr/> <hr/>	\$ 151,587.	12/01/21
12	1,029 SHARES IN AMANA GROWTH FUND, 2,701 SHARES IN AMG YACKTMAN FUND CLASS I, 379 SHARES IN TOYOTA M <hr/> <hr/> <hr/>	\$ 203,268.	10/15/21
18	4,493 SHARES IN HIPPO HOLDINGS INC <hr/> <hr/> <hr/>	\$ 19,567.	08/26/21
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization <b>ALBUQUERQUE COMMUNITY FOUNDATION</b>	Employer identification number <b>85-0295444</b>
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**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	

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**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	118	16
2 Aggregate value of contributions to (during year)	6,142,566.	541,942.
3 Aggregate value of grants from (during year)	2,440,586.	261,000.
4 Aggregate value at end of year	48,905,533.	1,570,979.
5 Did the organization inform all donors and donor advisors in 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):

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

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) 2021

**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	98,076,732.	85,645,599.	69,568,700.	67,531,828.	52,400,879.
b Contributions	11,816,050.	9,717,193.	5,774,545.	5,130,756.	12,125,240.
c Net investment earnings, gains, and losses	18,058,635.	9,780,565.	10,996,797.	-1,409,089.	7,414,649.
d Grants or scholarships	4,903,072.	5,834,093.			
e Other expenditures for facilities and programs	1,330,381.	1,145,690.	694,443.	1,684,795.	4,408,940.
f Administrative expenses		86,842.			
g End of year balance	121,717,964.	98,076,732.	85,645,599.	69,568,700.	67,531,828.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  49.2000 %
  - b Permanent endowment  %
  - c Term endowment  50.8000 %
- 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:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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.	735,558.	1,702,537.
c Leasehold improvements				
d Equipment		184,502.	81,284.	103,218.
e Other		32,168.	26,109.	6,059.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  1,811,814.

**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) <b>FIXED INCOME</b>	14,533,081.	END-OF-YEAR MARKET VALUE
(B) <b>MULTI STRATEGY FUNDS</b>	10,958,640.	END-OF-YEAR MARKET VALUE
(C) <b>REAL ASSETS</b>	27,985,334.	END-OF-YEAR MARKET VALUE
(D) <b>PRIVATE EQUITY</b>	14,852,780.	END-OF-YEAR MARKET VALUE
(E) <b>LAND</b>	270,001.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	68,599,836.	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

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

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

**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	33,823,860.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,223,461.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	5,142,817.	
e	Add lines 2a through 2d	2e		8,366,278.
3	Subtract line 2e from line 1	3		25,457,582.
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	49,905.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		49,905.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		25,507,487.

**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	9,246,047.
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	79,540.	
e	Add lines 2a through 2d	2e		79,540.
3	Subtract line 2e from line 1	3		9,166,507.
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	49,905.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		49,905.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		9,216,412.

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

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

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

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

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

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

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

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open 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		499,979.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		5,964,073.
<b>3 a Subtotal</b> .....	0	0			6,464,052.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			6,464,052.

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

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

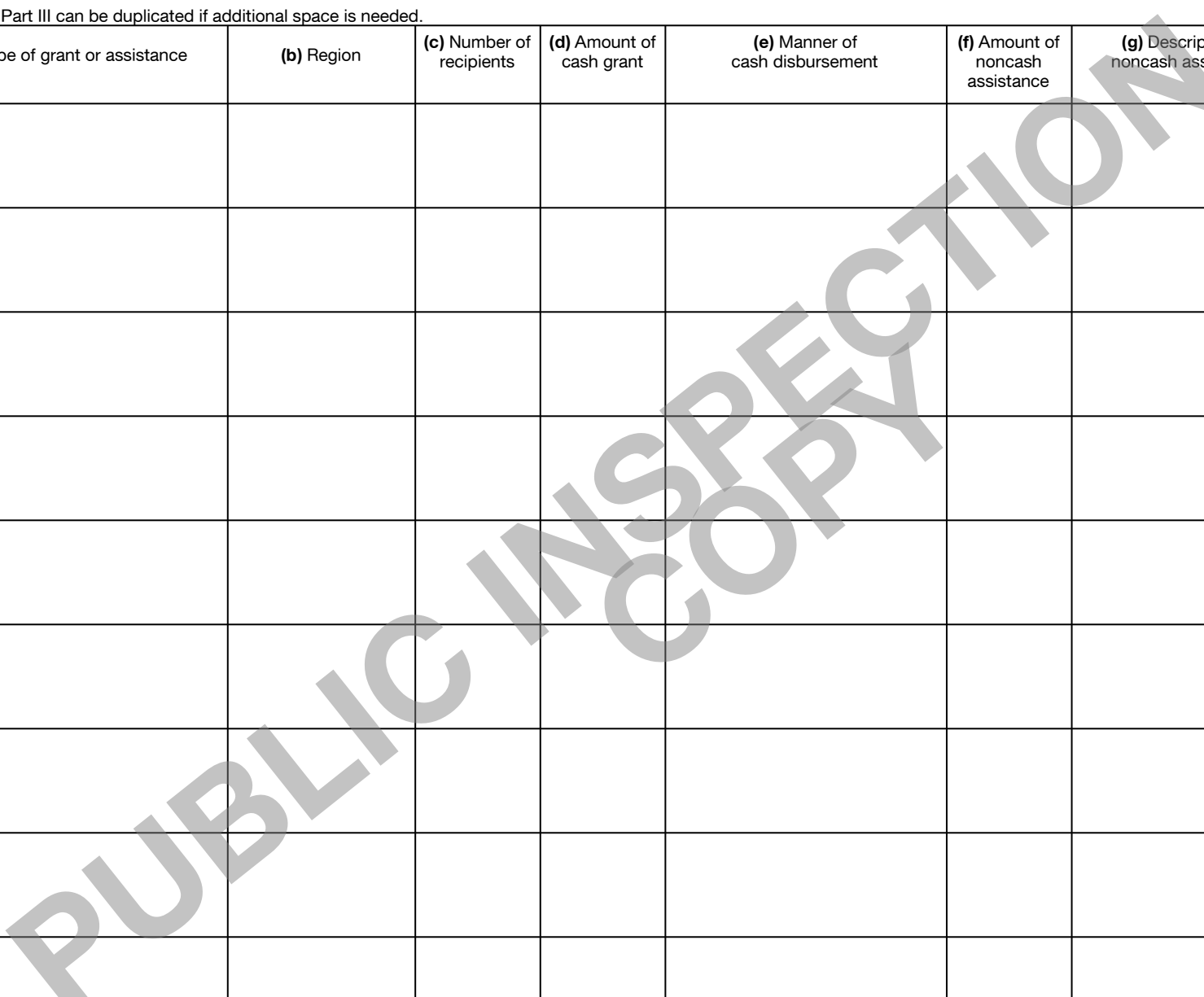
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)



**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) 2021

**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.

Multiple horizontal lines for supplemental information input.

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**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	(b) Event #2	(c) Other events	(d) Total events
		CONCOURS DU SOLEIL (event type)	ANNUAL MEETING (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	80,719.	171,251.	251,970.
	2	Less: Contributions		170,301.	170,301.
	3	Gross income (line 1 minus line 2)	80,719.	950.	81,669.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	43,958.		43,958.
	8	Entertainment			
	9	Other direct expenses	19,187.	8,895.	28,082.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			72,040.
11	Net income summary. Subtract line 10 from line 3, column (d)			9,629.	

**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  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** 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.

\_\_\_\_\_

\_\_\_\_\_

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
350.ORG NEW MEXICO 17 TIERRA MONTE NE ALBUQUERQUE, NM 87122	26-1150699	501(C)(3)	8,379.	0.			DONOR-ADVISED
516 ARTS PO BOX 4570 ALBUQUERQUE, NM 87196	20-8540744	501(C)(3)	105,500.	0.			DONOR-ADVISED
ABRAZOS FAMILY SUPPORT SERVICES 412 DON TOMAS BERNALILLO, NM 87004	85-0265449	501(C)(3)	32,000.	0.			SANDIA FOUNDATION GRANT
ACLU OF NEW MEXICO FOUNDATION PO BOX 566 ALBUQUERQUE, NM 87103-0566	85-0275276	501(C)(3)	16,500.	0.			DONOR-ADVISED
ADELANTE DEVELOPMENT CENTER 3900 OSUNA RD. NE ALBUQUERQUE, NM 87109-4459	85-0262072	501(C)(3)	13,747.	0.			ACF HUMAN SERVICES
AHPA FOUNDATION FOR EDUCATION AND RESEARCH ON BOTANICALS INC - 8630 FENTON ST STE 918 - SILVER SPRING, MD 20910	31-1578316	501(C)(3)	25,000.	0.			ACF HUMAN SERVICES

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **263.**

**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) 2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBUQUERQUE ACADEMY 6400 WYOMING BLVD. NE ALBUQUERQUE, NM 87109-3899	85-0129165	501(C)(3)	22,539.	0.			DONOR-ADVISED
ALBUQUERQUE ADULT LEARNING CENTER, INC. - 239 ELM STREET NW - ALBUQUERQUE, NM 87102	21-1859295	501(C)(3)	11,600.	0.			SANDIA FOUNDATION GRANT
ALBUQUERQUE HEALTH CARE FOR THE HOMELESS - PO BOX 25445 - ALBUQUERQUE, NM 87125-0445	85-0368993	501(C)(3)	58,632.	0.			DONOR-ADVISED
ALBUQUERQUE MEALS ON WHEELS PO BOX 92614 ALBUQUERQUE, NM 87199-2614	85-0307043	501(C)(3)	10,750.	0.			NEW MEXICOOGA GRANT
ALBUQUERQUE MUSEUM FOUNDATION PO BOX 7006 ALBUQUERQUE, NM 87194	85-0201054	501(C)(3)	36,100.	0.			DONOR-ADVISED
ALBUQUERQUE PUBLIC LIBRARY FOUNDATION - PO BOX 25792 - ALBUQUERQUE, NM 87125	45-2688338	501(C)(3)	12,000.	0.			DONOR-ADVISED
ALBUQUERQUE YOUTH SYMPHONY PROGRAM PO BOX 30961 ALBUQUERQUE, NM 87190-0961	85-0421180	501(C)(3)	37,938.	0.			ACF ARTS/CULTURE
ALL FAITHS 1709 MOON NE ALBUQUERQUE, NM 87112	85-0165284	501(C)(3)	27,230.	0.			DONOR-ADVISED
ALMA PO BOX 12885 ALBUQUERQUE, NM 87195	47-4258780	501(C)(3)	7,500.	0.			ACF EDUCATION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION PO BOX 21400 ALBUQUERQUE, NM 87154	13-3039601	501(C)(3)	25,100.	0.			DONOR-ADVISED
AMERICAN DIABETES ASSOCIATION 5333 N. 7TH ST PHOENIX, AZ 85014	13-1623888	501(C)(3)	10,000.	0.			DONOR-ADVISED
AMERICAN RED CROSS 2121 OSUNA RD. NE ALBUQUERQUE, NM 87113	53-0196605	501(C)(3)	6,500.	0.			ACF HUMAN SERVICES
AMIGOS BRAVOS PO BOX 238 TAOS, NM 87571	85-0363268	501(C)(3)	6,000.	0.			DONOR-ADVISED
AMNESTY INTERNATIONAL 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	52-0851555	501(C)(3)	5,600.	0.			ACF HUMAN SERVICES
AMY BIEHL HIGH SCHOOL FOUNDATION 123 4TH ST. SW ALBUQUERQUE, NM 87102	85-0483977	501(C)(3)	10,017.	0.			ACF HUMAN SERVICES
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)	25,711.	0.			DONOR-ADVISED
ANIMAL PROTECTION OF NEW MEXICO, INC. - PO BOX 11395 - ALBUQUERQUE, NM 87192-0395	85-0283292	501(C)(3)	21,391.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APS EDUCATION FOUNDATION PO BOX 25704 ALBUQUERQUE, NM 87125	85-0434438	501(C)(3)	9,266.	0.			ACF HUMAN SERVICES
ASSISTANCE LEAGUE OF ALBUQUERQUE PO BOX 35910 ALBUQUERQUE, NM 87176	85-6009968	501(C)(3)	25,500.	0.			ACF HUMAN SERVICES
AT THE WELL PROJECT INC 3417 ORDWAY ST NW WASHINGTON, DC 20016	83-2697895	501(C)(3)	20,000.	0.			DONOR-ADVISED
BARRETT FOUNDATION 10300 CONSTITUTION AVE. NE ALBUQUERQUE, NM 87112	85-0336208	501(C)(3)	11,420.	0.			DONOR-ADVISED
BASEMENT FILMS, INC. PO BOX 9229 ALBUQUERQUE, NM 87119	85-0449258	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES
BEST CHANCE 5907 ALICE AVE NWE ALBUQUERQUE, NM 87110	81-1702353	501(C)(3)	7,500.	0.			ACF HUMAN SERVICES
BIG BROTHERS BIG SISTERS MOUNTAIN REGION - 129 S. MAIN ST, STE B - LAS CRUCES, NM 88001	85-0276498	501(C)(3)	7,500.	0.			DONOR-ADVISED
BIG BROTHERS BIG SISTERS OF CENTRAL NEW MEXICO - PO BOX 30515 - ALBUQUERQUE, NM 87190	85-0271207	501(C)(3)	38,000.	0.			DONOR-ADVISED
BOARD OF REGENTS - SOUTHWESTERN INDIAN POLYTECHNIC INSTITUTE - 9169 COORS BLVD NW - ALBUQUERQUE, NM 87120	85-0235298	501(C)(3)	25,000.	0.			ACF GRANT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF CARLSBAD, NM 1604 W. FOX ST CARLSBAD, NM 88220	85-0159171	501(C)(3)	7,500.	0.			ACF GRANT
BOYS & GIRLS CLUBS OF CENTRAL NEW MEXICO - 3333 TRUMAN ST NE - ALBUQUERQUE, NM 87110	85-0106943	501(C)(3)	25,000.	0.			ACF HUMAN SERVICES
BREAKING THE SILENCE 4810 HARDWARE DR NE #2 ALBUQUERQUE, NM 87109	45-4188899	501(C)(3)	37,500.	0.			ACF GRANT
CAREER GUIDANCE INSTITUTE 400 TIJERAS AVE ALBUQUERQUE, NM 87102	85-0323322	501(C)(3)	23,000.	0.			SUPPORT OF ALBUQUERQUE READS
CASA DE PEREGRINOS INC 999 W AMADOR AVE. STE F LAS CRUCES, NM 88005	85-0312057	501(C)(3)	7,500.	0.			ACF GRANT
CASA Q PO BOX 36168 ALBUQUERQUE, NM 87176-6168	46-1245391	501(C)(3)	14,000.	0.			ACF GRANT
CATHOLIC CHARITIES 2010 BRIDGE BLVD SW ALBUQUERQUE, NM 87105	85-0110070	501(C)(3)	17,000.	0.			DONOR-ADVISED
CENTER FOR BIOLOGICAL DIVERSITY PO BOX 710 TUCSON, AZ 85702	27-3943866	501(C)(3)	6,000.	0.			DONOR-ADVISED
CENTER FOR CIVIC POLICY PO BOX 27616 ALBUQUERQUE, NM 87125	01-0869701	501(C)(3)	10,000.	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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CENTER OF SOUTHWEST CULTURE 505 MARQUETTE AVE NW STE 1610 ALBUQUERQUE, NM 87102	85-0402832	501(C)(3)	20,000.	0.			ACF GRANT
CHAMBER MUSIC ALBUQUERQUE PO BOX 3343 ALBUQUERQUE, NM 87190-3343	85-6014415	501(C)(3)	15,453.	0.			ACF GRANT
CHILD AID 917 SW OAK STREET PORTLAND, OR 97205	33-0317937	501(C)(3)	10,000.	0.			DONOR-ADVISED
CHILDREN'S CANCER FUND OF NEW MEXICO - 112 14TH ST SW - ALBUQUERQUE, NM 87102	23-7116828	501(C)(3)	8,000.	0.			DONOR-ADVISED
CHILDREN'S GRIEF CENTER OF NEW MEXICO - 4125 CARLISLE AVE. NE - ALBUQUERQUE, NM 87107	85-0474099	501(C)(3)	69,271.	0.			ACF MENTAL HEALTH
CHRISTINA KENT EARLY CHILDHOOD CENTER - 423 3RD STREET SW - ALBUQUERQUE, NM 87102	85-0105594	501(C)(3)	15,706.	0.			ACF EDUCATION
CIBOLA COUNTY EDUCATION FOUNDATION C/O GRANTS/CIBOLA COUNTY SCHOOLS PO GRANTS, NM 87020	85-0410209	501(C)(3)	6,000.	0.			ACF GRANT
CITY OF ALBUQUERQUE COMMUNITY CENTERS - 700 4TH STREET SW - ALBUQUERQUE, NM 87102	85-6000102	GOV'T	6,898.	0.			DONOR-ADVISED
CONGREGATION ALBERT 3800 LOUISIANA BLVD. NE ALBUQUERQUE, NM 87110	85-0124933	501(C)(3)	15,505.	0.			ACF HUMAN SERVICES

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COUNCIL ON FOUNDATIONS 1255 23RD STREET NW, SUITE 200 WASHINGTON, DC 20037	13-6068327	501(C)(3)	13,250.	0.			ACF PHILANTHROPY
CROSSROADS FOR WOMEN 805 TIJERAS AVE. NW ALBUQUERQUE, NM 87102	85-0448641	501(C)(3)	12,350.	0.			HUMAN SERVICES
CUIDANDO LOS NINOS PO BOX 12786 ALBUQUERQUE, NM 87195	85-0366029	501(C)(3)	28,100.	0.			ACF HUMAN SERVICES
DE PROFUNDIS PO BOX 3056 ALBUQUERQUE, NM 87190-3056	85-0424483	501(C)(3)	18,391.	0.			ACF GRANT
DENTAL CARE IN YOUR HOME 1776 MONTANO ROAD NW ALBUQUERQUE, NM 87107	27-3498254	501(C)(3)	15,000.	0.			ACF GRANT
DOCTORS WITHOUT BORDERS USA 40 RECTOR STREET NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	22,423.	0.			DONOR-ADVISED
DOMESTIC VIOLENCE RESOURCE CENTER, INC - 625 SILVER SW SUITE 185 - ALBUQUERQUE, NM 87102	85-0439226	501(C)(3)	12,000.	0.			ACF HUMAN SERVICES
DUKE CITY REPERTORY THEATRE P.O. BOX 16437 ALBUQUERQUE, NM 87191	26-3402706	501(C)(3)	10,000.	0.			ACF GRANT
EARTHWORKS 1612 K ST NW WASHINGTON, DC 20006	52-1557765	501(C)(3)	15,000.	0.			DONOR-ADVISED

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EAST CENTRAL MINISTRIES 123 VERMONT NE ALBUQUERQUE, NM 87108	37-1426703	501(C)(3)	16,000.	0.			DONOR-ADVISED
EL PUENTE DE ENCUENTROS 500 MARQUETTE AVE. SUITE 1200 ALBUQUERQUE, NM 87102	81-2118702	501(C)(3)	10,000.	0.			ACF GRANT
ENCUENTRO 714 4TH ST. SW ALBUQUERQUE, NM 87102	27-2016727	501(C)(3)	25,500.	0.			DONOR-ADVISED
ENLACE COMUNITARIO 2425 ALAMO DR SE ALBUQUERQUE, NM 87106	85-0473384	501(C)(3)	25,200.	0.			DONOR-ADVISED
ENSEMBLE MUSIC NEW MEXICO PO BOX 7464 ALBUQUERQUE, NM 87194	47-0910372	501(C)(3)	5,750.	0.			DONOR-ADVISED
EQUALITY NEW MEXICO FOUNDATION PO BOX 27070 ALBUQUERQUE, NM 87125	85-0417115	501(C)(3)	15,000.	0.			ACF GRANT AND SUPPORT OF SAGE ALBUQUERQUE
ESCUELA DEL SOL MONTESSORI SCHOOL 1114 7TH ST. NW ALBUQUERQUE, NM 87102	23-7088029	501(C)(3)	11,500.	0.			SANDIA FOUNDATION GRANT
EVERY ABILITY PLAYS PROJECT 2105 VISTA OESTE ST NW, SUITE E - 1 ALBUQUERQUE, NM 87120	84-3687608	501(C)(3)	10,000.	0.			ACF GRANT
EXPLORA! 1701 MOUNTAIN RD. NW ALBUQUERQUE, NM 87104	85-0442062	501(C)(3)	27,500.	0.			DONOR-ADVISED

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FAMILY PROMISE OF ALBUQUERQUE 808 EDITH BLVD NE ALBUQUERQUE, NM 87102	85-0472315	501(C)(3)	10,900.	0.			ACF HS GRANT
FATHERS BUILDING FUTURES 2705 PAN AMERICAN FREEWAY NE ALBUQUERQUE, NM 87107	81-3215356	501(C)(3)	12,550.	0.			DONOR-ADVISED
FESTIVAL BALLETT ALBUQUERQUE 3805 ACADEMY PARKWAY SOUTH NE ALBUQUERQUE, NM 87109	27-1993089	501(C)(3)	6,100.	0.			ACF GRANT
FILENE RESEARCH INSTITUTE INC 1010 E. WASHINGTON AVE ALBUQUERQUE, NM 87108	39-1645910	501(C)(3)	25,000.	0.			ACF GRANT
FLOWER HILL INSTITUTE PO BOX 692 JEMEZ PUEBLO, NM 87024	81-4300335	501(C)(3)	40,000.	0.			GREAT GRANT GIVEAWAY
FUTURE FOCUSED EDUCATION 200 BROADWAY NE ALBUQUERQUE, NM 87102	47-3717716	501(C)(3)	45,000.	0.			ACF EDUCATION
GARDEN'S EDGE, INC. 980 CYPRESS RD. BOSQUE FARMS, NM 87068	26-0645372	501(C)(3)	7,500.	0.			DONOR-ADVISED
GLOBAL CENTER FOR CULTURAL ENTREPRENEURSHIP DBA CREATIVE STARTUPS - 441 GREG AVE. #202 - SANTA FE, NM 87501	26-0718018	501(C)(3)	7,500.	0.			ACF GRANTS
GOOD SHEPHERD CENTER, INC. PO BOX 749 ALBUQUERQUE, NM 87103	85-0213561	501(C)(3)	11,689.	0.			ACF HUMAN SERVICES

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GREATER ALBUQUERQUE HABITAT FOR HUMANITY - 4900 MENAUL BLVD. NE - ALBUQUERQUE, NM 87110	85-0359138	501(C)(3)	14,476.	0.			DONOR-ADVISED
HAWKS ALOFT PO BOX 10028 ALBUQUERQUE, NM 87184	85-0418661	501(C)(3)	15,000.	0.			VITALITY WORKS GRANT PROGRAM
HEALING ADDICTION IN OUR COMMUNITY & SERENITY MESA - 3701 CONDESHIRE DR. SW - ALBUQUERQUE, NM 87121	27-2517121	501(C)(3)	33,334.	0.			DONOR-ADVISED
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	10,000.	0.			DONOR-ADVISED
HISTORIC BRIDGE MAINSTREET SOUTH VALLEY - 318 ISLETA BLVD SW - ALBUQUERQUE, NM 87105-3822	46-5218867	501(C)(3)	40,000.	0.			ACF GRANT
HOMEWISE 1301 SILER ROAD SANTA FE, NM 87507	85-0346325	501(C)(3)	50,000.	0.			DONOR-ADVISED
HOPEWORKS PO BOX 27258 ALBUQUERQUE, NM 87125	85-0338552	501(C)(3)	47,000.	0.			DONOR-ADVISED
HORIZONS ALBUQUERQUE PO BOX 6066 ALBUQUERQUE, NM 87197	81-2915448	501(C)(3)	43,500.	0.			ACF EDUCATION
IMMIGRANT AND REFUGEE RESOURCE VILLAGE OF ALBUQUERQUE (IRRVA) - 120 MESILLA NE - ALBUQUERQUE, NM 87108	27-5024085	501(C)(3)	11,000.	0.			ACF GRANT

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INDIAN PUEBLO CULTURAL CENTER 2401 TWELFTH ST. NW ALBUQUERQUE, NM 87104-2397	85-0232968	501(C)(3)	7,000.	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
INTERNATIONAL GENEROSITY FOUNDATION TRUST - 980 WHISPERING OAKS - CHINA SPRING, TX 76633-3554	84-3754469	501(C)(3)	50,500.	0.			DONOR-ADVISED
INTERNATIONAL RESCUE COMMITTEE PO BOX 6068 ALBERT LEA, MN 56007-9847	13-5660870	501(C)(3)	20,000.	0.			DONOR-ADVISED
JENNIFER RIORDAN FOUNDATION 11024 MONTGOMERY BLVD NE ALBUQUERQUE, NM 87111-3962	84-3221450	501(C)(3)	50,000.	0.			DONOR-ADVISED
JEWISH COMMUNITY CENTER 5520 WYOMING NE ALBUQUERQUE, NM 87109	85-0457178	501(C)(3)	14,500.	0.			DONOR-ADVISED
JOY JUNCTION, INC. PO BOX 27693 ALBUQUERQUE, NM 87125-7693	85-0360268	501(C)(3)	12,520.	0.			DONOR-ADVISED
JUNIOR ACHIEVEMENT OF NEW MEXICO, INC. - 4700 LINCOLN RD NE - ALBUQUERQUE, NM 87109	85-0416889	501(C)(3)	8,000.	0.			DONOR-ADVISED
JUSTICE, ACCESS, SUPPORT AND SOLUTIONS FOR HEALTH - 1608 ISLETA BLVD SW - ALBUQUERQUE, NM 87105	42-1753563	501(C)(3)	20,050.	0.			ACF HUMANS SERVICES

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KESHET DANCE COMPANY 4121 CUTLER AVE. NE ALBUQUERQUE, NM 87110	85-0436623	501(C)(3)	20,000.	0.			ACF ARTS/CULTURE
KIDS COOK! 5838 OSUNA RD NE ALBUQUERQUE, NM 87109	26-4816851	501(C)(3)	10,000.	0.			ACF GRANT
LA COSECHA CSA 318 ISLETA BLVD. SW ALBUQUERQUE, NM 87105	82-4552728	501(C)(3)	30,000.	0.			ACF FOOD/NUTRITION/AGRICULTURE
LA PLAZITA INSTITUTE 831 ISLETA BLVD. SW ALBUQUERQUE, NM 87105	26-2486467	501(C)(3)	51,000.	0.			ACF COMMUNITY IMPROVEMENT
LIBROS FOR KIDS, INC. 2052 CALLE PAJARO AZUL NW ALBUQUERQUE, NM 87120	82-2152369	501(C)(3)	10,000.	0.			ACF GRANT
LINCOLN COUNTY ADULT LITERACY 107 KANSAS CITY RD RUIDOSO, NM 88345	47-1984504	501(C)(3)	10,000.	0.			DONOR-ADVISED
LUTHERAN FAMILY SERVICES ROCKY MOUNTAINS - 363 S HARLAN ST STE 200 - DENVER, CO 80226	84-0775550	501(C)(3)	14,000.	0.			ACF GRANT
MANA DE ALBUQUERQUE PO BOX 25801 ALBUQUERQUE, NM 87125	06-1835784	501(C)(3)	10,399.	0.			ACF EDUCATION
MANDY'S FARM PO BOX 9346 ALBUQUERQUE, NM 87119	85-0436516	501(C)(3)	40,000.	0.			ACF HEALTH/GENERAL/REHAB

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MANY MOTHERS PO BOX 23222 SANTA FE, NM 87502	85-0457455	501(C)(3)	10,000.	0.			DONOR-ADVISED
MANZANO DAY SCHOOL 1801 CENTRAL NW ALBUQUERQUE, NM 87104	85-0127993	501(C)(3)	235,525.	0.			ACF GRANT
MANZANO MOUNTAIN ART COUNCIL PO BOX 534 MOUNTAINAIR, NM 87036	74-2826118	501(C)(3)	15,000.	0.			ACF HISTORIC/PRESERVATION
MERCY CORPS 45 SW ANKENY STREET PORTLAND, OR 97204	91-1148123	501(C)(3)	10,000.	0.			DONOR-ADVISED
MISHKAN CHICAGO 4001 N RAVENSWOOD AVE STE 101 CHICAGO, IL 60613-2576	45-4922824	501(C)(3)	20,000.	0.			DONOR-ADVISED
MOUNTAIN RESCUE ASPEN INC 37925 HIGHWAY 82 ASPEN, CO 81611-2501	84-6042237	501(C)(3)	18,000.	0.			DONOR-ADVISED
MUSEUM OF NEW MEXICO FOUNDATION PO BOX 2065 SANTA FE, NM 87504-2065	85-0202503	501(C)(3)	5,316.	0.			DONOR-ADVISED
NACA-INSPIRED SCHOOLS NETWORK 2301 MOUNTAIN RD. NE ALBUQUERQUE, NM 87106	47-2981893	501(C)(3)	25,897.	0.			ACF EDUCATION
NATIONAL DANCE INSTITUTE OF NEW MEXICO - 1140 ALTO STREET - SANTA FE, NM 87501	85-0431846	501(C)(3)	29,816.	0.			ACF ARTS/CULTURE

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NATIONAL HISPANIC CULTURAL CENTER FOUNDATION - 1701 4TH ST SW - ALBUQUERQUE, NM 87102-4518	85-0335056	501(C)(3)	12,950.	0.			DONOR-ADVISED
NATIONAL INSTITUTE OF FLAMENCO 1771 BELLAMAH AVE NW ALBUQUERQUE, NM 87104	85-0332879	501(C)(3)	12,000.	0.			ACF ARTS/CULTURE
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	13-2654926	501(C)(3)	10,000.	0.			DONOR-ADVISED
NEW DAY YOUTH & FAMILY SERVICES 2305 RENARD PLACE SE ALBUQUERQUE, NM 87106	85-0245782	501(C)(3)	26,833.	0.			ACF HOUSING/SHELTER
NEW MEXICO APPLESEED 222 E MARCY ST #20 SANTA FE, NM 87501-2021	20-4985257	501(C)(3)	6,000.	0.			DONOR-ADVISED
NEW MEXICO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 1933 SAN MATEO BLVD NE #258 - ALBUQUERQUE, NM 87110	51-0137970	501(C)(3)	7,500.	0.			DONOR-ADVISED
NEW MEXICO BIOPARK SOCIETY 903 TENTH ST. SW ALBUQUERQUE, NM 87102	23-7087964	501(C)(3)	44,866.	0.			ACF SINGLE ORG SUPPORT
NEW MEXICO BLACK LEADERSHIP COUNCIL - 1258 ORTIZ DR SE - ALBUQUERQUE, NM 87108	46-3638418	501(C)(3)	50,000.	0.			ACF COMMUNITY IMPROVEMENT
NEW MEXICO CENTER ON LAW AND POVERTY, INC. - 301 EDITH BLVD NE - ALBUQUERQUE, NM 87102	85-0437960	501(C)(3)	30,281.	0.			DONOR-ADVISED

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NEW MEXICO COALITION TO END HOMELESSNESS - PO BOX 865 - SANTA FE, NM 87504	85-0482896	501(C)(3)	15,000.	0.			DOOR-ADVISED
NEW MEXICO ENVIRONMENTAL LAW CENTER - 1405 LUISA ST. STE 5 - SANTA FE, NM 87505-4074	85-0360664	501(C)(3)	17,500.	0.			DONOR-ADVISED
NEW MEXICO FOUNDATION 8 CALLE MEDICO SANTA FE, NM 87505	85-0311210	501(C)(3)	70,000.	0.			ACF HUMAN SERVICES
NEW MEXICO FOUNDATION FOR DENTAL HEALTH, RESEARCH - PO BOX 16854 - ALBUQUERQUE, NM 97191	74-3146433	501(C)(3)	10,000.	0.			ACF GRANT
NEW MEXICO GAY MEN'S CHORUS PO BOX 3822 ALBUQUERQUE, NM 87190-3822	45-5301412	501(C)(3)	10,000.	0.			ACF GRANT
NEW MEXICO IMMIGRANT LAW CENTER PO BOX 7040 ALBUQUERQUE, NM 87194	27-3303237	501(C)(3)	12,000.	0.			ACF CIVIL RIGHTS/ADVOCACY
NEW MEXICO INSTITUTE OF MINING AND TECHNOLOGY - 801 LEROY PLACE - SOCORRO, NM 87801	85-6000411	501(C)(3)	10,000.	0.			DONOR-ADVISED
NEW MEXICO KIDS MATTER INC. 2340 ALAMO SE ALBUQUERQUE, NM 87106	85-0424064	501(C)(3)	30,700.	0.			ACF CRIME/LEGAL
NEW MEXICO LEGAL AID PO BOX 25486 ALBUQUERQUE, NM 87125-5486	85-0116950	501(C)(3)	20,000.	0.			DONOR-ADVISED

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NEW MEXICO MILITARY INSTITUTE FOUNDATION, INC. - 101 WEST COLLEGE BLVD. - ROSWELL, NM 88201-5173	85-6010718	501(C)(3)	28,863.	0.			CARL F. SCOTT SCHOLARSHIP
NEW MEXICO MUSEUM OF NATURAL HISTORY FOUNDATION - PO BOX 25446 - ALBUQUERQUE, NM 87125-5446	85-0257595	501(C)(3)	35,039.	0.			BETTY AND LUKE VORTMAN ENDOWMENT FUND
NEW MEXICO OSTEOPATHIC FOUNDATION DBA SW FOUNDATION FOR OSTEOPATHIC EDUCATI - 3501 ARROWHEAD DRIVE - LAS CRUCES, NM 88001	85-0402214	501(C)(3)	5,918.	0.			ACF GRANT
NEW MEXICO PBS 1130 UNIVERSITY BLVD. NE ALBUQUERQUE, NM 87102	85-0275408	501(C)(3)	45,452.	0.			ACF COMMUNITY IMPROVEMENT
NEW MEXICO PHILHARMONIC PO BOX 21428 ALBUQUERQUE, NM 87154	27-1148446	501(C)(3)	110,730.	0.			DONOR-ADVISED
NEW MEXICO PHILHARMONIC FOUNDATION INC - P.O. BOX 21428 - ALBUQUERQUE, NM 87154	82-2109038	501(C)(3)	14,850.	0.			DONOR-ADVISED
NEW MEXICO RELIGIOUS COALITION FOR REPRODUCTIVE CHOICE - PO BOX 66433 - ALBUQUERQUE, NM 87193	85-0391823	501(C)(3)	9,250.	0.			DONOR-ADVISED
NEW MEXICO STATE UNIVERSITY FOUNDATION - BOX 30001, MSC 5100 - LAS CRUCES, NM 88003-0001	85-0170157	501(C)(3)	10,000.	0.			ACF EDUCATION
NEW MEXICO SYMPHONIC CHORUS PO BOX 7900 ALBUQUERQUE, NM 87194	45-1261027	501(C)(3)	5,850.	0.			ACF ARTS/CULTURE

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NEW MEXICO WILDERNESS ALLIANCE PO BOX 25464 ALBUQUERQUE, NM 87125	85-0457916	501(C)(3)	23,316.	0.			DONOR-ADVISED
NEW MEXICO WOMENS REENTRY CENTER PO BOX 27054 ALBUQUERQUE, NM 87101	85-0521509	501(C)(3)	10,000.	0.			ACF HEALTH CARE
NEW MEXICO XTREME SPORTS ASSOCIATION INC - 508 1ST STREET NW - ALBUQUERQUE, NM 87102-2304	43-2089526	501(C)(3)	7,500.	0.			ACF GRANT
NEW MEXICOCAN 625 SILVER AVE. SW STE ALBUQUERQUE, NM 87102	85-0385103	501(C)(3)	30,250.	0.			ACF HUMAN SERVICES
NEWMEXICOKIDSCAN PO BOX 27217 ALBUQUERQUE, NM 87114	27-3069592	501(C)(3)	17,500.	0.			ACF GRANT
NEXT STEP MINISTRIES PO BOX 35327 ALBUQUERQUE, NM 87176	45-5448539	501(C)(3)	12,500.	0.			DONOR-ADVISED
NM-NEW, INC 5901 INDIAN SCHOOL RD NE ALBUQUERQUE, NM 87110	85-3458979	501(C)(3)	10,000.	0.			ACF GRANT
NORTH AMERICAN DIGITAL FABRICATION ALLIANCE - 3900 PASEO DEL SOL - SANTA FE, NM 87507	82-3999984	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES
NOT FORGOTTEN OUTREACH 461 VALVERDE COMMONS DR TAOS, NM 87571	85-0425147	501(C)(3)	10,000.	0.			DONOR-ADVISED

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OASIS ALBUQUERQUE 3301 MENAUL BLVD NE, SUITE 18 ALBUQUERQUE, NM 87107	32-0081580	501(C)(3)	25,000.	0.			ACF GRANT
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)	44,479.	0.			DONOR-ADVISED
PANORAMA GLOBAL 2101 4TH AVE, STE 2100 SEATTLE, WA 98121	81-4204119	501(C)(3)	20,000.	0.			DONOR-ADVISED
PARTNERS IN EDUCATION 1300 CAMINO SIERRA VISTA SANTA FE, NM 87505	85-0392417	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES
PARTNERSHIP FOR COMMUNITY ACTION 722 ISLETA BLVD SW ALBUQUERQUE, NM 87105	31-1815692	501(C)(3)	25,000.	0.			ACF HUMAN SERVICES
PAWS AND STRIPES 617 TRUMAN STREET NE ALBUQUERQUE, NM 87110-6443	27-2908352	501(C)(3)	12,000.	0.			ACF MENTAL HEALTH/INTERVENTION
PB&J FAMILY SERVICES, INC. 1101 LOPEZ RD., SW ALBUQUERQUE, NM 87105	85-0231566	501(C)(3)	43,500.	0.			DONOR-ADVISED
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS, INC. - 719 SAN MATEO BLVD. NE - ALBUQUERQUE, NM 87108	84-0404253	501(C)(3)	111,899.	0.			ACF HEALTH/GENERAL/REHAB

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POPULATION CONNECTION 2120 L ST. NW SUITE 500 WASHINGTON, DC 20037	94-1703155	501(C)(3)	15,000.	0.			DONOR-ADVISED
PRESBYTERIAN EAR INSTITUTE 415 CEDAR ST. SE ALBUQUERQUE, NM 87106	85-0373591	501(C)(3)	17,000.	0.			ACF HUMAN SERVICES
PRESBYTERIAN HEALTHCARE FOUNDATION PO BOX 26666 ALBUQUERQUE, NM 87125-6666	85-6016041	501(C)(3)	27,579.	0.			DONOR-ADVISED
PRESBYTERIAN MEDICAL SERVICES 1422 PASEO DE PERALTA SANTA FE, NM 85701	85-0206810	501(C)(3)	15,000.	0.			ACF GRANTS
R4 CREATING 6391 ROADRUNNER LOOP RIO RANCHO, NM 87144	81-1547684	501(C)(3)	7,500.	0.			ACF EDUCATION
RESOLVE PO BOX 8350 SANTA FE, NM 87504	85-0475597	501(C)(3)	5,500.	0.			ACF GRANT
RIO GRANDE COMMUNITY DEVELOPMENT CORPORATION - 318 ISLETA BLVD SW ALBUQUERQUE, NM 87105	85-0348445	501(C)(3)	109,950.	0.			ACF HEALTH/GENERAL/REHAB
RIO GRANDE COMMUNITY FARM 1701 MONTANO RD NW ALBUQUERQUE, NM 87107	74-2833329	501(C)(3)	13,500.	0.			DONOR-ADVISED
RIO GRANDE FOOD PROJECT PO BOX 66498 ALBUQUERQUE, NM 87193	20-1667103	501(C)(3)	50,307.	0.			DONOR-ADVISED

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROADRUNNER FOOD BANK 5840 OFFICE BOULEVARD NE ALBUQUERQUE, NM 87109	85-0278525	501(C)(3)	83,568.	0.			DONOR-ADVISED
ROCKY MOUNTAIN YOUTH CORPS PO BOX 1960 RANCHOS DE TAOS, NM 87557	85-0404817	501(C)(3)	9,600.	0.			ACF HUMAN SERVICES
RONALD MCDONALD HOUSE CHARITIES OF NEW MEXICO - 1011 YALE NE - ALBUQUERQUE, NM 87106	85-0283204	501(C)(3)	11,500.	0.			BRADBURY STAMM CONSTRUCTION GIVING PROGRAM
SANTA FE COMMUNITY FOUNDATION PO BOX 1827 SANTA FE, NM 87504-1827	85-0303044	501(C)(3)	38,847.	0.			ACF HUMAN SERVICES
SANTA FE INSTITUTE 1399 HYDE PARK RD SANTA FE, NM 87501	85-0325494	501(C)(3)	20,000.	0.			DONOR-ADVISED
SANTA ROSA MOISE MEMORIAL LIBRARY 208 5TH ST SANTA ROSA, NM 88435	85-6000172	501(C)(3)	12,000.	0.			ACF ARTS/CULTURE
SARANAM, LLC 1028 EUBANK NE STE F ALBUQUERQUE, NM 87112	20-2036621	501(C)(3)	84,754.	0.			DONOR-ADVISED
SAVILA COLLABORATIVE CENTRO SAVILA ALBUQUERQUE, NM 87105-4035	46-0667855	501(C)(3)	34,000.	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)	25,106.	0.			BETTY AND LUKE VORTMAN ENDOWMENT FUND

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHWAB CHARITABLE FUND PO BOX 628298 ORLANDO, FL 32862	31-1640316	501(C)(3)	139,167.	0.			DONOR-ADVISED
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET OAKLAND, CA 94612	94-6069890	501(C)(3)	20,000.	0.			DONOR-ADVISED
SILVER HORIZONS NEW MEXICO, INC. 1913 EUBANK BLVD NE ALBUQUERQUE, NM 87112	85-0279898	501(C)(3)	16,384.	0.			ACF HOUSING/SHELTER & HUMAN SERVICES
SOFIA CENTER FOR PROFESSIONAL DEVELOPMENT - 4000 LEARNING RD NW - ALBUQUERQUE, NM 87120	87-1266036	501(C)(3)	20,812.	0.			DONOR-ADVISED
SOMOS UN PUEBLO UNIDO 1804 ESPINACITAS ST SANTA FE, NM 87505	20-4216836	501(C)(3)	20,250.	0.			DONOR-ADVISED
SOUTHERN UTAH WILDERNESS ALLIANCE 425 EAST 100 SOUTH SALT LAKE CITY, UT 84111	94-2936961	501(C)(3)	7,500.	0.			DONOR-ADVISED
SOUTHWEST CREATIONS COLLABORATIVE 1308 4TH ST. NW ALBUQUERQUE, NM 87102	85-0440047	501(C)(3)	45,700.	0.			ACF JOBS/EMPLOYMENT
SOUTHWEST ENVIROMENTAL CENTER 350 EL MOLINO BLVD. LAS CRUCES, NM 88005	85-0403860	501(C)(3)	6,000.	0.			DONOR-ADVISED
SOUTHWEST HORSE POWER INC 840 SIMON LANE SW ALBUQUERQUE, NM 87105	27-2629143	501(C)(3)	8,000.	0.			DONOR-ADVISED

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST ORGANIZING PROJECT 211 10TH ST. SW ALBUQUERQUE, NM 87102	85-0368743	501(C)(3)	5,400.	0.			ACF HUMAN SERVICES
SOUTHWEST RESEARCH AND INFORMATION CENTER - PO BOX 4524 - ALBUQUERQUE, NM 87196	23-7159949	501(C)(3)	8,000.	0.			DONOR-ADVISED
SPECIAL OLYMPICS NEW MEXICO 6600 PALOMAS DR. NE ALBUQUERQUE, NM 87109-5655	85-0268084	501(C)(3)	16,407.	0.			ACF SPORTS/RECREATION
ST FELIX PANTRY INC 4020 BARBARA LOOP SE RIO RANCHO, NM 87124	85-0407376	501(C)(3)	15,000.	0.			ACF HUMAN SERVICES
STANLEY BRITISH PRIMARY SCHOOL 350 QUEBEC ST DENVER, CO 80230	74-2325997	501(C)(3)	17,079.	0.			DONOR-ADVISED
STEELBRIDGE MINISTRIES PO BOX 331 ALBUQUERQUE, NM 87103-0331	85-0208645	501(C)(3)	13,900.	0.			DONOR-ADVISED
STEM IS CHILDS PLAY FOUNDATION 6411 AVALON RD NW ALBUQUERQUE, NM 87105	84-3493579	501(C)(3)	7,000.	0.			ACF EDUCATION
STUDENT'S CLOTHING BANK PO BOX 94735 ALBUQUERQUE, NM 87102	46-5765753	501(C)(3)	17,350.	0.			ACF HUMAN SERVICES
SUPPORTIVE HOUSING COALITION OF NEW MEXICO - PO BOX 27459 - ALBUQUERQUE, NM 87125	85-0439315	501(C)(3)	15,500.	0.			ACF HOUSING/SHELTER

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN'S LEGACY 11005 SPAIN NE, STE 22 ALBUQUERQUE, NM 87111	85-0462276	501(C)(3)	25,000.	0.			ACF HUMAN SERVICES
TEACH FOR AMERICAN NEW MEXICO PO BOX 553 THOREAU, NM 87323-0553	13-3541913	501(C)(3)	10,000.	0.			ACF EDUCATION
TEACH PLUS, INC. 1 BEACON STREET, SUITE 1500 BOSTON, MA 02218	26-3849472	501(C)(3)	10,000.	0.			DONOR-ADVISED
TENDERLOVE COMMUNITY CENTER PO BOX 65156 ALBUQUERQUE, NM 87193	45-4766711	501(C)(3)	58,500.	0.			ACF HUMAN SERVICES
THE HORSE SHELTER 821 W. SAN MATEO RD. SANTA FE, NM 87505-4145	52-2214286	501(C)(3)	10,000.	0.			DONOR-ADVISED
THE HUMAN BODY SHOP 1804 CARLISLE BOULEVARD NE ALBUQUERQUE, NM 87110	47-4070303	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES
THE NATURE CONSERVANCY 1613 PASEO DE PERALTA, STE 200 SANTA FE, NM 87501	53-0242652	501(C)(3)	43,050.	0.			DONOR-ADVISED
THINK NEW MEXICO 1227 PASEO DE PERALTA SANTA FE, NM 87501	31-1611995	501(C)(3)	6,385.	0.			DONOR-ADVISED
THREE SISTERS KITCHEN 109 GOLD AVE. SW ALBUQUERQUE, NM 87102	82-4882255	501(C)(3)	100,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSGENDER RESOURCE CENTER OF NEW MEXICO - 500 DOMINGO RD NE - ALBUQUERQUE, NM 87108	39-2076744	501(C)(3)	10,500.	0.			ACF HUMAN SERVICES
TRICKLOCK THEATRE COMPANY 808 LEAD AVE SW ALBUQUERQUE, NM 87102	85-0413332	501(C)(3)	10,100.	0.			ACF ARTS/CULTURE
UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	7,950.	0.			DONOR-ADVISED
UNITED VOICES FOR NEWCOMER RIGHTS 1207 MONROE CT NE ALBUQUERQUE, NM 87110	85-0866980	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES
UNITED WAY OF CENTRAL NEW MEXICO PO BOX 25147 ALBUQUERQUE, NM 87125	85-0277138	501(C)(3)	135,708.	0.			ACF AGENCY DISTRIBUTION
UNIVERSITY OF NEW MEXICO FOUNDATION - MSC 11-6320 - ALBUQUERQUE, NM 87131-0001	85-6000642	501(C)(3)	383,504.	0.			ACF GRANT
UNM CONTRACT AND GRANT ACCOUNTING 1700 LOMAS BLVD. NE, SUITE 2100 ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	39,975.	0.			DONOR-ADVISED
VISION ABQ, INC. 7920 CLAREMONT AVE NE ALBUQUERQUE, NM 87110	26-0155425	501(C)(3)	10,000.	0.			ACF EDUCATION
WASHINGTON MIDDLE SCHOOL 1101 PARK AVE SE ALBUQUERQUE, NM 87101	85-6000101	501(C)(3)	10,000.	0.			ACF EDUCATION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERMELON MOUNTAIN RANCH, INC. 1380 RIO RANCHO BLVD. RIO RANCHO, NM 87124	85-0480585	501(C)(3)	14,741.	0.			ACF ANIMAL/WILDLIFE
WESST 609 BROADWAY NE ALBUQUERQUE, NM 87102-2334	85-0367809	501(C)(3)	16,500.	0.			ACF HUMAN SERVICES
WILDEARTH GUARDIANS 301 NORTH GUADALUPE STREET SANTA FE, NM 87508	85-0406306	501(C)(3)	10,250.	0.			DONOR-ADVISED
WINGS FOR LIFE INTERNATIONAL 8226 MENAUL BLVD NE #130 ALBUQUERQUE, NM 87110	85-0473126	501(C)(3)	10,000.	0.			DONOR-ADVISED
WORKING CLASSROOM, INC. 423 ATLANTIC AVE. SW ALBUQUERQUE, NM 87102	85-0280287	501(C)(3)	40,500.	0.			DONOR-ADVISED
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	5,200.	0.			DONOR-ADVISED

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

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

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

PART I, LINE 2:

ALL NONPROFITS RECEIVING GRANTS THROUGH A COMPETITIVE PROCESS MUST PROVIDE

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

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

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

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

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

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

MONTHS FROM THE BEGINNING OF THE GRANT DATE.

**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

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

Schedule I (Form 990)

**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

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

Schedule I (Form 990)

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ALBUQUERQUE COMMUNITY FOUNDATION**

Employer identification number

**85-0295444**

**Part I Questions Regarding Compensation**

**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"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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 .....

**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? .....

**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 checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

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

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





**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2021**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**ALBUQUERQUE COMMUNITY FOUNDATION**

Employer identification number

**85-0295444**

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> .....						▶ \$ _____						

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
US BANK	TRUSTEE PAUL DIPOAL	46,189.	CUSTODIAL F		X
US BANK	TRUSTEE PAUL DIPOAL	122,514.	CREDIT CARD		X
MEDIADESK	TRUSTEE JOSE VIRAMO	32,168.	WEBSITE DES		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: US BANK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE PAUL DIPOALA IS REGIONAL PRESIDENT

(D) DESCRIPTION OF TRANSACTION: CUSTODIAL FEES

(A) NAME OF PERSON: US BANK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE PAUL DIPOALA IS REGIONAL PRESIDENT

(D) DESCRIPTION OF TRANSACTION: CREDIT CARD PROCESSING AND OTHER FINANCIAL SERVICES

(A) NAME OF PERSON: MEDIADESK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE JOSE VIRAMONTES IS CEO OF MEDIADESK

(D) DESCRIPTION OF TRANSACTION: WEBSITE DESIGN

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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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](http://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	861,111.	MARKET QUOTES
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) 2021



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

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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. 229

NON-PROFIT ORGANIZATIONS RECEIVED GRANTS DURING THE YEAR.

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

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

THE FORM 990 IS APPROVED BY THE FOUNDATION'S FINANCE COMMITTEE. THE BOARD  
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  
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 AUDIT AND  
RISK MANAGEMENT COMMITTEE CHAIR ON AN ANNUAL BASIS.

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization ALBUQUERQUE COMMUNITY FOUNDATION	Employer identification number 85-0295444
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## FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OF THE FOUNDATION DETERMINES THE SALARY OF THE PRESIDENT & CEO. THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE PRESIDENT & CEO AND COMPARES THAT TO THE ESSENTIAL RESPONSIBILITIES OF THE POSITION AS OUTLINED IN THE "PRESIDENT & CEO POSITION DESCRIPTION." THE EXECUTIVE COMMITTEE CONSIDERS PERFORMANCE, MARKET RATE AND COST OF LIVING ADJUSTMENTS IN DETERMING ANY COMPENSATION ADJUSTMENTS. THE EXECUTIVE COMMITTEE REVIEWS INDUSTRY DATA SUCH AS THE COUNCIL OF FOUNDATIONS ANNUAL SALARY SURVEY IN DETERMINING AN APPROPRIATE LEVEL OF COMPENSATION. THIS DECISION-MAKING PROCESS IS DOCUMENTED IN THE EXECUTIVE COMMITTEE MEETING MINUTES.

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

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

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

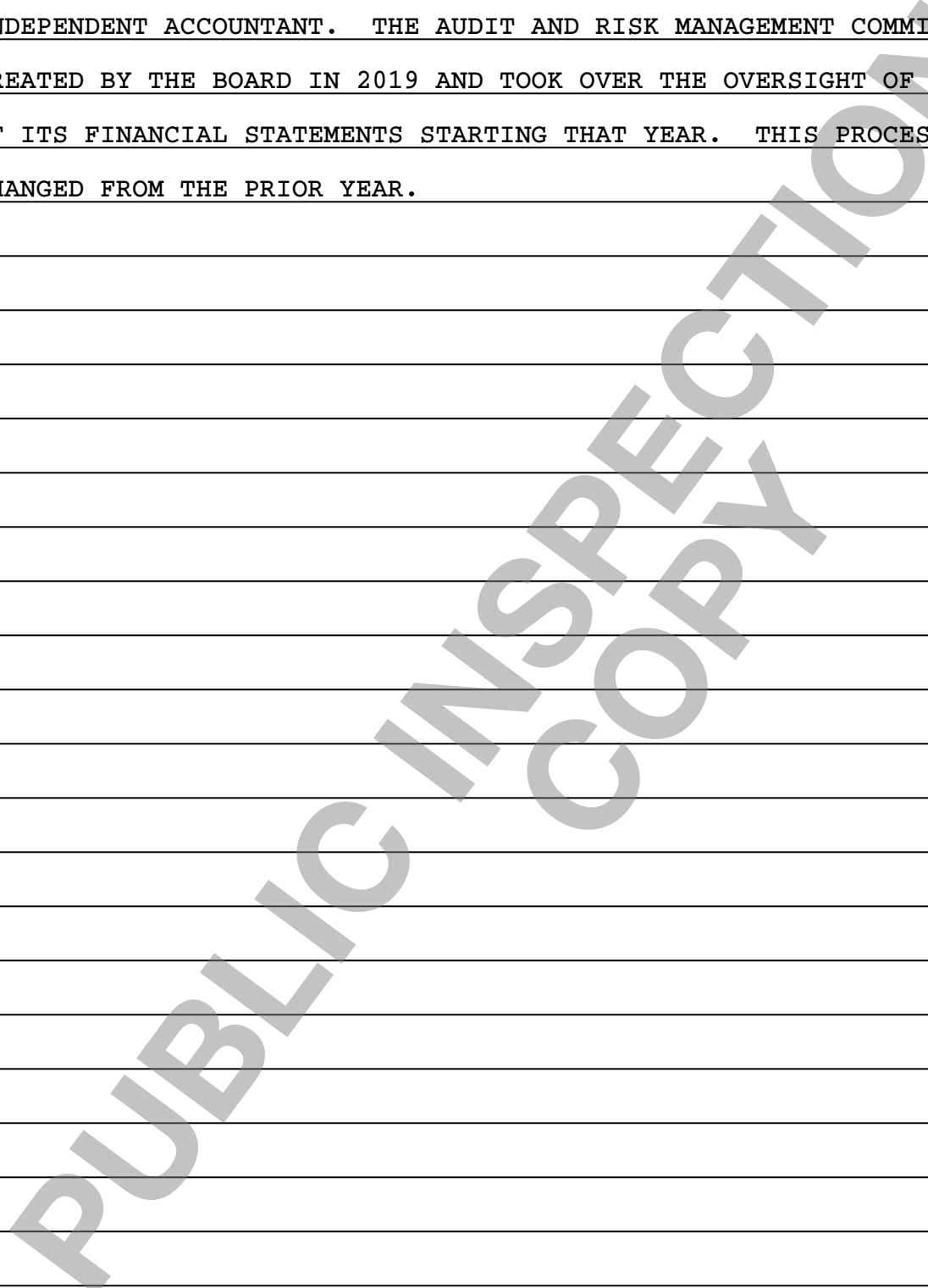
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS	29,081.
BEGINNING OF YEAR RELATED ORGANIZATION NET ASSETS	-900.
TOTAL TO FORM 990, PART XI, LINE 9	28,181.

## FORM 990, PART XII, LINE 2C EXPLANATION

THE AUDIT AND RISK MANAGEMENT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

Name of the organization <b>ALBUQUERQUE COMMUNITY FOUNDATION</b>	Employer identification number <b>85-0295444</b>
---	---

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

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **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	TO HOLD DONATED ASSETS	NEW MEXICO		511,167.	ALBUQUERQUE COMMUNITY FOUNDATION
HISTORIC CHAMPION GROCERY BUILDING, LLC - 27-2804817, 622-624 TIJERAS AVE NW, ALBUQUERQUE, NM 87102	TO HOLD DONATED BUILDING	NEW MEXICO		1,455,698.	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?	
						Yes	No
B							
NEW MEXICO COMMUNITY TRUST - 85-4395064 624 TIJERAS AVE NW ALBUQUERQUE, NM 87102	TO MANAGE ENDOWMENT FUNDS THAT SUPPORT NM NONPROFITS AND NM COMMUNITIES	NEW MEXICO	501(C)(3)	LINE 10			X

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

Schedule R (Form 990) 2021

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**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?

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

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>	X	
<b>1o</b>	X	
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		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.

	(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.

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