Form	990
Form	330

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

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АГ	or the	and end	aing		
B c	Check if Ipplicabl	e: C Name of organization		D Employer identified	cation number
	Addre	e ALBOQUERQUE COMMUNITY FOUNDATION			
	Name Chang	e Doing business as		85-02954	44
	Initial return	Number and street (or P.0. box if mail is not delivered to street address) Roo	om/suite	E Telephone number	r
	Final return	P.O. BOX 25266		505-883-	6240
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	119,430,181.
	Amen return			H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: NICIOLAS WILLIAMS		for subordinates	? Yes X No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
11	Fax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or	527		list. See instructions
J /	Nebsi	te: ▶ WWW.ALBUQUERQUEFOUNDATION.ORG		H(c) Group exemptio	n number 🕨
KF	orm o	f organization: 🔀 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year o	f formation: 1981 🖪	A State of legal domicile: NM
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities. ADMINI	STER	A PERMANEN	COMMUNITY
Activities & Governance		ENDOWMENT FROM WHICH DISTRIBUTIONS ARE USED	D TO	PROVIDE GRA	NTS.
rna	2	Check this box if the organization discontinued its operations or disposed	of more t	han 25% of its net as	
2 Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	25
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	25
ss 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			15
vitie		Total number of volunteers (estimate if necessary)			27
(cti)	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			326,334.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			325,334.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		10,902,064.	9,418,555.
Revenue	9	Program service revenue (Part VIII, line 2g)		162,203.	243,826.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,666,466.	15,835,477.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-9,350.	9,629.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,721,383.	25,507,487.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,377,556.	7,303,756.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,052,090.	1,121,421.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
- ad x	b	Total fundraising expenses (Part IX, column (D), line 25) 258, 297			
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		779,628.	791,235.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,209,274.	9,216,412.
		Revenue less expenses. Subtract line 18 from line 12		7,512,109.	16,291,075.
S OF				inning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		24,587,657.	148,115,428.
tAs	-	Total liabilities (Part X, line 26)		22,300,494.	26,285,548.
ING		Net assets or fund balances. Subtract line 21 from line 20	1	02,287,163.	121,829,880.
Pa	art II	Signature Block			

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

Sign Here	Signature of officer NICHOLAS WILLIAMS, CFO Type or print name and title		Date							
Paid	Print/Type preparer's name MARIA MATONTI	Preparer's signature	Date Check PTIN if self-employed P0179	0899						
Preparer	Firm's name 🕒 CARR, RIGGS & ING	GRAM, LLC	Firm's EIN ▶ 72-1396	621						
Use Only	Firm's address 2424 LOUISIANA BI	Phone no. 505 • 883 • 2	727							
May the II	May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

	ALBUQUERQUE COMMUNITY FOUNDATION	85-0295444	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	X
	Briefly describe the organization's mission: TO ADMINISTER A PERMANENT COMMUNITY ENDOWMENT FROM WHICH	I DISTRIBUTIO	NS
	ARE USED TO PROVIDE GRANTS TO NON-PROFIT ORGANIZATIONS T		
	SOCIAL, CULTURAL, EDUCATIONAL, ECONOMIC & WORKFORCE DEVE		S
	OF THE ALBUQUERQUE METRO AREA & OTHER GLOBAL OUTREACH OR	GANIZATIONS.	
2	Did the organization undertake any significant program services during the year which were not listed on the		TT
	prior Form 990 or 990-EZ?	Yes	X No
2	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 other		ıd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,914,105. including grants of \$ 2,611,116.) (Reve	nue\$ 87,	777 .)
	HEALTH CARE - GRANTS TO SUPPORT ACCESS TO QUALITY HEALTH	-	
	INCLUDING MENTAL HEALTH AND DENTAL CARE, FOR UNINSURED,		
	AND MEDICALLY UNDERSERVED ADULTS, CHILDREN AND THE ELDER	ШΥ.	
	HUMAN SERVICES - GRANTS TO SUPPORT PROGRAMS PROVIDING DI	BECT ACCTONA	
	FOR VULNERABLE POPULATIONS INCLUDING AT-RISK CHILDREN/YC		
	PEOPLE IN TRANSITION OR WHO ARE HOMELESS TO BECOME SELF-		AND
	NURTURING FAMILIES WITH AN EMPHASIS ON THE BASIC NEEDS C		
	SHELTER.		
	235 DIFFERENT NON-PROFIT ORGANIZATIONS RECEIVED GRANTS D	URING THE YEA	AR.
4	(Code:) (Expenses \$647,579. including grants of \$611,110.) (Reve	10	506.)
4b	(Code:) (Expenses \$647,579. including grants of \$611,110.) (Reve ARTS AND CULTURE GRANTS ARE GIVEN TO SUPPORT ARTS EDUCAT		
	THE STABILITY OF ARTS ORGANIZATIONS, TO ENCOURAGE THE PR	-	
	THE COMMUNITY'S CULTURAL HERITAGE AND TO RECOGNIZE ARTIS		
	ACHIEVEMENT. 40 DIFFERENT NON-PROFIT ORGANIZATIONS RECE	IVED GRANTS	
	DURING THE YEAR.		
4c	(Code:) (Expenses \$		753 .)
	SCHOLARSHIPS AND FINANCIAL AID AWARDS ALLOWING STUDENTS		TILO
	THEIR EDUCATION OR FURTHER THEIR CAREERS. 142 STUDENTS DURING THE YEAR.	RECEIVED GRAI	11.2
	DORING THE TEAR.		
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.		
		Form 9	90 (2021)
132002	² ¹²⁻⁰⁹⁻²¹ 2		

Form 990 (2021)		ALBUQUERQUE	FOUNDATION
Part IV	Chec	klist of Required Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
c	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11a	Х	<u></u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
. –	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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	· [connide)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05		v
I -	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
~~	"Yes," complete Schedule L, Part IV	28c	v	X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30 31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part I</i>	31		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
0 -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		50		1
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 37			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	↓ 12-09-21	Form	990	(2021)

Form	990 (2021) ALBUQUERQUE COMMUNITY FOUNDATION 85-0295	444	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	L
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country CAYMAN ISLANDS, IRELAND			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u>x</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		77
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a ⊾	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Initiation fees and capital contributions included on Part VIII, line 12 10a			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b] Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
D				
12a	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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	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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 25	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			X
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		<u></u>
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			37
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		~
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	And branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15a		X
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
200	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MM, CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	o ophy)	ovoilol	
10	for public inspection. Indicate how you made these available. Check all that apply.	is only)	avalla	Jie
	X Own website X Another's website X 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, an	d financ	cial	
	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 ►			
	624 TIJERAS AVE NW, ALBUQUERQUE, NM 87102			
_				(202

Form 990 (2021)	ALBUQUERQUE COMMUNITY FOUNDATION	85-0295444	Page 7						
Part VII Com	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Emp	loyees, and Independent Contractors								
Checl	c if Schedule O contains a response or note to any line in this Part VII	<u>.</u>							
Section A. Offic	ers, 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 c	or within the organization's	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)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position o not check more than one				ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	i an	compensation	compensation	amount of
	week		cer ar I	nd a di I	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	1 trus		ee,	npen		1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee or director	In stitutional trustee		mploy	st cor	L.			organizations
	line)	Indivi	nstitu	Officer	Key employee	Highest compensated employee	Former			5
(1) STEVE MAESTAS	3.00									
CHAIR		X		Х				0.	0.	0.
(2) BEVERLY BENDICKSEN	3.00									
CHAIR ELECT & TREASURER		X		X		ľ		0.	Ο.	0.
(3) WILLIAM LANG	3.00									
IMMEDIATE PAST CHAIR	0.25	х		Х				0.	Ο.	0.
(4) MARCUS MIMS	3.00									
SECRETARY		Х		Х				0.	0.	0.
(5) CHARLOTTE SCHOENMANN	2.00									
TRUSTEE		Х						0.	0.	0.
(6) DEBBIE HARMS	1.00									
TRUSTEE		Х						0.	0.	0.
(7) TOM DAULTON	1.00									
TRUSTEE		Х						0.	0.	0.
(8) ANNA DOSS	1.00									
TRUSTEE		Х						0.	0.	0.
(9) KENNETH LEACH	1.00									_
TRUSTEE	0.25	х						0.	0.	0.
(10) SANJAY ENGINEER	1.00									-
TRUSTEE	1	Х						0.	0.	0.
(11) REBECCA HARRINGTON	1.00								•	•
TRUSTEE		Х						0.	0.	0.
(12) ANNE SAPON	2.00								0	0
TRUSTEE	1 0 0	X						0.	0.	0.
(13) PAUL DIPAOLA	1.00								0	0
TRUSTEE	2 00	X						0.	0.	0.
(14) PAM HURD-KNIEF	2.00	v						0.	0	0
TRUSTEE (15) TOM ANTRAM	1.00	Х						0.	0.	0.
	1.00	х						0.	0.	0
TRUSTEE	2 00	^						0.	0.	0.
(16) PATRICK APODACA TRUSTEE	2.00	x						0.	0.	0.
(17) ARELLANA BARELA CORDERO	1.00	^	-			-		U •	0.	<u> </u>
TRUSTEE	1.00	x						0.	0.	0.
	1	Δ	L	I			I	I 0.	0.	Form 990 (2021)
132007 12-09-21				-	-					ronn 330 (2021)

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Form 990 (2021) ALBUQUERC	UE COMM	IUN	IIT	Ϋ́	FO	UN	DA	TION	85-02	954	44	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (0				(D)	(E)	(F)		
Name and title	Average	(do			ition	ן than c	ne	Reportable	Reportable		Esti	mated
	hours per	box, unless person is both an officer and a director/trustee)				is both	an	compensation	compensation		amo	ount of
	week		cer an	aaa	recio	n/trus	lee)	from	from related			ther
	(list any	Individual trustee or director						the	organizations			ensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC	;/		m the
	organizations	ustee	nstitutional trustee		æ	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	nization
	below	ual tr	ional		ploye	t com		1099-NEC)				related izations
	line)	divid	stitut	Officer	ƙey employee	ghes	Former				organ	Izations
(18) MICHELLE DEARHOLT	,	-	=	0	ž	E H	F			-+		
	1.00	77						0.		<u> </u>		0
TRUSTEE	2 00	Х				-		0.		0.		0.
(19) WALTER STERN	2.00											•
TRUSTEE		Х						0.		0.		0.
(20) LINDA PARKER	1.00											
TRUSTEE		Х						0.		0.		0.
(21) JOSE VIRAMONTES	2.00											
TRUSTEE		Х						0.		0.		Ο.
(22) EMILY ALLEN	1.00											
TRUSTEE		х				\mathbf{M}		0.		0.		0.
(23) DEBBIE JOHNSON	1.00									-		
TRUSTEE		х						0.		0.		0.
(24) BOB BOWMAN	1.00					1				<u> </u>		
TRUSTEE	1.00	х						0.		0.		0.
	1 00	^						0.		<u>•</u> +		0.
(25) ABINASH ACHREKAR	1.00					1						•
TRUSTEE	50.00	X			<u> </u>			0.		0.		0.
(26) R. RANDALL ROYSTER	50.00									_		
PRESIDENT & CEO	2.00			Х				243,960.		0.		<u>,213.</u>
1b Subtotal								243,960.		0.		<u>,213.</u>
c Total from continuation sheets to Part VI	, Section A							207,647.		0.		<u>,716.</u>
d Total (add lines 1b and 1c)								451,607.		0.	44	,929.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization									-			2
											١	/es No
3 Did the organization list any former officer,	director. truste	ee. k	kev e	Iame	ove	e. or	hia	hest compensated emp	lovee on			
line 1a? If "Yes," complete Schedule J for su										- 1	3	X
4 For any individual listed on line 1a, is the su										·		
											4	x
and related organizations greater than \$150	,		•							··· -	4	
5 Did any person listed on line 1a receive or a					-			-			-	v
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich r	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con	-									ensati	on fron	n
the organization. Report compensation for t	he calendar ye	ear e	endin	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)		_	(C)	
Name and business	address							Description of s		Cc	ompens	sation
US BANK								CUSTODIAL FE	ES, BANK			
800 NICOLLET MALL, MINNEA	POLIS,	MN	5	54	02		į.	AND CREDIT C	ARD PRO		168	,703.
							-					
2 Total number of independent contractors (ir	•	ot lin	nitec	tot	thos	se lis [.]	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz					1	L					-	0.0
SEE PART VII, SECTION	A CONT	IN	UΑ	TI	ON	S	ΗE	ETS		F	[:] orm 9	90 (2021)

132008 12-09-21

Form 990 ALBUQUERQ	UE COMM	IUN	IIT	Y	FO	UN	DA	TION	85-029	5444
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est		. ,	
(A) Name and title	(B) Average hours	(C) Position (check all that apply)				ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MARISA MAGALLANEZ VICE PRESIDENT	50.00			х				99,214.	0.	10 /7/
(28) NICHOLAS WILLIAMS	50.00			Δ				55,214.	0.	10,474.
CFO	4.00			Х				108,433.	0.	11,242.
Total to Part VII, Section A, line 1c			· · · · · ·		·	·		207,647.		21,716.

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			ALBUQUERQUE	CC	MMUNITY	FOUNDATION	1	85-0295	444 Page 9
Pa	rt V	/111							
			Check if Schedule O contains a respon	nse o	r note to any lin	e in this Part VIII (A)	(B)	(C)	[]
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
<i>S</i> 0	4	2	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts	'		Federated campaigns 1a Membership dues 1b						
ي ق			Fundraising events		170,301.				
r Ai			Related organizations						
ni <u>G</u>			Government grants (contributions) 1e						
Sir			All other contributions, gifts, grants, and						
her		•	similar amounts not included above 1f		9,248,254.				
oti		a	Noncash contributions included in lines 1a-1f		861,111.				
Con		-	Total. Add lines 1a-1f			9,418,555.			
<u> </u>					Business Code				
Ð	2	а	ADMINISTRATIVE FEES		523000	243,826.	243,826.		
, Ki	_	b		_					
Ser		с							
ane		d							
Program Service Revenue		е							
Pro		f	All other program service revenue						
		g	Total. Add lines 2a-2f			243,826.			
	3		Investment income (including dividends, int						
			other similar amounts)			2,925,726.		326,334.	2599392.
	4		Income from investment of tax-exempt bon						
	5		Royalties						
			(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)		🕨				
	7	а	Gross amount from sales of (i) Securitie		(ii) Other				
			assets other than inventory 7a 106,760,40	05.					
		b	Less: cost or other basis						
venue			and sales expenses						
			Gain or (loss)						
Re			Net gain or (loss)	·····	►	12,909,751.			12909751.
Other	8	а	Gross income from fundraising events (not						
ō			including \$ of						
			contributions reported on line 1c). See		01 660				
			· · · · · · · · · · · · · · · · · · ·	8a	81,669. 72,040.				
			· · · · · · · · · · · · · · · · · · ·	8b	72,040.	0 620		-	0 6 2 0
			Net income or (loss) from fundraising event	is .	····· 🕨	9,629.			9,629.
	9	a	Gross income from gaming activities. See	0					
		h		9a 9b					
			Net income or (loss) from gaming activities						
	10		Gross sales of inventory, less returns		····· 🚩				
				10a					
		b		10b					
			Net income or (loss) from sales of inventory		•				
		-			Business Code				
SNC	11	а		F					
Due		b		-					
scellaneo Revenue		с		-					
Miscellaneous Revenue		d	All other revenue						
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			25,507,487.	243,826.	326,334.	15518772.
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132009 12-09-21

10

Form 990 (2021)

ALBUQUERQUE COMMUNITY FOUNDATION

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 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,				04 04 -
	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.	<u>990</u> 4,288
9	Other employee benefits	29,806.	14,336.	11,182.	4,288
0	Payroll taxes	67,975.	29,041.	27,826.	11,108
1	Fees for services (nonemployees):				
а	Management				
	Legal	7,960.		7,960.	
с	Accounting	38,811.		38,811.	
d	Lobbying				
е	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 0.)	45,748.		45,748.	
2	Advertising and promotion				
3	Office expenses	144,565.	57,003.	76,354.	11,208
4	Information technology	126,921.	57,840.	49,390.	19,691
5	Royalties				4 - 0 - 0
6	Occupancy	99,096.	45,160.	38,562.	15,374
7	Travel	10,949.	5,587.	3,691.	1,671
B	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 700		10 700	
9	Conferences, conventions, and meetings	19,796.		19,796.	
0					
1	Payments to affiliates	62,789.	28,565.	24,469.	9,755
2	Depreciation, depletion, and amortization	43,044.	40,303.	43,044.	5,105
3	Insurance	43,044.		40,044.	
1	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 0.)				
а	DOMOD DELASTONIC	91,458.	65,547.	8,175.	17,736
b	MEMBERSHIP DUES & FEES	29,833.	13,596.	11,609.	4,628
с	TRAINING & DEVELOPMENT	20,360.	9,282.	7,926.	3,152
d					
е	All other expenses				
		0 016 110	0 004 725	062 200	250 201

9,216,412.

25 Total functional expenses. Add lines 1 through 24e
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ _ _____ if following SOP 98-2 (ASC 958-720)

132010 12-09-21

Form **990** (2021)

258,297.

863,380.

8,094,735.

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ALBUQUERQUE	COMMUNITY	FOUNDATION
TIPPOGOPICOP	COLUMN	TOOLDITTTOIL

85-0295444 Page 11

τλ	Balance Sneet					
	Check if Schedule O contains a response or note	to an	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	5,276,641.	1	3,712,630.		
2	Savings and temporary cash investments			3,906,199.	2	3,210,928.
3				39,334.	3	1,224,633.
4					4	
5	Loans and other receivables from any current or	former	officer, director,			
	trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
	controlled entity or family member of any of these	e perso	ns		5	
6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
	under section 4958(f)(1)), and persons described	in sec	ion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			190,931.	7	188,743.
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			21,616.	9	11,755.
10a						
b						
11				65,790,519.		
12		53,475,951.		68,599,836.		
		2 547 020				
				3,564,570.		
						148,115,428.
		_				<u>17,671.</u> 1,238,558.
		750,554.		1,230,330.		
					21	
22						
		×			22	
23						
		-				
	of Schedule D	-	-	21,521,905.	25	25,029,319.
26						26,285,548.
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			52,276,238.	27	58,556,200.
28	Net assets with donor restrictions			50,010,925.	28	63,273,680.
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30					30	
			31			
31	Retained earnings, endowment, accumulated inc	ome, c	or other funds		01	
31 32	Total net assets or fund balances			102,287,163. 124,587,657.	32	121,829,880. 148,115,428.
	2 3 4 5 6 7 8 9 10a 6 7 8 9 10a 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	Check if Schedule O contains a response or note 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or trustee, key employee, creator or founder, substa controlled entity or family member of any of these 6 Loans and other receivables from other disqualifi under section 4958(f)(1)), and persons described 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 1 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equality) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue	Check if Schedule O contains a response or note to any 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these person other disqualified person under section 4958(f)(1)), and persons described in sect 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 3 17 Accounts payable and accrued expenses 18 Grants payable 29 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or cust	Check if Schedule O contains a response or note to any line in this Part X 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 2, 654, 765. b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - publicly traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 11 Investments - dat accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash - non-interest-bearing 5, 276, 641. 2 Savings and temporary cash investments 3, 906, 199. 3 Pledges and grants receivable, net 39, 334. 4 Accounts 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 6 6 Loans and other receivables from other disqualified persons (as defined under section 4956(r)(1), and persons described in section 4956(c)(3)(8) 190, 931. 7 Notes and loans receivable, net 10a 2, 654, 765. 10a 2, 654, 765. 190, 931. 8 Inventories for sale or use 21, 616. 9 Prepaid expenses and deterred charges 21, 616. 10a 2, 654, 765. 1, 842, 526. 11 Investments - publicly traded securities 56, 286, 529. 12 Investments - publicly traded securities 53, 4475, 951. 13 Investments - publicly traded securities 3, 547, 930. 14 Intangible assets 20, 055. 15 Other assets. See Part IV, line 11	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash - non-interest bearing 5, 276, 641.1 2 Savings and temporary cash investments 3, 906, 199.2 2 Pledges and grants receivable, net 39, 334.3 4 Accounts receivable, net 39, 334.3 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivable, net 10a 2, 654, 765. b Less: accumulated depreciation 10a 2, 654, 765.1 11 Investments - program-related. See Part IV, line 11 13, 477, 930.1 13 11 Investments - program-related. See Part IV, line 11 13, 477, 930.1 124, 587, 657.1 12 12 Const spayable and accured expenses 20, 055.1 124, 587, 657.1 16

Form **990** (2021)

Form 990 (2021) ALI Part X Balance Sheet

Form	ALBUQUERQUE COMMUNITY FOUNDATION	85-	0295	444	Pa	_{.ge} 12
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	25	,50	7,4	87.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	,21	6,4	12.
3	Revenue less expenses. Subtract line 2 from line 1	3	16	,29	1,0	75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	102	,28	7,1	63.
5	Net unrealized gains (losses) on investments	5		,22		
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		2	8,1	81.
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	,82	9,8	80.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.		2a		x
24	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona				
	separate basis, consolidated basis, or both:	on a				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			2.0		
	consolidated basis, or both:	, buolo,				
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	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?			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?	-		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
		<u></u>			990	(2021)
						()

132012 12-09-21

(Form 990)

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.

2021

OMB No. 1545-0047

		the Treasury ue Service			Attach to Form 990 or F //Form990 for instruction			nformation.		Open to Public Inspection
Nam	e of t	he organizati	on	-					Employer	identification numbe
		-	ALBU	OUEROUE CO	MMUNITY FOUN	DATIO	N		8	5-0295444
Par	τI	Reason			(All organizations must o			ee instructior		
The c	organi				For lines 1 through 12, c					
1			•	•	on of churches described	-	,	D(A)(i).		
2					Attach Schedule E (Forn					
3					anization described in se		γ ь γ1γΔγi	ii)		
4					njunction with a hospital				(iiii) Enter	the hospital's name
-		city, and stat			njuniotion min a noopital	decenibed				the heepital o hame,
5		•		or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	n he
5				Complete Part II.)	lege of university owned		cu by a ge			
6					aantal unit daaaribad in	contion 1	70/6/(4)/4)	60		
			· -	-	nental unit described in				a anaral	aublic described in
7					ntial part of its support f	om a gove	emmental		le general	Sublic described in
•	v	-		complete Part II.)						
	X				(1)(A)(vi). (Complete Par				1	
9					in section 170(b)(1)(A)(
		-	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:				aut fuerra				
10					than 33 1/3% of its supp					
					t to certain exceptions; a					
					(less section 511 tax) fro	om busines	sses acqui	rea by the org	ganization a	iπer June 30, 1975.
				mplete Part III.)		tatu Car		O(-)(A)		
11					vely to test for public sa					
12		-	-		ively for the benefit of, to	-			-	
					d in section 509(a)(1) o					neck the box on
_		7			f supporting organizatior					
а					upervised, or controlled					
			•		gularly appoint or elect a	majority c	of the aired	tors or truste	es of the sl	ipporting
	_	٦ Ŭ		complete Part IV, Se					·· (-) ·· · · · ·	·
b					or controlled in connect			-		-
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted
		7 7		t complete Part IV,						
С			-		g organization operated				lly integrate	d with,
		7		· · · · · · · · · · · · · · · · · · ·). You must complete I					
d					porting organization oper				-	
					ation generally must sat				an attentiv	reness
	_	- ·		,	nplete Part IV, Sections					
е			J		written determination fro			Туре I, Туре	II, Type III	
					nally integrated supporti	ng organiz	ation.			
f			of supported of	•						
g		ide the follow Name of supp		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	fmonetany	(vi) Amount of other
	,	organizatior			(described on lines 1-10	in your govern	ing document?	support (see i	-	support (see instructions
					above (see instructions))	Yes	No			
4	6									

٦

ALBUQUERQUE COMMUNITY FOUNDATION

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.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	8246451.	6441659.	7271553.	10900014.	9418555.	42278232.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	8246451.	6441659.	7271553.	10900014.	9418555.	42278232.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						6607616.			
	Public support. Subtract line 5 from line 4.						35670616.			
Sec	ction B. Total Support				1					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	8246451.	6441659.	7271553.	10900014.	9418555.	42278232.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots	747,311.	1144966.	1030226.	1678101.	2599392.	7199996.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on				723.	326,334.	327,057.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						40005005			
	Total support. Add lines 7 through 10						49805285.			
12	· · · · · · · · · · · · · · · · · · ·					12	767,261.			
13	First 5 years. If the Form 990 is for the						. —			
800	organization, check this box and stor ction C. Computation of Publi	o here								
				(1)			71.62 %			
	Public support percentage for 2021 (I		-			14	85 50			
	Public support percentage from 2020 33 1/3% support test - 2021. If the c					15				
104	stop here. The organization qualifies						N V			
h	33 1/3% support test - 2020. If the c		•		lino 15 ic 22 1/204					
, N	and stop here. The organization qual	-								
17-	10% -facts-and-circumstances test		•••		13 162 or 16b a					
17 a	and if the organization meets the fact									
	meets the facts-and-circumstances te			-		-				
h	10% -facts-and-circumstances test	-		• • • •	-	7a and line 15 is				
	more, and if the organization meets th									
	organization meets the facts-and-circu									
18	Private foundation. If the organizatio									
				,,,,,	,		(Form 990) 2021			

ALBUQUERQUE COMMUNITY FOUNDATION 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		\mathbf{S}				
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organ	ization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2021 (line 8, column (f), d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2020) Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	Percentage				
17	Investment income percentage for 20	021 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2020. If the	organization did n	ot check a box or	n line 14 or line 19a	, and line 16 is mo	re than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies a	as a publicly suppo	rted organizat	ion ►
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	
13202	23 01-04-22					Sched	ule A (Form 990) 2021
			16				

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ALBUQUERQUE COMMUNITY FOUNDATION

Yes No

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

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

17

132024 01-04-21

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021	ALBUQUERQUE	COMMUNITY	FOUNDATION	85-02	9544	4 Pa	age 5
Par	t IV Supporting Organ	izations (continued)						
							Yes	No
11	Has the organization accepted	a gift or contribution from	any of the following	persons?				
а	A person who directly or indirect	ctly controls, either alone o	r together with pers	ons described on lines 1	1b and			
	11c below, the governing body	of a supported organization	on?			11a		
b	A family member of a person de	escribed on line 11a above	?			11b		
с	A 35% controlled entity of a pe	rson described on line 11a	or 11b above? If "	Yes" to line 11a, 11b, or	11c, provide			
	detail in Part VI.					11c		
Sec	tion B. Type I Supporting	g Organizations						
							Yes	No

 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? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 				Vas	No
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? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> Part VI <i>how providing such benefit carried out the purposes of the supported organization(s) that operated,</i> supervised, or controlled the supporting organization. 2	Se	ction C. Type II Supporting Organizations			
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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i>		supervised, or controlled the supporting organization.	2		
 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> 2 Did the organization operate for the benefit of any supported organization other than the supported 		Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> 2 Did the organization operate for the benefit of any supported organization other than the supported 		organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>	2				
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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			1		
	1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

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

Section D.	All Type II	I Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the	method that the o	ganization used to satisf	y the Integral Part Test durin	g the year (see instructions).
---	---------------------------	-------------------	---------------------------	--------------------------------	--------------------------------

The organization satisfied the Activities Test. Complete line 2 below. а

b 🗌	The organization	is the parent o	of each of its supported	d organizations. Cor	nplete line 3 below.
-----	------------------	-----------------	--------------------------	----------------------	----------------------

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	s).	
		Yes	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

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	dule A (Form 990) 2021 ALBUQUERQUE COMMUNITY FO			85-0295444 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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	Schedule A (Form 990) 2021 ALBUQUERQUE COMMUNITY FOUNDATION 85-0295444 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exer	mot nurnoses		1	Guirent re	ai			
2	Amounts paid to supported organizations to accompliant exemption Amounts paid to perform activity that directly furthers exemption								
2	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which th	e organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2021 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributab Amount for 2				
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
a	From 2016								
b	From 2017								
C	From 2018								
d	From 2019								
e	From 2020								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2021 distributable amount								
i	Carryover from 2016 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2021 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
'	and 4c.								
8	Breakdown of line 7:								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
				-	hadula A (Farma OC	0004			

Schedule A (Form 990) 2021

132027 01-04-22

<u>Schedule A</u>	(Form 990) 2021	ALBUQUERQUE	COMMUNITY	FOUNDATION	85-0295444 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Information. Provide the ex lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6,	xplanations required 9a, 9b, 9c, 11a, 11b ction E, lines 1c, 2a,	by Part II, line 10; Part II, lin , and 11c; Part IV, Section , 2b, 3a, and 3b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, 9 1; Part V, Section B, line 1e; Part V,
	(See instructions.)			oo oompicte tine part for all	
			X		
			S		
		7			
132028 01-04-2	2				Schedule A (Form 990) 202

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

85-0295444

ALBUQUER	QUE COMM	IUNITY	FOUNDATIO	N
Organization type (check one):				

Filers of:	Section:
Form 990 or 990-EZ	X 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

X 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 \dots \blacktriangleright \$

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).

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

Schedule B (Form 990) (2021)

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

2021.05000 ALBUQUERQUE COMMUNITY FOU 22-12741

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Schedule B (Form 990) (2021) Name of organization

Part I

ALBUQUERQUE COMMUNITY FOUNDATION

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

Employer identification number

85-0295444

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

ALBUQUERQUE COMMUNITY FOUNDATION

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

Name of organization

Part I

Employer identification number

85-0295444

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2021.05000 ALBUQUERQUE COMMUNITY FOU 22-12741

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Page 2

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$ 109,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 15</u>		\$ <u>195,025.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>2,381,448.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18		\$106,567.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Part I

Schedule B (Form 990) (2021) Name of organization

ALBUQUERQUE COMMUNITY FOUNDATION

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

Page 2 Employer identification number

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Schedule B (Form 990) (2021)

(a)	(b)	(c)	(d) Turne of constribution
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20		\$ 850,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

2021.05000 ALBUQUERQUE COMMUNITY FOU 22-12741

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ALBUQUERQUE COMMUNITY FOUNDATION

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

Name of organization

Part I

Employer identification number

85-0295444

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	3 (Form 990) (2021)		Page 3
Name of or	rganization		Employer identification number
ALBUQU	JERQUE COMMUNITY FOUNDATION		85-0295444
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
5	522 SHARES OF STOCK IN VARIOUS CORPORATIONS	\$	87. 12/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.) (d)
	1,029 SHARES IN AMANA GROWTH FUND, 2,701 SHARES IN AMG YACKTMAN FUND CLASS I, 379 SHARES IN TOYOTA M	\$203,2	<u>68.</u> <u>10/15/21</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	1 Date received
<u> 18 </u>	4,493 SHARES IN HIPPO HOLDINGS INC	\$19,5	6708/26/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	1 Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	l listo rocoivod
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	l listo rocoivod
		\$	

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Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)				Page 4	
Name of o	organization				Employer identification number	
ALBUO	UERQUE COMMUNITY FOUNDA	TON			85-0295444	
Part III		tions to organizations describ	ed in section 50	1(c)(7), (8), or (10) t		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1	,000 or less for th	ne year. (Enter this info. on	ce.) ▶ \$	
(a) No.	Use duplicate copies of Part III if additional	space is needed.	T			
`from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Des	cription of how gift is held	
		(e) Transfe	r of gift			
	Transferee's name, address, a	and $\mathbf{7IP} \pm 4$	B	elationship of tra	insferor to transferee	
				, 		
(a) No. from	(b) Purpose of gift	(c) Use of git		(d) Dose	cription of how gift is held	
Part I		(c) use of gr		(u) Desi		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Des	cription of how gift is held	
1 0111						
		(e) Transfe	r of gift			
			_			
	Transferee's name, address, a		Ke	elationship of tra	insferor to transferee	
(a) No.						
`from Part I	(b) Purpose of gift	(c) Use of git	it	(d) Dese	cription of how gift is held	
		(e) Transfe	r of gift			
	Transferee's name, address, a	Ind ZIP + 4	Re	elationship of tra	insferor to transferee	
	· · · · · · · · · · · · · · · · · · ·			•		
123454 11-11	1-21	•			Schedule B (Form 990) (2021)	

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SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

 Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Internal Revenue Service Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

Par			ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advised fur	
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	0
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part N	V, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic stru-		2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	nization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asements during the year
~	▶ \$ Does each conservation easement reported on line 2(d) abov	-	۲) <i>(</i> ۲)
8			
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	an accomenta in ita rayanya and avaanaa atata	mont and
9	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.		hat describes the
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		alance sheet works
	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		ce sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021
132051	10-28-21		-



		RQUE COMMUN				- Otho	r Cimi			Page 2
										ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of	the fo	blowing that	make s	ignificar	nt use of its	5	
	collection items (check all that apply):		<u> </u>							
a	Public exhibition	d			ange progra					
b	Scholarly research	е	U Other_							
c	Preservation for future generations									
4	Provide a description of the organization's co	-	-		-			pose in Pa	t XIII.	
5	During the year, did the organization solicit o					er similai	assets	Г		v .
Dai	to be sold to raise funds rather than to be ma								Yes	X No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organi	zation	answered "	Yes" or	Forms	90, Part IV	, line 9, or	
10	Is the organization an agent, trustee, custodi		any for contribu	itiona	or other and	oto not	includo	4		
Ia			•					ы Г	Yes	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							L		
D		and complete the foll	owing table.						Amount	
~	Beginning balance						10		,	
	Additions during the year									
	Distributions during the year									
f	Ending balance						·· ··			
2a	Did the organization include an amount on Fo						··		Yes	No
	If "Yes," explain the arrangement in Part XIII.						· · · ·			
Pa							10.			
		(a) Current year	(b) Prior yea		(c) Two year			ee years bac	k (e) Four	years back
1a	Beginning of year balance	98,076,732.	85,645,5	599.	69,568	8,700.	67	,531,828	. 52,	400,879.
b	Contributions	11,816,050.	9,717,	193.	5,774	1,545.	5	,130,756	. 12,	125,240.
с	Net investment earnings, gains, and losses	18,058,635.	9,780,5	565.	10,996	,797 .	-1	,409,089	. 7,	414,649.
d	Grants or scholarships	4,903,072.	5,834,0	093.						
е	Other expenditures for facilities									
	and programs	1,330,381.	1,145,6	590.	694	443.	1	,684,795	. 4,	408,940.
f	Administrative expenses		86,8	342.						
g	End of year balance	121,717,964.	98,076,7	732.	85,645	599.	69	,568,700	. 67,	531,828.
2	Provide the estimated percentage of the curr		e (line 1g, colun	nn (a))	held as:					
а	Board designated or quasi-endowment	49.2000	%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are he	eld and	d administer	ed for th	ne orgar	nization	г	
	by:									Yes No
	(i) Unrelated organizations									<u>X</u>
	(ii) Related organizations								3a(ii)	<u> </u>
-	If "Yes" on line 3a(ii), are the related organiza			e R?					3 b	
4 Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment funds.							
I a	Complete if the organization answered		Part IV line 1	12 50	e Form 000	Dart X	lina 10			
			. ,							
	Description of property	(a) Cost or of basis (investm	• • •	Cost (asis (or other other)	• •	ccumul preciati		(d) Book	value
1a	Land									
	Buildings		2	, 438	3,095.		735,	558.	1,702	2,537.
	Leasehold improvements									
	Equipment				4,502.			284.		3,218.
e	Other				2,168.			109.		,059.
Tota	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)									

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D (Form 990) 2021 ALBOQUERQUE COMMONITI FOUNDATION	Schedule D (Form 990) 2021 ALBUQUERQUE COMMU	UNITY FOUNDATION
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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) FIXED INCOME	14,533,081.	END-OF-YEAR MARKET VALUE
(B) MULTI STRATEGY FUNDS	10,958,640.	END-OF-YEAR MARKET VALUE
(C) REAL ASSETS	27,985,334.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	14,852,780.	END-OF-YEAR MARKET VALUE
(E) LAND	270,001.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.	
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)	CHARITABLE REMAINDER TRUSTS	2,840,854.
(3)	LIABILITY FOR ASSETS HELD FOR	
(4)	COMMUNITY ORGANIZATIONS	22,188,465.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(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 ... X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 ALBUQUERQUE COMMUNITY FOUNDATION		0295444 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
	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:		
а	Net unrealized gains (losses) on investments 2a 3,223,461.		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 5,142,817.		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 49, 905.	-	
b	Other (Describe in Part XIII.)		
С		4c	49,905.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	25,507,487.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Retur	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Retur	n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Retur	
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		n.
1	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		n.
1	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		n.
1	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses		n.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 20 21 22 23 24 25 26 270 20 21 22 23 24 25 26 270 20 20 21 22 23 24 25 26 270 20 21 22		n. 9,246,047.
1 2 a b c	Image: conciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)		n. 9,246,047. 79,540.
1 2 b c d	Image: conciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	1	n. 9,246,047.
1 2 b c d e	Image: conciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e 3	n. 9,246,047. 79,540.
1 2 b c d 3	Image: conciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e 3	n. 9,246,047. 79,540.
1 2 6 6 6 8 3 4	Image: constraint of the second se	1 2e 3	n. 9,246,047. 79,540. 9,166,507.
1 2 3 4 4	Image: constraint of the second se	1 2e 3	n. 9,246,047. 79,540. 9,166,507. 49,905.
1 2 d e 3 4 b c 5	Image: conciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	1 2e 3	n. 9,246,047. 79,540. 9,166,507.

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 Schedule D (Form 990) 2021

13301111 794202 22-12741.000

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 D (Form 990) 2021

132055 10-28-21

90	HEDULE F	I	Stateme	nt of Act	ivities Outside the Un	ited Sta	tes	OM	B No. 1545-0047
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.						9	021		
Department of the Treasury						Open	to Public		
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Inspe		
Nam	e of the organization	n					Employer	identifi	cation number
	BUQUERQUE	COMI	MUNITY FO	OUNDATIO	N		85-02		
Pa	rt I General	Infor	mation on A	ctivities Out	side the United States. Comple	te if the organ	ization answ	vered "Y	es" on
	Form 990,								
1	-		-		ds to substantiate the amount of its grar				× ¬,
	the grantees' eligit	DIIITY TO	or the grants or a	assistance, and t	the selection criteria used to award the g	grants or assis	tance?	🖵	Yes 🔄 No
2	For grantmakers	Desc	ribe in Part V the	organization's i	procedures for monitoring the use of its	grants and ot	her assistant	no outsid	de the
2	United States.	. DC30		organization of	sideculares for mornitoring the use of its	grants and ou			
3		ion. (Tł	ne following Part	I, line 3 table ca	an be duplicated if additional space is ne	eded.)			
	(a) Region		(b) Number of	(c) Number of	(d) Activities conducted in the region		ity listed in	(d)	(f) Total
			offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service		expenditures for and
			in the region	independent	gram services, investments, grants to recipients located in the region)		specific typ (s) in the reg		investments
				in the region	recipients located in the region)		(s) in the reg		in the region
		_							
	TRAL AMERICA AND	D	0						400 070
THE	CARIBBEAN		0	0	INVESTMENTS				499,979.
EUR	OPE (INCLUDING								
	LAND & GREENLAN	D)	0	0	INVESTMENTS				5,964,073.
		-							, , .
				r					
	S								
	Cultural		0	0					6,464,052.
	Subtotal		0						0,404,052.
a	Total from continu sheets to Part I		0	0					Ο.
c	Totals (add lines 3								?•
5	and 3b)		0	0					6,464,052.

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

Schedule F (Form 990) 2021

132071 12-20-21

Schedule F (Form 990) 2021

ALBUQUERQUE COMMUNITY FOUNDATION

85-0295444

Page **2**

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)
					Ċ			
			S					
		5						
			ecognized as charities by the t					
			or counsel has provided a sect					
3 Enter total number of	other organizations of				<u></u>	▶	Scheo	lule F (Form 990) 2021

ADDOODINOOD COMMUNITI FOUNDAIL	ALBUQUERQUE	COMMUNITY	FOUNDATION
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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.

85-0295444

Part III can be duplicated if ac	dditional space is needed	ł					
(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)
			•				
			C				
		5					

Schedule F (Form 990) 2021

Page 3

Schedule F (Form 990) 2021 ALBUQUERQUE COMMUNITY FOUNDATION 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)	X 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	X 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	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No
		Schedule F (For	m 990) 202 [.]

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Schedule F (Form 990) 2021 ALBUQUERQUE COMMUNITY FOUNDATION	85-0295444	Page 5
Part V Supplemental Information		9
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acco	unting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting me		
(estimated number of recipients), as applicable. Also complete this part to provide any additional inf		

132075 12-20-21

SCHEDULE G	Suppleme	ntal Information Regarding	, Func	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$1				r 19, or if the	2021
Department of the Treasury		Attach to Form 99					Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for inst	ruction	s and	the latest information		Inspection
Name of the organization		RQUE COMMUNITY FOU	INDA'	ri Oi	7		r identification number 295444
		Complete if the organization answ					
 Indicate whether the a Mail solicitation b Internet and c Phone solicitation d In-person social 2 a Did the organization key employees listing b If "Yes," list the 1000 	e organization rais tions email solicitations itations blicitations on have a written o ted in Form 990, Pa	ed funds through any of the followi e Solicita f Solicita g Specia r oral agreement with any individua art VII) or entity in connection with p riduals or entities (fundraisers) pursu	ation of ation of Il fundra Il (incluc professi	non-g gover iising o ling of onal fi	overnment grants nment grants events ficers, directors, trus indraising services?		Yes No to be
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col.	by) to (or retained by)
			Yes	No			
					2		
		7					
Total				►			
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt fro	m registration
	advation Aat Nat	an and the Instructions for Form	000		7	C-h-	dula C (Farm 000) 2021

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

Schedule G (Form 990) 2021

132081 10-21-21

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

			SOLEIL	(b) Event #2 ANNUAL MEETING	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	(-)/
	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
	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
		Direct expense summary. Add lines 4 throug			🕨	72,040
	<u>11</u> rt I	Net income summary. Subtract line 10 from II Gaming. Complete if the organization		000 Dart IV/ Jina 10, ar r		9,629
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990, Partiv, inte 19, 011	eported more triain	
Т				(b) Pull tabs/instant		(d) Total gaming (ad
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a)
	1	Gross revenue				
	2					
	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
2	5	Other direct expenses				
		Other direct expenses	Yes%		Yes%	
			Yes%	└── Yes % └── No	☐ Yes % ☐ No	
		Other direct expenses	No		No	
	6	Other direct expenses	No	No	No	
	6	Other direct expenses	h 5 in column (d)	□ No	<u>No</u> No ►	
	6 7 8	Other direct expenses	h 5 in column (d)	□ No	<u>No</u> No ►	
	6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line T ter the state(s) in which the organization cond	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _	No	No ►	
a	6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line T ter the state(s) in which the organization cond he organization licensed to conduct gaming a	h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No states?	No ►	Yes N
a	6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line T ter the state(s) in which the organization cond	h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No states?	No ►	Yes N
a	6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line T ter the state(s) in which the organization cond he organization licensed to conduct gaming a	h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No states?	No ►	YesN
a	6 7 Ent Is t If "I	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line T ter the state(s) in which the organization cond he organization licensed to conduct gaming a	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	States?	No ►	
	6 7 Ent Is t If "I We	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states?	No ►	

132082 10-21-21

Sch	edule G (Form 990) 2021	ALBUQUERQUE COMMUNITY FOUNDATION	85-0295444 Page 3
11	Does the organization conduct g	aming activities with nonmembers?	Yes No
12	Is the organization a grantor, ber	neficiary 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 gamir	ng activity conducted in:	
а	The organization's facility		13a %
14	Enter the name and address of t	he person who prepares the organization's gaming/special events books and reco	ds:
			*
	Name		
	Address ►		
15a	Does the organization have a co	ntract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gar	ning revenue received by the organization > \$	iount
	of gaming revenue retained by th	ne third party ▶\$	
с	If "Yes," enter name and address	s of the third party:	
	Name 🕨		
	Address 🕨		
16	Gaming manager information:		
	Nama		
	Name		
	Gaming manager compensation		
	carning manager compensation		
	Description of services provided		
	· · ·		
	Director/officer	Employee Independent contractor	
	Mandatory distributions:		
а		er state law to make charitable distributions from the gaming proceeds to	Yes No
h	retain the state gaming license?	s required under state law to be distributed to other exempt organizations or spent	
, D	organization's own exempt activ		
Pa		rmation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
		as applicable. Also provide any additional information. See instructions.	
13208	33 10-21-21		Schedule G (Form 990) 2021

Schedule G	(Form 990)	ALBUQ
Part IV	Supplemental	Information /

Part IV Supplemental Information (continued)
Schedule G (Form 990)

132084 11-18-21

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, an	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
	Comple	ete if the organizatior	Attach to For		rt IV, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		Go to www.ir	s.gov/Form990 for		nation.		Inspection
Name of the organization		•					Employer identification number
ALBUQUERQ	UE COMMUN	ITY FOUNDAT	ION				85-0295444
Part I General Information on Grants a							
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the g	grantees' eligibility	for the grants or assis	tance, and the selection	
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to recipient that received more than	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
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	05 0000070	501 (0) (0)	12 545	•			
ALBUQUERQUE, NM 87109-4459 AHPA FOUNDATION FOR EDUCATION AND	85-0262072	DUT(C)(3)	13,747.	0.			ACF HUMAN SERVICES
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) a						L	> 262
3 Enter total number of other organization	o o						

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

		ITY FOUNDAT					85-0295444 Page
Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pai	t 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
AL DIIOUEDOUE ACADEMY							
ALBUQUERQUE ACADEMY 5400 WYOMING BLVD. NE							
ALBUQUERQUE, NM 87109-3899	85-0129165	501(0)(3)	22,539.	0.			DONOR-ADVISED
TROCOFKOOF, NM 8/103-3833	85-0129105	501(C)(3)	22,559.	0.			DONOR-ADVISED
ALBUQUERQUE ADULT LEARNING CENTER							
NC 239 ELM STREET NW -							
LBUQUERQUE, NM 87102	21-1859295	501(0)(3)	11,600.	0.			SANDIA FOUNDATION GRANT
IBOQUERQUE, NM 87102	21-1039293	501(0)(5)	11,000.	0.			SANDIA FOUNDATION GRANT
ALBUQUERQUE HEALTH CARE FOR THE							
OMELESS - PO BOX 25445 -							
LBUQUERQUE, NM 87125-0445	85-0368993	501(0)(3)	58,632.	0.			DONOR-ADVISED
LEUQUERQUE, NM 8/125-0445	85-0308995	501(C)(3)	50,032.	0.			DONOR-ADVISED
LBUQUERQUE MEALS ON WHEELS							
O BOX 92614					· · · · · · · · · · · · · · · · · · ·		
LBUQUERQUE, NM 87199-2614	85-0307043	F01(C)(2)	10,750.	0.			NEW MEXICOOGA GRANT
LLBOQUERQUE, NM 8/139-2014	85-0507045	501(C)(3)	10,750.	0.			NEW MEXICOOGA GRANI
LBUQUERQUE MUSEUM FOUNDATION							
O BOX 7006							
LBUQUERQUE, NM 87194	85-0201054	501(C)(3)	36,100.	٥.			DONOR-ADVISED
LBOQUERQUE, NM 8/194	85-0201054	501(C)(3)	30,100.	0.			DONOR-ADVISED
I DUQUEDQUE DUDI LA LIDDADY							
LBUQUERQUE PUBLIC LIBRARY							
OUNDATION - PO BOX 25792 -	45 0000000	501(0)(2)	10.000	•			
LBUQUERQUE, NM 87125	45-2688338	501(C)(3)	12,000.	0.			DONOR-ADVISED
L DUQUEDQUE VOUTUL QUADUQUE DEGENA							
LBUQUERQUE YOUTH SYMPHONY PROGRAM							
O BOX 30961							
LBUQUERQUE, NM 87190-0961	85-0421180	501(C)(3)	37,938.	0.			ACF ARTS/CULTURE
LL FAITHS							
709 MOON NE				_			
LBUQUERQUE, NM 87112	85-0165284	501(C)(3)	27,230.	0.			DONOR-ADVISED
LMA							
O BOX 12885							
ALBUQUERQUE, NM 87195	47-4258780	501(C)(3)	7,500.	0.			ACF EDUCATION

ALBUQUERQUE COMMUNITY FOUNDATION Schedule I (Form 990) .

Schedule I (Form 990) ALBUQUERQ	UE COMMUN	ITY FOUNDAT.	LON			č	35-0295444 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Par	t II.)	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 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
ADDOQUERQUE, NH 0/115	55 0190005	501(0)(3)	0,500.				ACT HOMAN BERVICES
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.	٥.			ACF HUMAN SERVICES
ANCESTRAL LANDS 831 ISLETA BLVD SW							
ALBUQUERQUE, NM 87105	84-1450808	501(C)(3)	10,000.	٥.			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_0202202	501(0)(3)	21 201	_			
MM 0/137-0322	85-0283292		21,391.	0.			DONOR-ADVISED

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Schedule I (Form 990) ALBUQUERQ	UE COMMUN	LTY FOUNDAT.	LON				35-0295444	Page '
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Par	t II.)	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 non-cash assistance	(h) Purpose of grant or assistance	
ADD EDUCATION FORDATION								
APS EDUCATION FOUNDATION PO BOX 25704								
ALBUQUERQUE, NM 87125	85-0434438	501(C)(3)	9,266.	0.			ACF HUMAN SERVICES	
	05 0454450	501(0)(3)	5,200.	·.			ACT HOMAN 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.	٥.			ACF HUMAN SERVICES	
	03-0449230	501(0)(3)	10,000.	0.			ACF HOMAN SERVICES	
BEST CHANCE								
5907 ALICE AVE NWE								
ALBUQUERQUE, NM 87110	81-1702353	501(C)(3)	7,500.	٥.			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.	٥.			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	

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	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							
IEXICO - 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
MBOQUERQUE, NM 0/109	45 4100055	501(0)(3)	57,500.				ACT GRANT
AREER GUIDANCE INSTITUTE							
400 TIJERAS AVE							SUPPORT OF ALBUQUERQU
ALBUQUERQUE, NM 87102	85-0323322	501(C)(3)	23,000.	0.			READS
·							
CASA DE PEREGRINOS INC							
999 W AMADOR AVE. STE F							
AS CRUCES, NM 88005	85-0312057	501(C)(3)	7,500.	0.			ACF GRANT
CASA Q							
PO BOX 36168							
LBUQUERQUE, 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
BECCHAQUE, MI 0/105	05 0110070	501(0)(5)	17,000.	υ.			DOUOK ADVIDED
ENTER FOR BIOLOGICAL DIVERSITY]						
PO BOX 710							
UCSON, 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.	Ο.			DONOR-ADVISED

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Schedule I (Form 990) ALBUQUERQU	OF COMMON	ITY FOUNDAT.	LON			6	55-0295444 Pa
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Par	t II.)	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 non-cash assistance	(h) Purpose of grant or assistance
CENTER OF SOUTHWEST CULTURE							
505 MARQUETTE AVE NW STE 1610	05 0400000	F01 (G) (2)					
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
		501(0)(5)	10,100.				
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	85-0410209	F01 (G) (2)	C 000	٥.			ACF GRANT
GRANTS, NM 87020	85-0410209	501(C)(3)	6,000.	U.			ACF GRANT
CITY OF ALBUQUERQUE COMMUNITY							
CENTERS - 700 4TH STREET SW -							
ALBUQUERQUE, NM 87102	85-6000102	GOV ' T	6,898.	٥.			DONOR-ADVISED
	00 0000102		0,000				
CONGREGATION ALBERT							
3800 LOUISIANA BLVD. NE							
ALBUQUERQUE, NM 87110	85-0124933	501(C)(3)	15,505.	0.			ACF HUMAN SERVICES
,	1	1	, , ,		1	1	1

		ITY FOUNDAT					85-0295444 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Par I	t 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
CONNETT ON FOUNDATIONS							
COUNCIL ON FOUNDATIONS							
1255 23RD STREET NW, SUITE 200	12 6069227	E01(0)(2)	12 250	0.			
WASHINGTON, DC 20037	13-6068327	501(C)(3)	13,250.	0.			ACF PHILANTHROPY
CROCCERCARGE EOD MONEN							
CROSSROADS FOR WOMEN							
805 TIJERAS AVE. NW	05 0440641	F01 (g) (2)	10.350				
ALBUQUERQUE, NM 87102	85-0448641	501(C)(3)	12,350.	0.			HUMAN SERVICES
CUIDINDO LOG NINOS							
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	05 0404400		10 201				
ALBUQUERQUE, NM 87190-3056	85-0424483	501(C)(3)	18,391.	0.			ACF GRANT
DENTAL CARE IN YOUR HOME							
1776 MONTANO ROAD NW	27 2409254	$E_{01}(\alpha)(2)$	15,000.	0			
ALBUQUERQUE, NM 87107	27-3498254	501(C)(3)	15,000.	0.			ACF GRANT
DOCTORS WITHOUT BORDERS USA							
40 RECTOR STREET	12 2422452	F01(0)(2)	22,422	0			DONOD ADVITAD
NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	22,423.	0.			DONOR-ADVISED
DONEGHIG VIOLENCE DESCUDER GENHER							
DOMESTIC VIOLENCE RESOURCE CENTER,							
INC - 625 SILVER SW SUITE 185 -	05 0420000		10.000				
ALBUQUERQUE, NM 87102	85-0439226	501(C)(3)	12,000.	0.			ACF HUMAN SERVICES
	ſ						
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.	Ο.			DONOR-ADVISED

Schedule I (Form 990) ALBUQUERQ	OF COMMON	ITY FOUNDAT.	LON			C	55-0295444 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Par	t II.)	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 non-cash assistance	(h) Purpose of grant or assistance
EAST CENTRAL MINISTRIES							
123 VERMONT NE							
ALBUQUERQUE, NM 87108	37-1426703	501(C)(3)	16,000.	٥.			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
ADDOQUERQUE, NM 0/100	05 0475504	501(0/(3)	25,200.	0.			DONOK 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	85-0417115	F01(7)(2)	15 000				ACF GRANT AND SUPPORT OF
ALBUQUERQUE, NM 87125	85-0417115	501(C)(3)	15,000.	0.			SAGE ALBUQUERQUE
ESCUELA DEL SOL MONTESSORI SCHOOL							
1114 7TH ST. NW							
ALBUQUERQUE, NM 87102	23-7088029	501(C)(3)	11,500.	٥.			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!							
EXPLORA! 1701 MOUNTAIN RD. NW							
ALBUQUERQUE, NM 87104	85-0442062	501(C)(3)	27,500.	0.			DONOR-ADVISED
	30 0112002		,	۰.			

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Par	t II.)	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 non-cash assistance	(h) Purpose of grant or assistance
ENTLY PROVIDE OF ALDUOURDOUR							
FAMILY PROMISE OF ALBUQUERQUE 808 EDITH BLVD NE							
ALBUQUERQUE, NM 87102	85-0472315	501(C)(3)	10,900.	0.			ACF HS GRANT
ALBOQUERQUE, NM 87102	05-0472515	501(0)(5)	10,900.	0.			ACF IIS GRANT
FATHERS BUILDING FUTURES							
2705 PAN AMERICAN FREEWAY NE							
ALBUQUERQUE, NM 87107	81-3215356	501(C)(3)	12,550.	0.			DONOR-ADVISED
FESTIVAL BALLET 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.	٥.			GREAT GRANT GIVEAWAY
FUTURE FOCUSED EDUCATION							
200 BROADWAY NE							
ALBUQUERQUE, NM 87102	47-3717716	501(C)(3)	45,000.	٥.			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 -	26 0710010	F01 (d) (2)					
SANTA FE, NM 87501	26-0718018	DUI(C)(3)	7,500.	0.			ACF GRANTS
COOD GUEDUEDD GENEED ING							
GOOD SHEPHERD CENTER, INC.							
PO BOX 749	85-0213561	501(C)(3)	11,689.	0.			ACF HUMAN SERVICES
ALBUQUERQUE, NM 87103	100-0210001	201(C)(3)	1 11,009.	U.			ACT HUMAN SERVICES

		ITY FOUNDAT					35-0295444 Page
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Par	t 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
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 CONDERSHIRE DR. SW - ALBUQUERQUE, NM 87121	27-2517121	501(C)(3)	33,334.	0.			DONOR-ADVISED
HEIFER INTERNATIONAL 1 WORLD AVENUE			C				
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 HOPEWORKS PO BOX 27258	85-0346325	501(C)(3)	50,000.	0.			DONOR-ADVISED
ALBUQUERQUE, NM 87125	85-0338552	501(C)(3)	47,000.	٥.			DONOR-ADVISED
HORIZONS ALBUQUERQUE PO BOX 6066	81 2015440	501(0)(2)	42 500				
ALBUQUERQUE, NM 87197 IMMIGRANT AND REFUGEE RESOURCE VILLAGE OF ALBUQUERQUE (IRRVA) - 120 MESILLA NE - ALBUQUERQUE, NM	81-2915448	201(C)(2)	43,500.	0.			ACF EDUCATION
87108	27-5024085	501(C)(3)	11,000.	0.			ACF GRANT

ALBUQUERQUE COMMUNITY FOUNDATION Schedule I (Form 990) .

		TTT FOUNDAL.		· /0-1-			55-0295444 Pa
Part II Continuation of Grants and Other A	Assistance to Do	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Par I	t II.) I	
(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
NDIAN PUEBLO CULTURAL CENTER 2401 TWELFTH ST. NW							
ALBUQUERQUE, NM 87104-2397	85-0232968	501(C)(3)	7,000.	0.			ACF EDUCATION
MD0Q0ERQ0E, NM 0/104 255/	05 0252500	501(0)(3)	,,000.	· · ·			ACT 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							
DAKS - CHINA SPRING, TX 76633-3554	84-3754469	501(C)(3)	50,500.	0.			DONOR-ADVISED
NTERNATIONAL RESCUE COMMITTEE							
PO BOX 6068	12 5660000						
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
YOY JUNCTION, INC.							
PO BOX 27693							
LBUQUERQUE, NM 87125-7693	85-0360268	501(C)(3)	12,520.	0.			DONOR-ADVISED
UNIOR ACHIEVEMENT OF NEW MEXICO,							
NC 4700 LINCOLN RD NE -		501 (2) (2)					
ALBUQUERQUE, NM 87109	85-0416889	DUT(C)(3)	8,000.	0.			DONOR-ADVISED
UUSTICE, ACCESS, SUPPORT AND SOLUTIONS FOR HEALTH - 1608 ISLETA							
BLVD SW - ALBUQUERQUE, NM 87105	42-1753563	501(C)(3)	20,050.	0.			ACF HUMANS SERVICES
TAP 24 HIDOGORKOG MI 0/102			20,030.	U.	1	I	LUCI HOHMID BERATCED

(a) Name and address of organization or government (b) EIN (c) IPC section if spplicable (d) Amount of cash grant (e) Amount of noncash assignee (g) Description of noncash assignee (g) Description of noncash assignee (h) Purpose of grant or assistance KESHET DANCE COMPARY 4121 COTLER AVE, NE ALBOQUERQUE, NM \$7110 65-0436623 \$01(C)(3) 20,000. 0. NCF ARES/CULTURE KEDS COOKI 5053 OULKA RD NE ALBOQUERQUE, NM \$7105 26-4816651 \$01(C)(3) 10,000. 0. ACF GRANT LA COSECA CSA ALBOQUERQUE, NM \$7105 82-4552728 \$01(C)(3) 30,000. 0. ACF GRANT LA COSECA CSA ALBOQUERQUE, NM \$7105 82-4552728 \$01(C)(3) 51,000. 0. ACF CRANT LA COSECA CSA ALBOQUERQUE, NM \$7105 82-4552728 \$01(C)(3) 51,000. 0. ACF CRANT LIA COSECA CSA ALBOQUERQUE, NM \$7105 82-4552728 \$01(C)(3) 51,000. 0. ACF ALBOQUERQUE, NM \$7105 82-4552728 \$01(C)(3) 51,000. 0. ACF ALBOQUERQUE, NM \$7105 26-2486467 \$01(C)(3) 51,000. 0. ACF LIP ELARTA INSTITUTE			ITY FOUNDAT					85-0295444 Page 1
organization or government if applicable cash grant noncash assistance valuation (pocket/massistance noncash assistance KESKET DANCE COMEANY 4121 CUTLER AVE, NE ALBEQUERDE, IN 87110 85-0436623 \$01(C)(3) 20,000. 0. NCF ARTS/COLITERE KIDE COXCI 9388 GUDAR AD NE ALBEQUERDE, IN 87110 85-0436623 \$01(C)(3) 10,000. 0. NCF ARTS/COLITERE KIDE COXCI 9388 GUDAR AD NE ALBEQUERDE, IN 87110 26-483681 \$01(C)(3) 10,000. 0. NCF ARTS/COLITERE ALBEQUERDE, IN 871105 82-4552726 \$01(C)(3) 10,000. 0. NCF ALBEQUERDE, IN 871105 82-4552726 \$01(C)(3) 30,000. 0. NCF ALBEQUERDE, IN 87105 26-2486467 \$01(C)(3) \$1,000. 0. NCF S1 ISLEETA BLVD, SW ALBEQUERDE, IN 87120 26-2486467 \$01(C)(3) \$1,000. 0. NCF S2 CALE PARADA XZU INF ALBEQUERDE, IN 87120 82-2152365 \$01(C)(3) 10,000. 0. NCF GRANT LITROG FOR KIDG, INC. 202 - DEVERDE \$1,000. 0. NCF GRANT LITROG FOR KIDG, INC. 225 22152 501(C)(3) 10,000. 0. NCF GRANT NUTHERAN FAMILY SERVICES ROCKY MOUNTAINE 33 5 BALLAN ST STEP \$1(C)(3) 10,000. 0.	Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Par I	t II.)	
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4121 CUTUER AVE, NE 85-0436623 501(C)(3) 20,000. 0. ACP ARTS/CULTURE KIDS COOKI 538 GUNA RD NE								
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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		47-1984504	501(C)(3)	10 000	0			DONOR-ADVISED
MOUNTAINS - 363 S HARLAN ST STE 84-0775550 501(C)(3) 14,000. 0. ACF GRANT 200 - DENVER, CO 80226 84-0775550 501(C)(3) 14,000. 0. ACF GRANT MANA DE ALBUQUERQUE PO BOX 25801 ACF GRANT ACF EDUCATION ACF EDUCATION ALBUQUERQUE, NM 87125 06-1835784 501(C)(3) 10,399. 0. ACF EDUCATION MANDY'S FARM PO BOX 9346 Control of the second					·			
MOUNTAINS - 363 S HARLAN ST STE 84-0775550 501(C)(3) 14,000. 0. ACF GRANT 200 - DENVER, CO 80226 84-0775550 501(C)(3) 14,000. 0. ACF GRANT MANA DE ALBUQUERQUE PO BOX 25801 ACF GRANT ACF EDUCATION ACF EDUCATION ALBUQUERQUE, NM 87125 06-1835784 501(C)(3) 10,399. 0. ACF EDUCATION MANDY'S FARM PO BOX 9346 Control of the second	LUTHERAN FAMILY SERVICES ROCKY							
200 - DENVER, CO 80226 84-077550 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 Contract of the second s								
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		84-0775550	501(C)(3)	14 000.	0.			ACF GRANT
PO BOX 25801 06-1835784 501(C)(3) 10,399. 0. ACF EDUCATION MANDY'S FARM PO BOX 9346 Image: Contract of the second seco				,				
PO BOX 25801 06-1835784 501(C)(3) 10,399. 0. ACF EDUCATION MANDY'S FARM PO BOX 9346 Image: Contract of the second seco	MANA DE ALBUOUEROUE							
ALBUQUERQUE, NM 87125 06-1835784 501(C)(3) 10,399. 0. ACF EDUCATION MANDY'S FARM PO BOX 9346 Control of the second								
MANDY'S FARM PO BOX 9346		06-1835784	501(C)(3)	10 399.	0.			ACF EDUCATION
PO BOX 9346					· · ·			
PO BOX 9346	MANDY'S FARM							
	ALBUQUERQUE, NM 87119	85-0436516	501(C)(3)	40,000.	٥.			ACF HEALTH/GENERAL/REHAB

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Schedule I (Form 990) ALBUQUERQ	UE COMMON	L'I'Y FOUNDAT.	LON			6	55-0295444 Page 1
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.)	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 non-cash assistance	(h) Purpose of grant or assistance
WANY MORNED C							
MANY MOTHERS PO BOX 23222							
SANTA FE, NM 87502	85-0457455	501(C)(3)	10,000.	٥.			DONOR-ADVISED
SANTA FE, NA 07502	05 0457455	501(0)(3)	10,000.	••			DONOK 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	84-6042237	$E_{01}(a)(2)$	18 000	٥.			DONOR-ADVISED
ASPEN, CO 81611-2501	04-0042237	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
	03 0202303	501(0)(3)	5,510.				
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

ALBUQUERQUE COMMUNITY FOUNDATION Schedule I (Form 990)

Schedule I (Form 990)

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Part II Continuation of Grants and Other		nestic Organizations		vernments (Sche	edule I (Form 990), Par	t 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
AMTONAL ULCOANTO OULMUDAL CENMED							
NATIONAL HISPANIC CULTURAL CENTER							
FOUNDATION - 1701 4TH ST SW - ALBUQUERQUE, NM 87102-4518	85-0335056	501(C)(3)	12,950.	0.			DONOR-ADVISED
	03-0333030	501(0)(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 IMPROVEM
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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Schedule I (Form 990) ALBUQUERQ	UE COMMON	L'I'Y FOUNDA'I'.	LON				55-0295444 Page
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Par	t II.)	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 non-cash assistance	(h) Purpose of grant or assistance
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		10,000.	0.			ACF GRANT
NEW MEXICO IMMIGRANT LAW CENTER PO BOX 7040 ALBUQUERQUE, NM 87194	27-3303237		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							BETTY AND LUKE VORTMAN
- ALBUQUERQUE, NM 87125-5446	85-0257595	501(C)(3)	35,039.	0.			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			C				
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
			10,000.				
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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		LTY FOUNDAT					5-0295444 Page
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Par	t II.)	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 non-cash assistance	(h) Purpose of grant or assistance
NEW MEXICO WILDERNESS ALLIANCE							
PO BOX 25464	05 0455016	501 (2) (2)	02.216				
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
	13 5110335	501(0)(3)	12,500.				
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

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Par	t 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		
DASIS ALBUQUERQUE									
3301 MENAUL BLVD NE, SUITE 18 ALBUQUERQUE, NM 87107	32-0081580	501(C)(3)	25,000.	0.			ACF GRANT		
OFFCENTER COMMUNITY ARTS PROJECT									
08 PARK AVE. SW ALBUQUERQUE, NM 87102-3017	85-0480889	501(C)(3)	27,750.	0.			DONOR-ADVISED		
OPERA SOUTHWEST PO BOX 27671									
LLBUQUERQUE, NM 87125-7671	23-7314812	501(C)(3)	44,479.	0.			DONOR-ADVISED		
ANORAMA GLOBAL 101 4TH AVE, STE 2100			C						
EATTLE, WA 98121	81-4204119	501(C)(3)	20,000.	0.			DONOR-ADVISED		
PARTNERS IN EDUCATION 300 CAMINO SIERRA VISTA									
ANTA FE, NM 87505	85-0392417	501(C)(3)	10,000.	0.			ACF HUMAN SERVICES		
PARTNERSHIP FOR COMMUNITY ACTION									
LBUQUERQUE, NM 87105	31-1815692	501(C)(3)	25,000.	0.			ACF HUMAN SERVICES		
AWS AND STRIPES									
17 TRUMAN STREET NE LBUQUERQUE, NM 87110-6443	27-2908352	501(C)(3)	12,000.	0.			ACF MENTAL HEALTH/INTERVENTION		
B&J FAMILY SERVICES, INC.									
101 LOPEZ RD., SW LBUQUERQUE, NM 87105	85-0231566	501(C)(3)	43,500.	0.			DONOR-ADVISED		
LANNED PARENTHOOD OF THE ROCKY									
OUNTAINS, INC 719 SAN MATEO									
LVD. NE - ALBUQUERQUE, NM 87108	84-0404253	501(C)(3)	111,899.	0.			ACF HEALTH/GENERAL/REHA		

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Par	t II.)	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 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
washington, be 20037	94-1703133	501(0)(3)	15,000.	0.			DONOK-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.	٥.			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

		ITY FOUNDAT					85-0295444 Page		
Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Par	t 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		
	03 0270323	501(0)(3)							
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							BRADBURY STAMM		
JEW MEXICO - 1011 YALE NE -							CONSTRUCTION GIVING		
ALBUQUERQUE, NM 87106	85-0283204	501(C)(3)	11,500.	0.			PROGRAM		
ANTA FE COMMUNITY FOUNDATION									
O BOX 1827									
SANTA FE, NM 87504-1827	85-0303044	501(C)(3)	38,847.	0.			ACF HUMAN SERVICES		
SANTA FE INSTITUTE									
399 HYDE PARK RD									
ANTA FE, NM 87501	85-0325494	501(C)(3)	20,000.	0.			DONOR-ADVISED		
SANTA ROSA MOISE MEMORIAL LIBRARY									
08 5TH ST									
ANTA ROSA, NM 88435	85-6000172	501(C)(3)	12,000.	0.			ACF ARTS/CULTURE		
SARANAM, LLC									
028 EUBANK NE STE F									
LBUQUERQUE, NM 87112	20-2036621	501(C)(3)	84,754.	0.			DONOR-ADVISED		
AVILA COLLABORATIVE									
ENTRO SAVILA							ACF MENTAL		
LBUQUERQUE, NM 87105-4035	46-0667855	501(C)(3)	34,000.	0.			HEALTH/INTERVENTION		
CHOOL FOR ADVANCED RESEARCH ON									
HE HUMAN EXPERIENCE - PO BOX 2188							BETTY AND LUKE VORTMAN		
SANTA FE, NM 87504-2188	85-0125045	501(C)(3)	25,106.	0.			ENDOWMENT FUND		

Part II Continuation of Grants and Other		mestic Organizations		vernments (Sch	edule I (Form 990) Par	+ II)	JJ-029J444 F
(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		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.	3		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	04 202001	E01(C)(2)					DONOR ADVICED
SALT LAKE CITY, UT 84111	94-2936961	50F(C)(3)	7,500.	0.			DONOR-ADVISED
SOUTHWEST CREATIONS COLLABORATIVE 1308 4TH ST. NW							
ALBUQUERQUE, NM 87102	85-0440047	501(C)(3)	45,700.	٥.			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							
340 SIMON LANE SW							
ALBUQUERQUE, NM 87105	27-2629143	501(C)(3)	8,000.	٥.			DONOR-ADVISED

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Part II Continuation of Grants and Other A	Assistance to Dor	nesuc Organizations	and Domestic Go		edule I (Fomi 990), Pai		
(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
RIBOQUERQUE, NM 0/102	05-0500745	501(0)(5)	5,400.	0.			ACF HOMAN 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
	00 0200045		10,000.				
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

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Par	t II.)	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 non-cash assistance	(h) Purpose of grant or assistance
SUSAN'S LEGACY							
11005 SPAIN NE, STE 22	85-0462276	E01(0)(2)	25 000	0.			ACF HUMAN SERVICES
ALBUQUERQUE, NM 87111	85-0402270	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.	٥.			DONOR-ADVISED
	1						
THREE SISTERS KITCHEN							
109 GOLD AVE. SW							
ALBUQUERQUE, NM 87102	82-4882255	501(C)(3)	100,000.	٥.			DONOR-ADVISED

(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							
308 LEAD AVE SW	05 0440000						
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
	15 1700110	501(0)(5)	1,550.				
JNITED VOICES FOR NEWCOMER RIGHTS							
1207 MONROE CT NE		A			*		
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		501 (a) (a)		-			
ALBUQUERQUE, NM 87101	85-6000101	501(C)(3)	10,000.	0.			ACF EDUCATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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
·							
NINGS 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

Schedule I (Form 990) 2021

ALBUQUERQUE COMMUNITY FOUNDATION

85-0295444

Page 2

 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.
 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.

r art in earl 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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
ALL NONPROFITS RECEIVING GRANTS THE	ROUGH A C	OMPETITIVE	PROCESS M	UST PROVIDE	
REPORTS EVERY SIX MONTHS. FOUNDAT:	ION GRANT	S ARE TYPI	CALLY FOR	ONE YEAR.	
TE & DONOR HAG REQUERTED & REDORM		תנות דא תנום			
IF A DONOR HAS REQUESTED A REPORT A	AS INDICA	TED IN THE	GRANT AGR.	EEMENT OR BY	
LETTER, THOSE GUIDELINES MUST BE FO	DLLOWED.	IF ALL FC	UNDATION F	UNDING IS	
SPENT AND THE GRANT COMPLETED WITH	IN THE FI	RST SIX MC	NTHS, ONLY	ONE REPORT	
IS NECESSARY. REPORTS MAY BE SENT	VIA E-MA	IL. REPOR	TS INCLUDE	FINANCIAL	
ACCOUNTING AND A NARRATIVE. THE FI	INAL REPC	RT IS DUE	NO LATER T	HAN 14	
MONTHS FROM THE BEGINNING OF THE G	RANT DATE	•			

Schedule I (Form 990) ALBUQUERQUE COM	MUNITY FO	OUNDATION			85-0295444 Page 2
Part III Continuation of Grants and Other Assistance to Domes	tic Individuals	(Schedule I (Form 99	90), Part III.)	1	1
(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.			

Schedule I (Form 990) ALBUQUERQUE COM	MUNITY FO	OUNDATION			85-0295444	Page 2
Part III Continuation of Grants and Other Assistance to Domes	tic Individuals	(Schedule I (Form 99	90), Part III.)	1		
(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 assistar	nce
SUSIE KUBIE SYMPHONIC MUSIC SCHOLARSHIP	3.	6,950.	0.			
		42,400				
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		C				
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.			
Noopeoen Thatter Boomiton benominoniti FOND	1 10.	25,000.	· ·			

SC	HEDULE J	Compensation Information	OMB No.	1545-004	47
(Fo	orm 990) For ce	ertain Officers, Directors, Trustees, Key Employees, and Highest	20	01	
-		Compensated Employees	20		1
Dono	artment of the Treasury	te if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	Open to	Publ	ic
		www.irs.gov/Form990 for instructions and the latest information.	Inspe	ection	
Nam	ne of the organization		yer identification		nber
			5-029544	4	
Pa	art I Questions Regarding Co	mpensation			
				Yes	No
1a	Check the appropriate box(es) if the org	anization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Pa	art III to provide any relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up p				
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	•	ed, did the organization follow a written policy regarding payment or			
	·	expenses described above? If "No," complete Part III to explain	<u>1b</u>		<u> </u>
2		on prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEC	D/Executive Director, regarding the items checked on line 1a?	2		
~					
3		e organization used to establish the compensation of the organization's			
		apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Exe				
		tant X Compensation survey or study			
	Independent compensation consul	Image: State of the s			
		Approval by the board of compensation committee			
4	During the year, did any person listed or	n Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:				
а	Receive a severance payment or change	e-of-control payment?	4a		x
b		supplemental nonqualified retirement plan?	41		X
c		n equity-based compensation arrangement?	4.		x
		ons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 5	i01(c)(29) organizations must complete lines 5-9.			
5		, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:				
а	The organization?		5a		X
					X
	If "Yes" on line 5a or 5b, describe in Par	t 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:				
					X
b			<u>6b</u>		X
	If "Yes" on line 6a or 6b, describe in Par				
7		, Section A, line 1a, did the organization provide any nonfixed payments			
		describe in Part III	7		X
8		0, Part VII, paid or accrued pursuant to a contract that was subject to the			37
~		egulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X
9		lso follow the rebuttable presumption procedure described in			
LHA	• For Paperwork Reduction Act Notice	e, see the Instructions for Form 990. So	chedule J (Forn	n 990)	2021

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Schedule J (Form 990) 2021

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Page 2

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	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) R. RANDALL ROYSTER	(i)	243,960.	0.	0.	0.	23,213.	267,173.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)					~		
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	1111							

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

Schedule J (Form 990) 2021

SCHEDULE L		Transactio	ns With	Interested	Persons		L	OMB 1	lo. 1545-0	0047
(Form 990)	Complete if	-		" on Form 990, Par EZ, Part V, line 38a	t IV, line 25a, 25b, 2 a or 40b.	6, 27, 2	28a,		202	21
Department of the Treasury Internal Revenue Service	ÞG	► At	tach to Form	990 or Form 990-E					To Pu	ıblic
Name of the organizatio		5				Emp	loyer	oyer identification number		
		ERQUE COMM						95444		
					ction 501(c)(29) orga					
	if the organizatior I				o, or Form 990-EZ, Pa	art V, lir	ne 40b			
1 (a) Name of disqua	lified person	(b) Relationship be person and	etween disqual organization	Ified (c) Description of tran	sactior	1		d) Corr Yes	rected? No
				_						
2 Enter the amount of section 4958		•	•				¢			
3 Enter the amount of	oftax if any on li	ne 2 above reimbu	rsed by the ord	anization						
	i tax, i ariy, or ii	110 L, abovo, roimba					÷ • -			
		n Interested Pe								
•	•			Part V, line 38a or I	Form 990, Part IV, lin	e 26; oi	r if the	organiz	ation	
reported a (a) Name of	n amount on Forr (b) Relatio	n 990, Part X, line 5	10	(e) Original	(f) Balance due	(g)	In (h) Appro	/ed (i)	Written
interested person			from the organization?	principal amount	(I) Balance due	defau		bý board committe	or (1)	eement?
			To From			Yes		Yes N		s No
										_
										_
										_
										_
Total				> \$	I	L				
Part III Grants of	or Assistance	Benefiting Inte	erested Per	sons.						
· · · · · · · · · · · · · · · · · · ·		answered "Yes" or	n Form 990, Pa							
(a) Name of intere	ested person	(b) Relationshi interested pe the organ	erson and	(c) Amount of assistance	(d) Type assistan			• •	urpose istance	

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Schedule L (Form 990) 2021 ALBUQUERQUE COMMUNITY FOUNDATION	Dart IV Buei	noss Transacti	one Involving Inter		
	Schedule L (Form 9	990) 2021	ALBUQUERQUE	COMMUNITY	FOUNDATION

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

(a) Name of interested person	rson (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 L (Form 990) 2021

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection

Employer	identification number
8	5-0295444

Par	t 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 de noncash contribu		•	s
4	Art Works of art		items contributed	Tonn 990, Fait vill, line fg				
1	Art - Works of art							
2 3	Art - Historical treasures							
3 4	Art - Fractional interests							
_	Books and publications							
5	Clothing and household goods							
6 7	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	X	19	861 111	MARKET QUOT	הס		
9	Securities - Publicly traded	A	13	001,111.	MARKEI QUUI	60		
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 organiz	ation during	, the tax year for co	ontributions				
	for which the organization completed Form 828	- 33, Part V, D	onee Acknowledg	ement 29				
			C C				Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?			·		30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribu	tions?	31	Х	
	Does the organization hire or use third parties of	•	-	-				
						32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is che	cked,			
	describe in Part II.	. ,						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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Schedule M (Form 990) 2021 ALBUQUERQUE COMMUNITY FOUNDATION	85-0295444	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	and 33, and whether the organiza a combination of both. Also comp	tion plete
	Oala ale ta MA (E	000\ 000
32142 11-17-21	Schedule M (Form	990) 202 ⁻

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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 for the latest information.



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 ACTVITIES 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 NOTIFIYING 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, REVIEWD 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 INT	TEREST. THE
CONFLICTS OF INTEREST ARE REVIEWED BY THE CFO, PRESIDENT/CEO,	
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

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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

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Name of the organization ALBUQUERQUE COMMUNITY FOUNDATION	Employer identification number 85-0295444
INDEPENDENT ACCOUNTANT. THE AUDIT AND RISK MANAGEMENT COM	MITTEE WAS
CREATED BY THE BOARD IN 2019 AND TOOK OVER THE OVERSIGHT O	F THE AUDIT
OF ITS FINANCIAL STATEMENTS STARTING THAT YEAR. THIS PROC	ESS HAS NOT
CHANGED FROM THE PRIOR YEAR.	

SCH	EDU	LE R

(Form 990)

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Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2021

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)		entity	
ACF HOLDINGS, LLC - 27-2805006					
P.O. BOX 25266					ALBUQUERQUE COMMUNITY
ALBUQUERQUE, NM 87176	TO HOLD DONATED ASSETS	NEW MEXICO		511,167.	FOUNDATION
HISTORIC CHAMPION GROCERY BUILDING, LLC -					
27-2804817, 622-624 TIJERAS AVE NW,					ALBUQUERQUE COMMUNITY
ALBUQUERQUE, NM 87102	TO HOLD DONATED BUILDING	NEW MEXICO		1,455,698.	FOUNDATION
	C	KO			

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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
В	-						
NEW MEXICO COMMUNITY TRUST - 85-4395064	TO MANAGE ENDOWMENT FUNDS						
624 TIJERAS AVE NW	THAT SUPPORT NM NONPROFITS						
ALBUQUERQUE, NM 87102	AND NM COMMUNITIES	NEW MEXICO	501(C)(3)	LINE 10			х
	-						
	-						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 ALBUQUERQUE COMMUNITY FOUNDATION

85-0295444 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box	managir partner	Percentag ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o 🔤
	-										
	-										
	-										
	-										
	_										
	-										

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b contr	o)(13) olled
er reidied er galmadien		foreign	0.111	or trust)		assets		enti	ity?
		country)		,				Yes	No

Schedule R (Form 990) 2021 ALBUQUERQUE COMMUNITY FOUNDATION

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.					Yes	No	
1 During the tax year, did the organization engage in any of the following transa							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controllec	l entity			1a		X X	
b Gift, grant, or capital contribution to related organization(s)	, or capital contribution to related organization(s)						
	apital contribution from related organization(s)						
	arantees to or for related organization(s)						
e Loans or loan guarantees by related organization(s)						X	
f Dividends from related organization(s)				1f		X	
g Sale of assets to related organization(s)						Х	
h Purchase of assets from related organization(s)			*	1h		X	
i Exchange of assets with related organization(s)						Х	
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
k Lease of facilities, equipment, or other assets from related organization(s)						X	
	rformance of services or membership or fundraising solicitations for related organization(s)						
	Performance of services or membership or fundraising solicitations by related organization(s)						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						
					X		
p Reimbursement paid to related organization(s) for expenses				1p		X	
q Reimbursement paid by related organization(s) for expenses				1q		X	
r Other transfer of cash or property to related organization(s)				1r		X	
s Other transfer of cash or property from related organization(s)						X	
2 If the answer to any of the above is "Yes," see the instructions for information							
	(b)						
(a) Name of related organization	Transaction	(c) Amount involved	(d) Method of determining amoun	t involved			
	type (a-s)		Ű				
(1)							
.,							
(2)							

(3)

(4)

(5)

(6)

Schedule R (Form 990) 2021 ALBUQUERQUE COMMUNITY FOUNDATION

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

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

(a)	(b)	(c)	(d)	(e	3	(f)	(g)	()	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e Are partner 501(c orgs	all	Share of	Share of		opor-	Code V-UBI	General	
of entity	T findary dotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c	s sec.	total		Dispr tior alloca	iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	ownership
,		country)	excluded from tax under sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2021

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ALBUQUERQUE COMMUNITY FOUNDATION

Part VII Supplemental Information

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