	IRS e-file Signature Authorization	OMB No. 1545-0047
Form 8879-TE	for a Tax Exempt Entity	
	For calendar year 2022, or fiscal year beginning, 2022, and ending	20 2000
	Do not send to the IRS. Keep for your records.	²⁰ — 2022
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer		EIN or SSN
ALBUOU	ERQUE COMMUNITY FOUNDATION	85-0295444
Name and title of officer or pe		
name and little of officer of pe	PRESIDENT & CEO	
Part Type of	Return and Return Information	
Form 5330 filers may enter or 10a below, and the amo	n for which you are using this Form 8879-TE and enter the applicable amount, if any, fror dollars and cents. For all other forms, enter whole dollars only. If you check the box on li unt on that line for the return being filed with this form was blank, then leave line 1b, 2b, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	ne 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1614,332,959.
2a Form 990-EZ che		
3a Form 1120-POL of		
4a Form 990-PF che		
5a Form 8868 check		
6a Form 990-T check		
7a Form 4720 check		
8a Form 5227 check		8b
9a Form 5330 check		9b
10a Form 8038-CP ch		
	ion and Signature Authorization of Officer or Person Subject to Tax I declare that X I am an officer of the above entity or I am a person subject to ta	
of any refund. If applicable entry to the financial institu financial institution to debii later than 2 business days payment of taxes to receive	b, talenation for rejection of the transmission, (b) the reason for any delay in processing the I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic tion account indicated in the tax preparation software for payment of the federal taxes or the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financi prior to the payment (settlement) date. I also authorize the financial institutions involved in e confidential information necessary to answer inquiries and resolve issues related to the ber (PIN) as my signature for the electronic return and, if applicable, the consent to electronic to electronic to the payment (settlement) date.	funds withdrawal (direct debit) wed on this return, and the ial Agent at 1-888-353-4537 no n the processing of the electronic payment. I have selected a
PIN: check one box only		
X I authorize CA	RR, RIGGS & INGRAM, LLC to	
	ERO firm name	Enter five numbers, but do not enter all zeros
with a state ager on the return's d As an officer or p return. If I have ir	on the tax year 2022 electronically filed return. If I have indicated within this return that a icy(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afor sclosure consent screen. erson subject to tax with respect to the entity, I will enter my PIN as my signature on the idicated within this return that a copy of the return is being filed with a state agency(ies) r ogram, I will enter my PIN on the return's disclosure consent screen.	ementioned ERO to enter my PIN tax year 2022 electronically filed
Signature of officer or person subjec	totax Alalan from	Date 11/01/23
	ion and Authentication	
	ur six-digit electronic filing identification	
	your five-digit self-selected PIN. 85354936331 Do not enter all zeros	
I certify that the above num submitting this return in ac Business Returns.	eric entry is my PIN, which is my signature on the 2022 electronically filed return indicate cordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Au	ed above. I confirm that I am uthorized IRS <i>e-file</i> Providers for
ERO's signatureCARI	R, RIGGS & INGRAM, LLC Date 11/	01/23
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S	60
LHA For Privacy Act and	Paperwork Reduction Act Notice, see instructions.	Form 8879-TE (2022)
202521 12-16-22		

Form	990
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В

** 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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Int	ternal Revenue Service Go to www.ins.gov/Formaso for instructions and the latest				normation.	inspe		
Α	For the 20	For the 2022 calendar year, or tax year beginning and ending						
В	Check if applicable:	C Name of	f organization				D Employer identification	on number
	Address	ALBU	QUERQUE	COMMUNITY	FOUNDATION			
	Name change	Doing b	usiness as				85-0295444	
	Initial							

	Name	e Doing business as		85-02954	44			
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return	P O BOX 25266	nooni, outo	505-883-				
	termin			G Gross receipts \$	26,034,295.			
	Amen			H(a) Is this a group re				
	Applic			for subordinates				
	pendi	¹⁹ SAME AS C ABOVE	H(b) Are all subordinates in					
11	ax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1)	or 527		list. See instructions			
	Vebsi			H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: NM			
Pa	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: ADMII	NISTER	A PERMANENT	COMMUNITY			
Activities & Governance		ENDOWMENT FROM WHICH DISTRIBUTIONS ARE US						
nar	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.			
ver	3	Number of voting members of the governing body (Part VI, line 1a)		3	26			
ğ		Number of independent voting members of the governing body (Part VI, line 1b)			26			
ళ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			18			
/itie		Total number of volunteers (estimate if necessary)			26			
cti				7a	0.			
					-			
_ ◄	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b Prior Year	0 . Current Year			
		Net unrelated business taxable income from Form 990-T, Part I, line 11						
	8			Prior Year 9,418,555. 243,826.	Current Year 10,564,140. 310,940.			
	8 9	Contributions and grants (Part VIII, line 1h)		Prior Year 9,418,555. 243,826. 15,835,477.	Current Year 10,564,140.			
	8 9 10	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	······	Prior Year 9,418,555. 243,826. 15,835,477. 9,629.	Current Year 10,564,140. 310,940. 3,467,220. -9,341.			
	8 9 10 11	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		Prior Year 9,418,555. 243,826. 15,835,477. 9,629. 25,507,487.	Current Year 10,564,140. 310,940. 3,467,220. -9,341. 14,332,959.			
	8 9 10 11 12	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		Prior Year 9,418,555. 243,826. 15,835,477. 9,629. 25,507,487. 7,303,756.	Current Year 10,564,140. 310,940. 3,467,220. -9,341.			
	8 9 10 11 <u>12</u> 13	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		Prior Year 9,418,555. 243,826. 15,835,477. 9,629. 25,507,487. 7,303,756. 0.	Current Year 10,564,140. 310,940. 3,467,220. -9,341. 14,332,959. 6,897,406. 0.			
Revenue	8 9 10 11 12 13 14	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		Prior Year 9,418,555. 243,826. 15,835,477. 9,629. 25,507,487. 7,303,756.	Current Year 10,564,140. 310,940. 3,467,220. -9,341. 14,332,959. 6,897,406. 0. 1,467,073.			
Revenue	8 9 10 11 12 13 14	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		Prior Year 9,418,555. 243,826. 15,835,477. 9,629. 25,507,487. 7,303,756. 0.	Current Year 10,564,140. 310,940. 3,467,220. -9,341. 14,332,959. 6,897,406. 0.			
Revenue	8 9 10 11 12 13 14	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		Prior Year 9,418,555. 243,826. 15,835,477. 9,629. 25,507,487. 7,303,756. 0. 1,121,421. 0.	Current Year 10,564,140. 310,940. 3,467,220. -9,341. 14,332,959. 6,897,406. 0. 1,467,073. 0.			
	8 9 10 11 12 13 14 15 16a b	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	92.	Prior Year 9,418,555. 243,826. 15,835,477. 9,629. 25,507,487. 7,303,756. 0. 1,121,421. 0. 791,235.	Current Year 10,564,140. 310,940. 3,467,220. -9,341. 14,332,959. 6,897,406. 0. 1,467,073. 0. 1,148,955.			
Revenue	8 9 10 11 12 13 14 15 16a b 17	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 328,29	92.	Prior Year 9,418,555. 243,826. 15,835,477. 9,629. 25,507,487. 7,303,756. 0. 1,121,421. 0. 791,235. 9,216,412.	Current Year 10,564,140. 310,940. 3,467,220. -9,341. 14,332,959. 6,897,406. 0. 1,467,073. 0. 1,148,955. 9,513,434.			
Expenses Revenue	8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	92.	Prior Year 9,418,555. 243,826. 15,835,477. 9,629. 25,507,487. 7,303,756. 0. 1,121,421. 0. 791,235. 9,216,412. 16,291,075.	Current Year 10,564,140. 310,940. 3,467,220. -9,341. 14,332,959. 6,897,406. 0. 1,467,073. 0. 1,148,955. 9,513,434. 4,819,525.			
or Brances Revenue Revenue	8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	92. Be	Prior Year 9,418,555. 243,826. 15,835,477. 9,629. 25,507,487. 7,303,756. 0. 1,121,421. 0. 791,235. 9,216,412. 16,291,075. ginning of Current Year	Current Year 10,564,140. 310,940. 3,467,220. -9,341. 14,332,959. 6,897,406. 0. 1,467,073. 0. 1,148,955. 9,513,434. 4,819,525. End of Year			
Or Expenses Revenue	8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	92. Be	Prior Year 9,418,555. 243,826. 15,835,477. 9,629. 25,507,487. 7,303,756. 0. 1,121,421. 0. 791,235. 9,216,412. 16,291,075. ginning of Current Year 48,115,428.	Current Year 10,564,140. 310,940. 3,467,220. -9,341. 14,332,959. 6,897,406. 0. 1,467,073. 0. 1,148,955. 9,513,434. 4,819,525. End of Year 139,635,489.			
Expenses Revenue	8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	92. Be	Prior Year 9,418,555. 243,826. 15,835,477. 9,629. 25,507,487. 7,303,756. 0. 1,121,421. 0. 791,235. 9,216,412. 16,291,075. ginning of Current Year 48,115,428. 26,285,548.	Current Year 10,564,140. 310,940. 3,467,220. -9,341. 14,332,959. 6,897,406. 0. 1,467,073. 0. 1,467,073. 0. 1,148,955. 9,513,434. 4,819,525. End of Year 139,635,489. 24,080,574.			
Net Assets or Expenses Revenue	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), line 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16)	92. Be	Prior Year 9,418,555. 243,826. 15,835,477. 9,629. 25,507,487. 7,303,756. 0. 1,121,421. 0. 791,235. 9,216,412. 16,291,075. ginning of Current Year 48,115,428.	Current Year 10,564,140. 310,940. 3,467,220. -9,341. 14,332,959. 6,897,406. 0. 1,467,073. 0. 1,148,955. 9,513,434. 4,819,525. End of Year 139,635,489.			

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	Signature of officer		Date					
Here	R. RANDALL ROYSTER, PRESI	DENT & CEO						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature Da	te Che	eck PTIN				
Paid	MARIA MATONTI		self	f-employed P01790899				
Preparer	Firm's name CARR, RIGGS & ING	RAM, LLC	Firm's Ell	N 72-1396621				
Use Only	Firm's address 2424 LOUISIANA BLY	VD NE, STE 300						
	ALBUQUERQUE, NM 8	7110	Phone no	<u>505.883.2727</u>				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2022)				

	990 (2022) ALBUQUERQUE COMMUNITY FOUNDATION	85-0295444	Page 2
Par	t III Statement of Program Service Accomplishments		X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		[A
•	TO ADMINISTER A PERMANENT COMMUNITY ENDOWMENT FROM WHIC:	H DISTRIBUTIO	NS
	ARE USED TO PROVIDE GRANTS TO NON-PROFIT ORGANIZATIONS		
	SOCIAL, CULTURAL, EDUCATIONAL, ECONOMIC & WORKFORCE DEV.		
	OF THE ALBUQUERQUE METRO AREA & OTHER GLOBAL OUTREACH O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 3,572,249. including grants of \$ 3,113,887.) (Rev		377.
	HEALTH CARE - GRANTS TO SUPPORT ACCESS TO QUALITY HEALT		
	INCLUDING MENTAL HEALTH AND DENTAL CARE, FOR UNINSURED,		
	AND MEDICALLY UNDERSERVED ADULTS, CHILDREN AND THE ELDE	RLY.	
	HUMAN SERVICES - GRANTS TO SUPPORT PROGRAMS PROVIDING D		NOF
	FOR VULNERABLE POPULATIONS INCLUDING AT-RISK CHILDREN/Y		
	PEOPLE IN TRANSITION OR WHO ARE HOMELESS TO BECOME SELF		
	NURTURING FAMILIES WITH AN EMPHASIS ON THE BASIC NEEDS		
	SHELTER.		
	198 DIFFERENT NON-PROFIT ORGANIZATIONS RECEIVED GRANTS	DURING THE YE	AR.
4b	(Code:) (Expenses \$1,513,076. including grants of \$1,318,931.) (Rev	enue \$ 59,	458.
	ARTS AND CULTURE GRANTS ARE GIVEN TO SUPPORT ARTS EDUCA		ATE
	THE STABILITY OF ARTS ORGANIZATIONS, TO ENCOURAGE THE P	RESERVATION O	F
	THE COMMUNITY'S CULTURAL HERITAGE AND TO RECOGNIZE ARTI	STIC	
	ACHIEVEMENT. 45 DIFFERENT NON-PROFIT ORGANIZATIONS REC.	EIVED GRANTS	
	DURING THE YEAR.		
4c	(Code:) (Expenses \$ 2,594,625. including grants of \$ 2,261,704.) (Rev	101.	959.
10	EDUCATIONAL GRANTS TO SUPPORT A WIDE RANGE OF ACTVITIES		
	CHILDHOOD THROUGH ADULT PROGRAMS INCLUDING SPECIAL EDUC.		
	VOCATIONAL AND CAREER TRAINING, AND CLASSROOM INNOVATIO		
	ENVIRONMENTAL AND HISTORIC PRESERVATION GRANTS FOCUS ON	THE	
	ENVIRONMENTAL AND AGRICULTURAL ECONOMY AND THE PRESERVA		RTC
	LANDMARKS, ATTRACTIONS, BUILDINGS, AND VENUE.		
	ECONOMIC AND WORKFORCE DEVELOPMENT GRANTS SUPPORT INTEN	TIONAL.	
	INVENTIVE EFFORTS TO ENSURE A STRONG LOCAL ECONOMY BY P.	•	AT.
	ECONOMIC, AND ENVIRONMENTAL GROWTH FOR ENTREPRENEURS AN		
	WORKFORCE		
4 d	Other program services (Describe on Schedule O.)		
чu	(Expenses \$ 232,748 · including grants of \$ 202,884 ·) (Revenue \$	9,146.)	
4e	Total program service expenses 7,912,698.	-,,	
TC		Form	990 (202)
32002	SEE SCHEDULE O FOR CONTINUATION(
52002		/	
11	—	OMMUNITY FOU	22-1
11	_	OMMUNITY FOU	22-12

Form 990 (2		ALBUQUERQUE	FOUNDATION
Part IV	Checklist of R	equired 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	Х	
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		<u> </u>
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>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
0	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,		- 11	
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	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	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			х
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
e f	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> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	_A	
	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			
124	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		 X
		20a 20b		- 23
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
232003	12-13-22			(2022)

232003 12-13-22

Form	990	(2022)
FUIII	330	120221

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a	х	
h	"Yes," complete Schedule L, Part IV	20a 28b	21	x
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C		200		x
00	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	A	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X 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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 54			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22			(2022)
	4			

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Form 990 (2022)	ALBUQUERQUE			
Part V Statements	Regarding Other IR	S Filings and Ta	ax 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	18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country <u>CAYMAN ISLANDS</u> , IRELAND					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	\mid	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b	┝──┤	<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	┝───┦	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	anization solicit	-		v
	any contributions that were not tax deductible as charitable contributions?			6a	├──┤	_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribution of the state of			0		
7	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the craspization receive a payment in excess of $$75$ mode partly as a contribution and partly for goods and call		rovidad to the pover?	7-	x	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uired	10		
C	to file Form 8282?	asreq		7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri-			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
•						
8						
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
U	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
		•	I	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		х
	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	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	6			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)

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Form	990	(2022)
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ALBUQUERQUE COMMUNITY FOUNDATION

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year	26 26 er 2	Yes	No
 1a Enter the number of voting members of the governing body at the end of the tax year	26 er 2 vision	Yes	No
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent	26 er 2 vision	Yes	No
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent	26 er 2 vision		
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 b Enter the number of voting members included on line 1a, above, who are independent	er 2 vision		
 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 	er 2 vision		
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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 			x
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		х	
			x
			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	·····		
more members of the governing body?	7a		x
 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 			
persons other than the governing body?			x
 B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the second s			
a The governing body?		Х	
 b Each committee with authority to act on behalf of the governing body? 		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			x
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliat			
and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form? 11a	Х	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13		Х	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		Х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
on Schedule O how this was done	12c	Х	
on Schedule O how this was done13 Did the organization have a written whistleblower policy?		Х	
13 Did the organization have a written whistleblower policy?	13 14	Х	
13 Did the organization have a written whistleblower policy?14 Did the organization have a written document retention and destruction policy?	13 14	X X	
 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the f	13 14	Х	
 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 	13 14 ent 15a	X X	x
 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 	13 14 ent 15a	X X	X
 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 	13 14 ent 15a	X X	
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 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participate 	13 14 ent 15a 15b	X X	
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 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed <u>NM , CA</u> 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section context of the states are the policy of the states of	13 14 15a 15b 15b 16a 16b	X X X	X
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 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization [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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participatin in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed <u>NM , CA</u> 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sect for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule) 	13 14 14 15a 15b 15b 16a 16a ition 16b	X X X availat	X
 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	13 14 14 15a 15b 15b 16a 16a ition 16b	X X X availat	X
 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed <u>NM , CA</u> 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sect for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other <i>(explain on Schedule</i>) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes statements available to the public during the tax year. 	13 14 14 14 15a 15b 15b 15b 16a 16b 16b </th <th>X X X availat</th> <th>X</th>	X X X availat	X
 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	13 14 14 14 15a 15b 15b 15b 16a 16b 170 180 </th <th>X X X availat</th> <th>X</th>	X X X availat	X

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Form **990** (2022)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of 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.

		l	πzα			iper	oald			(-)
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average	(do	not cl				one	Reportable	Reportable	Estimated
	hours per		, unles cer an					compensation	compensation	amount of
	week			uau		I		from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	36			ated		organization	(W-2/1099-MISC/	from the
	related	istee	truste		Ð	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ial tru	onal		ploye	e com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ABINASH ACHREKAR	1.00	_	_	0		1 2 8				
TRUSTEE		Х						0.	0.	0.
(2) EMILY ALLEN	2.00									
TRUSTEE		Х						0.	0.	0.
(3) TOM ANTRAM	1.00									
TRUSTEE		Х						0.	0.	0.
(4) BOB BOWMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(5) ARELLANA CORDERO	2.00									
TRUSTEE		Х						0.	0.	0.
(6) TOM DAULTON	2.00									
TRUSTEE		Х						0.	0.	0.
(7) MICHELLE DEARHOLT	2.00									
TRUSTEE		Х						0.	0.	0.
(8) PAUL DIPAOLA	1.00									
TRUSTEE		Х						0.	0.	0.
(9) SANJAY ENGINEER	1.00									
TRUSTEE		Х						0.	0.	0.
(10) DEBBIE HARMS	3.00									
TRUSTEE		Х						0.	0.	0.
(11) REBECCA HARRINGTON	2.00									
TRUSTEE		Х						0.	0.	0.
(12) PAM HURD-KNIEF	2.00									
TRUSTEE	1 00	Х						0.	0.	0.
(13) KENNETH LEACH	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(14) PAUL MONDRAGON	1.00									
TRUSTEE		Х						0.	0.	0.
(15) LINDA PARKER	1.00									
TRUSTEE		Х						0.	0.	0.
(16) ANNE SAPON	1.00									
TRUSTEE		Х						0.	0.	0.
(17) CHARLOTTE SCHOENMANN	2.00									
TRUSTEE		Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t Co	ompensated Employee	s (continued)			
(A)	(A) (B) (C) Name and title Average Position								(E)		(F)	
Name and title	Average	(do	not cl				one	Reportable	Reportable	E	Estimate	ed
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	a	of	
	week		cer an	a a a	Irecto	r/trus	tee)	from	from related		other	
	(list any	Individual trustee or director						the	organizations		mpensa	
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC/		from th	
	related	stee	ruste			pense		(W-2/1099-MISC/	1099-NEC)		ganizat	
	organizations	al tru	onal t		loyee	com l		1099-NEC)			nd relat	
	below	ividu	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			orç	ganizati	ions
	line)	Ind	Inst	Offi	Key	Em	For			<u> </u>		
(18) WALTER STERN	2.00											
TRUSTEE		Х						0.	0	•		0.
(19) BECKY TEAGUE	1.00											
TRUSTEE		Х						0.	0			Ο.
(20) SARA TRAUB	1.00											
TRUSTEE		х						0.	0			Ο.
(21) ESTHER VILLAS WINGFIELD	1.00								•			
TRUSTEE	1.00	x						0.	0			0.
	1 00	Λ						0.	0	•		0.
(22) LORI WALDON	1.00											-
TRUSTEE		Х						0.	0	•		0.
(1) BEVERLY BENDICKSEN	3.00											
CHAIR		Х		Х				0.	0	•		Ο.
(2) MARCUS MIMS	3.00											
CHAIR ELECT & TREASURER		х		х				0.	0			Ο.
(3) STEVE MAESTAS	3.00									+		
IMMEDIATE PAST CHAIR		х		х				0.	0			0.
(4) JOSE VIRAMONTES	3.00	Δ		Δ				0.	0	• 		
	3.00			37				0	0			0
SECRETARY		Х		Х				0.	0	_		0.
1b Subtotal								0.	0	_		0.
c Total from continuation sheets to Part V	I, Section A							591,050.	0		<u>51,1</u>	
d Total (add lines 1b and 1c)								591,050.	0	. 6	51,1	57.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization												4
										,	Yes	No
3 Did the organization list any former officer	director trust	oo k		mnl		e or	hia	hest compensated empl	ovee on			
c ,				•	•		Ŭ			3		x
line 1a? If "Yes," complete Schedule J for s										3		
4 For any individual listed on line 1a, is the su											v	-
and related organizations greater than \$15	,		'							4	X	-
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," con	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 co	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compension	sation f	rom	
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg w	rith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)		((C)	
Name and business	address							Description of s	ervices		ensatio	n
RVK INC, 1211 SW 5TH AVEN	IUE. SUI	ΤE	9	00			-	INVESTMENT				
PORTLAND, OR 97204	,		-		'			CONSULTING SI	RVICES	12	24,0	86.
							Ť	conbolling b			14,0	<u></u>
							_					
							Τ					
2 Total number of independent contractors (i	ncluding but p	ot lin	nited	1 to 1	thos	se lie	ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	•	. III		0	1	,						
SEE PART VII, SECTION		TN	יעדד	ͲΤ		- 	чъ	ድጥፍ			990 ((2022)
SEE TART VII, SECTION	A CONT	Τ1/	JA	т т,	014	Ъ.		010		Form	1000 (2022)

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Form 990ALBUQUER(QUE COMM	IUN	TI	Y	FO	UN	DA	TION	85-029	5444
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee			lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours						ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(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 com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) R. RANDALL ROYSTER PRESIDENT & CEO	49.00 6.00			х				256,615.	0.	28,511.
(28) MARISA MAGALLANEZ VP STRATEGY & EQUITY	45.00 10.00			x				109,137.	0.	10,488.
(29) NICHOLAS WILLIAMS CFO	49.00			x				122,119.	0.	11,661.
(30) JUAQUIN MOYA VP PHILANTHROPIC ADVISING	40.00			x				103,179.	0.	10,497.
		-		A				105,175.	0.	10,497.
		-								
		-								
Total to Part VII, Section A, line 1c	I	L			L			591,050.		61,157.

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Ра	rt V	/111									
			Check if Schedule O o	contai	ns a respo	onse	or note to any line	<u>e in this Part VIII</u> (A)	(B)	(C)	[D]
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
s in	1	2	Federated campaigns		1a						
anta	'										
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events				318,874.				
fts,			–								
, Gi			Government grants (contr								
Sin			All other contributions, gifts,								
her		•	similar amounts not included	-			10,245,266.				
<u>e</u> tri GE		a	Noncash contributions included in			\$	2,033,719.				
		9 h						10,564,140.			
0.0							Business Code	, , -			
¢)	2	а	ADMINISTRATIVE FEES				523000	310,940.	310,940.		
vice	2	b						, , · ·			
Ser		c									
E S		d									
Program Service Revenue		e									
Pro			All other program service	reven	ue						
			Total. Add lines 2a-2f					310,940.			
	3		Investment income (includ								
			•	•	-		·	2,705,259.			2705259.
	4		Income from investment of								
	5		Royalties								
					(i) Rea		(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) Securi	ties	(ii) Other				
			assets other than inventory	7a	12,193,	661.					
		b	Less: cost or other basis								
ne			and sales expenses	7b	11,431,						
Revenue		с	Gain or (loss)	7c	761,	961.					
Be		d	Net gain or (loss)			··· <u>····</u>		761,961.			761,961.
her	8	а	Gross income from fundraising								
otř			including \$	318,8	⁸⁷⁴ . of						
			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses			8b	269,636.				
			Net income or (loss) from		-			-9,341.			-9,341.
	9	а	Gross income from gamin								
			Part IV, line 19								
			Net income or (loss) from	0	0	s					
	10	а	Gross sales of inventory, I								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sales	of invento	ory					
s							Business Code				
eor	11										
lan.		b									
Miscellaneous Revenue		с									
Nis			All other revenue								
			Total. Add lines 11a-11d					14 222 050	210 040	0.	2457970
	12		Total revenue. See instruction	ons .				14,332,959.	310,940.	U.	3457879.
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ALBUQUERQUE COMMUNITY FOUNDATION

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ALBUQUERQUE COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

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

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			ipiele column (A).	
Dou	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	6,694,522.	6,694,522.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	202,884.	202,884.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	652,207.	293,101.	261,039.	98,067.
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	671,086.	303,839.	265,819.	101,428.
8	Pension plan accruals and contributions (include	,	,		
Ū	section 401(k) and 403(b) employer contributions)	19,872.	8,357.	8,039.	3.476.
9	Other employee benefits	35,349.	18,399.	13,056.	3,476. 3,894.
10	Payroll taxes	88,559.	38,014.	36,788.	13,757.
11	Fees for services (nonemployees):				1071011
a b	F	15,325.		15,325.	
		44,719.		44,719.	
с С	Accounting	==,/=)•			
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	295,160.		295,160.	
		255,100.		255,100.	
g	column (A), amount, list line 11g expenses on Sch 0.)	78,275.	24,805.	45,222.	8,248.
12	Advertising and promotion	10,215.	24,005.		0,240.
12		156,037.	69,396.	70,976.	15,665.
13	Office expenses	135,848.	61,519.	53,872.	20,457.
	Information technology	155,040.	01,515.	55,0721	20,457.
15	Royalties	58,074.	26,299.	23,030.	8,745.
16 17		45,198.	19,452.	18,660.	7,086.
17	Travel Payments of travel or entertainment expenses	45,150.	17,4520	10,000.	7,000.
18	,				
10	for any federal, state, or local public officials	18,403.		18,403.	
19 20	Conferences, conventions, and meetings	10,403.		10,403.	
20					
21 22	Payments to affiliates Depreciation, depletion, and amortization	65,130.	29,494.	25,828.	9,808.
22 23		53,787.	27,373.	53,787.	5,000.
	Other expenses. Itemize expenses not covered	55,101.		55,101.	
24	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.)	1 / 7 7 7 7	104 602	11 442	21 (71
a	DONOR RELATIONS	147,717.	104,603.	11,443.	31,671.
b	TRAINING & DEVELOPMENT	18,511.	7,381.	8,067.	3,063.
C	MEMBERSHIP DUES & FEES	16,771.	10,633.	3,211.	2,927.
d	<u></u>				
	All other expenses	9,513,434.	7,912,698.	1,272,444.	328,292.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	J,JIJ,434.	1,914,090.	1,4/4,444•	540,494.
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)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022)

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ı a		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,712,630.	1	2,513,239.
	2	Savings and temporary cash investments			3,210,928.	2	2,441,785.
	3	Pledges and grants receivable, net			1,224,633.	3	1,601,122.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or t					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifie				_	
		under section 4958(f)(1)), and persons described				6	
ß	7	Notes and loans receivable, net			188,743.	7	190,401.
Assets	8	Inventories for sale or use				8	
As	9	S			11,755.	9	36,245.
		Land, buildings, and equipment: cost or other	I		,		
		basis. Complete Part VI of Schedule D	10a	2,657,883.			
	ь	Less: accumulated depreciation	10b	908,081.	1,811,814.	10c	1,749,802.
	11	Investments - publicly traded securities	100	· · · · · · · · · · · · · · · · · · ·	65,790,519.	11	50,910,561.
	12	Investments - other securities. See Part IV, line 11			68,599,836.	12	77,367,234.
	13	Investments - program-related. See Part IV, line 1				13	
	14					14	
	15	Intangible assets Other assets. See Part IV, line 11			3,564,570.	15	2,825,100.
	16	Total assets. Add lines 1 through 15 (must equa			148,115,428.	16	139,635,489.
	17	Accounts payable and accrued expenses			17,671.	17	451,205.
	18	Grants payable			1,238,558.	18	19,250.
	19	Deferred revenue			1,100,0000	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
	22	Loans and other payables to any current or forme				21	
Liabilities		trustee, key employee, creator or founder, substa					
bili		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay				27	
	20	parties, and other liabilities not included on lines					
		of Schedule D	-		25,029,319.	25	23,610,119.
	26	Total liabilities. Add lines 17 through 25			26,285,548.	26	24,080,574.
	20	Organizations that follow FASB ASC 958, chec	k here	X		20	
es		and complete lines 27, 28, 32, and 33.		, [<u></u>]			
Ŭ	27				58,556,200.	27	62,279,831.
3ala	28				63,273,680.	28	53,275,084.
μ		Organizations that do not follow FASB ASC 95					
Τu		and complete lines 29 through 33.	0, 0110				
P	29					29	
ets	30	Paid-in or capital surplus, or land, building, or equ		at fund		30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			121,829,880.	32	115,554,915.
Ź					148,115,428.	32 33	139,635,489.
	33	Total liabilities and net assets/fund balances			1 1 1 0 , 1 1 0 , 4 2 0 0	১৩	<u>990</u>

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Form	ALBUQUERQUE COMMUNITY FOUNDATION	85-	02954	44	Pag	_{ge} 12
Pa	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	14,			
2	Total expenses (must equal Part IX, column (A), line 25)	2				34.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,	<u>819</u>	, 52	25.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	121,	<u>829</u>	, 88	80.
5	Net unrealized gains (losses) on investments	5	-11,	024	,10	68.
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		-70	, 32	22.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
_	column (B))	10	115,	554	, 91	15.
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		- 1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		······ –	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis 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			-		
	review, or compilation of its financial statements and selection of an independent accountant?		······	2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v	
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		······ ⊢	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				~	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		<u> </u>

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(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. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Т

Name of the organization	
--------------------------	--

Nam	ie of 1	ne organization							identification num	iber
				MMUNITY FOUN					5-0295444	
Pa	rt I	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	on 170(b)(1)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170)(b)(1)(A)(ii	i).			
4	\square	A medical research organiza						(iii). Enter	the hospital's name	э,
		city, and state:	·						·	
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed bv a do	vernmental u	nit describe	ed in	
-		section 170(b)(1)(A)(iv). (C		5		, ,				
6		A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v)			
7	\square	An organization that normal	•				. ,	ne neneral r	oublic described in	
'		section 170(b)(1)(A)(vi). (Co	•		onna gove			ie general j		
8	X	A community trust describe		1)(A)(vi) (Complete Par	ылу					
9		An agricultural research org				od in coniu	nction with a	land grant	collogo	
9		or university or a non-land-g				-		-	-	
		, ,	rant college of agrici			name, city	, and state of	the college	: 01	
40		university:								
10		An organization that normal	• • • •					-	•	
		activities related to its exem		-					-	
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquii	rea by the org	anization a	iπer June 30, 1975.	
		See section 509(a)(2). (Cor								
11		An organization organized a	-	•	•					
12		An organization organized a	-	-	-			•		
		more publicly supported org	-						Check the box on	
		lines 12a through 12d that o	•••			-		-		
а		Type I. A supporting orga	-	-	• • • •	-				
		the supported organization			majority c	of the direc	tors or trustee	es of the su	ipporting	
		organization. You must c	-							
b		Type II. A supporting orga	-				-		-	
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte						ly integrate	ed with,	
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)	
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	reness	
		_ requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V .			
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Туре I, Туре	I, Type III		
		functionally integrated, or	Type III non-functior	nally integrated supportion	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information			(iv) is the ora:	anization listed				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of support (see ir	-	(vi) Amount of othe	
		organization		above (see instructions))	Yes	No	support (see if	istructions)	support (see instructi	ons)
Tota										

Schedule A (Form 990) 2022

Part II

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.)

Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 6441659. 7271553. 10900014. 9418555. 10564140. 445 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 6441659. 7271553. 10900014. 9418555. 10564140. 445 3 The value of services or facilities furnished by a governmental unit to the organization without charge Image: Colema (Colema (Cole	(f) Total
membership fees received. (Do not include any "unusual grants.") 6441659.7271553.10900014.9418555.10564140.445 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 6441659.7271553.10900014.9418555.10564140.445 3 The value of services or facilities furnished by a governmental unit to 6441659.7271553.10900014.9418555.10564140.445	95921.
include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to	95921.
2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	95921.
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	
or expended on its behalf	
3 The value of services or facilities furnished by a governmental unit to	
furnished by a governmental unit to	
the organization without charge	
4 Total. Add lines 1 through 3 6441659. 7271553. 10900014. 9418555. 10564140. 445	95921.
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) 78	69893.
	26028.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	(f) Total
7 Amounts from line 4 6441659. 7271553.10900014. 9418555.10564140.445	
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
	57944.
9 Net income from unrelated business	
activities, whether or not the	
	27,057.
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10 540	80922.
	6,770.
 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
	.91 %
	62 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	V
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or mo	
and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization	
meets the facts and circumstances test. The organization gualifies as a publicly supported organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% of	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% of	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	or
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% of	or

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	? (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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	ization,
check this box and stop here						
Section C. Computation of Publ		•				
15 Public support percentage for 2022		,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve						
17 Investment income percentage for 2			ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						ine 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizati	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		·····
232023 12-09-22		16			Sched	lule A (Form 990) 2022
		T 0				

ALBUQUERQUE COMMUNITY FOUNDATION

Yes No

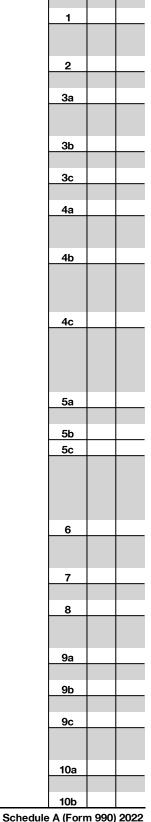
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

232024 12-09-22



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Schedule A (Form 990) 2022 ALBUQUERQUE COMMUNITY FOUNDATION Part IV Supporting Organizations (continued)

1

га	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.		
Sec	ction B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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>		
	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.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sec	ction C. Type II Supporting Organizations		
		Yes	No

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 III Supporting Organizations
--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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 organization used to satisfy the Integral Part Test during the year	 (see instruction 	s).
•	Check the box hext to the method that the organization used to satisfy the integral Fait rest during the year	(000 1100 0000	

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3
--

c 🗌	The organization supported a governmental entity	. Describe in Part VI how you supported a governmental entity (see instructions).	
-----	--	---	--

18

- 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.* 232025 12-09-22 2a ______ 2b _____ 3a _____ 3b _____

Yes No

Schedule A (Form 990) 2022

12371120 794202 22-12741.000

Schedule A (F	orm 990) 2022
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ALBUQUERQUE COMMUNITY FOUNDATION

Ра	rt v Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
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				
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	a Average monthly value of securities					
b	Average monthly cash balances	1b				
C	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
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				
Section C - Distributable Amount				Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				

7 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) 2022

232026 12-09-22

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Da	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (contin	
га	rt V Type III Non-Functionally integrated 509(a)(3) Supporting Organizations (contin	<u>nuea)</u>
Sect	ion D - Distributions	
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported	
	organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3

ALBUQUERQUE COMMUNITY FOUNDATION

1

2 3 **Current Year**

Schedule A (Form 990) 2022

4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j

Schedule A (Form 990) 2022

7

8

9

Schedule A	(Form 990) 2022	ALBUQUERQ	JE COMMU	JNITY	FOUNDATIO	ON	85-0295444 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Provide th , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV	ne explanations a, 6, 9a, 9b, 9c /, Section E, lin	s required , 11a, 11b les 1c, 2a,	by Part II, line 10; , and 11c; Part IV, 2b, 3a, and 3b; P	Part II, line 17a or , Section B, lines 1 art V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
232028 12-09-2	2			21			Schedule A (Form 990) 202

223451 11-15-22

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

2022

Employer identification number

	ALBUQUERQUE COMMUNITY FOUNDATION	85-029544
Organization type (chee	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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 for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

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) (2022)

ALBUQUERQUE COMMUNITY FOUNDATION

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

(b)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>500,000.</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
2		\$ <u>345,000.</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
3		\$ <u>405,000.</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
4_		\$ <u>220,000.</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
5		\$ <u>235,000.</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
6		\$ <u>306,990.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
223452 11-15	24		Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

Employer identification number

(d)

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12371120 794202 22-12741.000

85-0295444

(c)

Part I

(a)

223452 11-15-22

12371120 794202 22-12741.000

ALBUQUERQUE COMMUNITY FOUNDATION

No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person Payroll 397,097. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 8 Person Payroll 1,704,948. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 Person Payroll 772,230. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

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

(b)

10		\$ <u>1,901,000.</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
11		\$982,942.	Person X Payroll Noncash X (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.)

Employer identification number

(d)

(d)

(d)

(d)

Schedule B (Form 990) (2022)

X

X

X

Page 2

85-0295444

(c)

from Part I	Description of noncash property given		(See instructions.)	Date received
	1,135 SHARES IN AMANA GROWTH FUND, 2,379 SHARES IN			
6	OAKMARK EQUITY AND INCOME FUND			
		\$_	305,830.	02/07/22
(a)			(c)	
No.	(b)		FMV (or estimate)	(d)
from Part I	Description of noncash property given		(See instructions.)	Date received
	6,051 SHARES OF MATADOR RES CO			
7				
		\$	397,097.	12/01/22
		· -	· · · ·	
(a)				
No.	(b)		(c) FMV (or estimate)	(d)
from	Description of noncash property given		(See instructions.)	Date received
Part I				
11	900 SHRS BERSHIRE HATHAWAY INC, 800 SHRS APPLE INC, 8,481 SHRS PIMCO INCOME FUND			
<u> </u>				
		\$	926,551.	10/06/22
		Ψ-	52075511	
(a)				
No.	(b)		(c)	(d)
from	Description of noncash property given		FMV (or estimate) (See instructions.)	Date received
Part I				
		_		
		\$_		
(a)				
No.	(b)		(c)	(d)
from	Description of noncash property given		FMV (or estimate) (See instructions.)	Date received
Part I				
		\$_		
(a)				
No.	(b)		(c)	(d)
from	Description of noncash property given		FMV (or estimate)	Date received
Part I			(See instructions.)	
	1	\$		

ALBUQUERQUE COMMUNITY FOUNDATION

Schedule B (Form 990) (2022) Name of organization

(a)

No.

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

(b)

2022.05000 ALBUQUERQUE COMMUNITY FOU 22-12741

Employer identification number

85-0295444

(d)

(c)

FMV (or estimate)

Schedule	B (Form 990) (2022)		Page 4			
Name of c	organization		Employer identification number			
ALBUO	UERQUE COMMUNITY FOUNDA	TON	85-0295444			
Part III	Exclusively religious, charitable, etc., contributin from any one contributor. Complete columns (a)	ons to organizations described in sec through (e) and the following line entry	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year /. For organizations			
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) \$			
(a) No. from			(a) Decembra of how with it hold			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			— ———			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
<u> </u>						
	(e) Transfer of gift					
			Deletionship of transferry to transferre			
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
		[
223454 11-1	5-22		Schedule B (Form 990) (2022)			

²⁷ 2022.05000 ALBUQUERQUE COMMUNITY FOU 22-12741

Department of the Treasury

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.



 $\begin{array}{c} \text{Employer identification number} \\ 85-0295444 \end{array}$

Internal Revenue Service Name of the organization

12371120 794202 22-12741.000

ALBUQUERQUE COMMUNITY FOUNDATION

Par	organization answered "Yes" on Form 990, Part IV, line		CCOUNTS. Complete if the
			(b) Funds and other accounts
1	Total number at end of year	129	17
2	Aggregate value of contributions to (during year)	5,167,121.	183,552.
3	Aggregate value of grants from (during year)	2,848,831.	110,400.
4	Aggregate value at end of year	46,916,937.	1,383,447.
5	Did the organization inform all donors and donor advisors in w		
	are the organization's property, subject to the organization's e	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be used o	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose confer	ring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Part IV	', line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education)	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			2b
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired at		
•	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the organ	lization during the tax
	year		
	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the perior violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
U			on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation ea	esements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statements th	at describes the
	organization's accounting for conservation easements.		
Par			Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publ		nce of public
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheranc	e of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
~			
	If the organization received or held works of art, historical trea		provide
	the following amounts required to be reported under FASB AS	-	•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	101 FULIT 390.	Schedule D (Form 990) 2022
:32051	09-01-22	28	

		RQUE COMMUN							Page 2
Par								(contin	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that ma	ke signi	ificant u	ise of its		
	collection items (check all that apply):								
а	Public exhibition	d		change program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	-	-	-	-		se in Part	XIII.	
5	During the year, did the organization solicit o		,	,				-	
Dec	to be sold to raise funds rather than to be ma							Yes	X No
Pai	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes	" on Fo	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi							7	
	on Form 990, Part X?						∟	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					A	
								Amount	
	Beginning balance								
	Additions during the year					1d			
e	Distributions during the year					1e			
T Oo	Ending balance							Yes	
	Did the organization include an amount on Fe If "Yes," explain the arrangement in Part XIII.				-	·	······ L	lites	No
Par									
		(a) Current year	(b) Prior year	(c) Two years ba) Three v	ears back	(e) Four	years back
10	Beginning of year balance	121,717,964.	98,076,732				58,700.		531,828.
h	Contributions	17,247,691.	11,816,050			,	74,545.		130,756.
с С	Net investment earnings, gains, and losses	-6,971,034.	18,058,635				96,797.	,	409,089.
	Grants or scholarships	14,636,255.	4,903,072			,	,	/	
	Other expenditures for facilities	,,	-,,						
e		929,881.	1,330,381	1,145,69	90.	6	94,443.	1	684,795.
f	Administrative expenses		_,,	86,84			-,	-,	
g		116,428,485.	121,717,964			85 64	45,599.	69	568,700.
2	End of year balance Provide the estimated percentage of the curr					/	,		
- a	Board designated or quasi-endowment	50.9000	%						
b	Permanent endowment	%	_,,,						
c	10 1000	/°							
•	The percentages on lines 2a, 2b, and 2c sho	, -							
3a	Are there endowment funds not in the posse		tion that are held a	and administered f	or the				
	organization by:							Г	Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990, Pa	rt X, line	e 10.			
	Description of property	(a) Cost or of basis (investm	• • •	st or other (s (other)		umulate ciation	d	(d) Book	value
19	Land								
	LandBuildings		2.4	38,095.	78	6,74	17.	1.651	,348.
	Leasehold improvements				, 0			_,	,
	Equipment		1 :	37,620.	8	9,16	56.	9.6	3,454.
	Other			32,168.		52,16			0.
	. Add lines 1a through 1e. (Column (d) must e						1	1.749	,802.
Tota	i Add mids fa through fe. (Column (u) Must e	<u>qual FUIII 990, Part /</u>	<u>, columni (B), line</u>	100.)			····· I	_ , ,	,

Schedule D (Form 990) 2022

232052 09-01-22

Schedule D (Form 990) 2022 ALBUQUERQUE COMMUNI	TY 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	14,433,341.	END-OF-YEAR MARKET VALUE
(B) MULTI STRATEGY FUNDS	18,986,651.	END-OF-YEAR MARKET VALUE
(C) REAL ASSETS	29,610,910.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	14,066,331.	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.)	77,367,234.	

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)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CHARITABLE REMAINDER TRUSTS	2,171,836.
(3)	LIABILITY FOR ASSETS HELD FOR	
(4)	COMMUNITY ORGANIZATIONS	21,438,283.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	23,610,119.

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) 2022

232053 09-01-22

	edule D (Form 990) 2022 ALBUQUERQUE COMMUNT TY FOUNDA		0295444	Page 4			
Pa	rt XI Reconciliation of Revenue per Audited Financial Statement	s Wit	th Reve	enue per	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements				. 1	13,171	,423.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					-	
а	Net unrealized gains (losses) on investments	2a	-11,3	34,71	7.	-	
b	Donated services and use of facilities	2b				-	
с	Recoveries of prior year grants	2c				-	
d	Other (Describe in Part XIII.)	2d	10,4	459,459	9.		
е	Add lines 2a through 2d				. 2e		,258.
3	Subtract line 2e from line 1				. 3	14,026	,681.
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	···	306,278	3.	-	
b	Other (Describe in Part XIII.)	4b				-	
					4c	306	,278.
C	Add lines 4a and 4b				- 10		
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)				. 5	14,332	,959.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statemen				. 5		,959.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)				. 5	'n.	-
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen	ts W	ith Exp	enses pe	5 Fr Retur		-
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ts W	ith Exp	enses pe	5 Fr Retur	'n.	-
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen 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:	ts W	ith Exp	enses pe	5 Fr Retur	'n.	-
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen 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:	ts W	ith Exp	enses pe	5 Fr Retur	'n.	-
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen 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	ts W 2a	ith Exp	enses pe		'n.	-
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen 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	ts W 2a 2b	ith Exp	enses pe		n.	,216.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen 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.)	ts W 2a 2b 2c 2d	ith Exp	enses pe		n.	-
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statemen 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 losses in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ith Exp	enses pe	5 r Retur	n. 18,922 9,715	,216.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen 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.)	2a 2b 2c 2d	ith Exp	enses pe	5 r Retur	n. 18,922 9,715	<u>,216.</u>
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen 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:	2a 2b 2c 2d	9,5	enses pe		n. 18,922 9,715	<u>,216.</u>
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen 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 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	2a 2b 2c 2d	9,5	enses pe		n. 18,922 9,715 9,207	<u>,216.</u> ,060. ,156.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen 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:	2a 2b 2c 2d 4a 4b	ith Exp	enses pe	5 r Retur	n. 18,922 9,715 9,207 306	,216. ,060. ,156.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen 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.)	2a 2b 2c 2d 4a 4b	ith Exp	enses pe		n. 18,922 9,715 9,207 306	<u>,216.</u> ,060. ,156.

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 UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH

UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FASB ASC 740, INCOME

TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED

IN THE 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.

232054 09-01-22

12371120 794202 22-12741.000

31 2 05000 ALBIIOU

Schedule D			ALBUQUERQU	MUNITY	FOUNDATION	1
Part XIII	Suppler	mental Inforr	nation (continued)			

AS OF DECEMBER 31, 2022 AND 2021, 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	-70,322.
RELATED ORGANIZATION'S REVENUE	10,280,145.
SPECIAL EVENTS DIRECT EXPENSES	269,636.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	10,479,459.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RELATED ORGANIZATION'S EXPENSES	9,445,424.
SPECIAL EVENTS DIRECT EXPENSES	269,636.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	9,715,060.

Schedule D (Form 990) 2022

232055 09-01-22

ALBUQUERQUE COM					85-029544	
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	nization answered "	Yes" on
Form 990, Part IV						
			ds to substantiate the amount of its gran			
the grantees' eligibility for	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis		Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and ot	her assistance outs	ide the
	he following Part	I, line 3 table ca	an be duplicated if additional space is ne	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type e(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA,	0	0	TNYECOMENDO			E41 970
ARUBA, BAHAMAS, EUROPE (INCLUDING	0	0	INVESTMENTS			541,870.
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,						
AUSTRIA, BELGIUM	0	0	INVESTMENTS			6,156,764.
3 a Subtotal b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) LHA For Paperwork Reduct	0 0 0	0 0 0 see the Instruct	tions for Form 990.		Schedule F	6,698,634. 0. 6,698,634. (Form 990) 2022

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

232071 10-17-22

Statement of Activities Outside the United States

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

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

Open to Public Inspection Employer identification number

OMB No. 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule F (Form 990) 2022

ALBUQUERQUE COMMUNITY FOUNDATION

85-0295444

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)
			l ecognized as charities by the t			1	1	ı
			or counsel has provided a sect					
3 Enter total number of	other organizations of	or entities				<u></u>		

ALBUQUERQUE COMMUNITY FOUNDATION Schedule F (Form 990) 2022

85-0295444

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

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022	ALBUQUERQUE	COMMUNITY	FOUNDATION
Part IV Foreign For	ms		

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 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? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5		Yes	X No
5	Fund (see Instructions for Form 8621)		X No
5	Fund (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"	Yes Yes	X No
5	Fund (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	<i>Fund</i> (see Instructions for Form 8621) 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</i> <i>Foreign Partnerships</i> (see Instructions for Form 8865)		
	Fund (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If		

Schedule F (Form 990) 2022

85-0295444 Page 5

Schedule F	(Form 990) 2022	ALBUQUERQUE	COMMUNITY	FOUNDATION
Part V	Supplemental	Information		

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

232075 10-17-22		Schedule F (Form 990) 2022
	37	

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)	Complete if the	or if the	2022					
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ.Open to PublicGo to www.irs.gov/Form990 for instructions and the latest information.Inspection							
Name of the organization		o www.irs.gov/Form990 for instruc	tions	and tr	ie latest mormation	n.	Employer i	identification number
	ALBUQUE	RQUE COMMUNITY FOU	NDA	ri Oi	1		85-029	95444
	complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990	EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		ו 🗌	/es No be
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c or cor	(iii) Did fundraiser have custody or control of contributions?		fundraiser to (or retained		y) to (or retained by)
			Yes	No				
Total		1						
	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

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

			(a) Event #1 CONCOURS DU SOLEIL	(b) Event #2 ANNUAL MEETING	(c) Other events NONE	(d) Total events (add col. (a) through	
			(event type)	(event type)	(total number)	col. (c))	
ופעפווחפ	1	Gross receipts	342,397.	236,772.		579,169	
	2	Less: Contributions	82,102.	236,772.		318,874	
	3	Gross income (line 1 minus line 2)	260,295.			260,295	
	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
חוו בתר באחבו ואבא	7	Food and beverages	36,971.			36,971	
5	8	Entertainment					
	9	Other direct expenses		48,910.		232,665	
	10	Direct expense summary. Add lines 4 through				269,636	
	11					-9,341	
	1	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d	
	2	Cash prizes					
חוובתו דעהמווזמי	3	Noncash prizes					
	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes % No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
	Ent	er the state(s) in which the organization condu	icte aamina activitiee.				
а	ls t	ter the state(s) in which the organization conduct the organization licensed to conduct gaming ac	ctivities in each of these			Yes N	
а	ls t		ctivities in each of these			Yes N	
a b a	Is t If "	he organization licensed to conduct gaming ad	ctivities in each of these	erminated during the tax ye			
a b a	Is t If "	he organization licensed to conduct gaming ac No," explain:	ctivities in each of these	erminated during the tax ye			

Schedule G (Form 990) 2022	ALBUQUERQUE	COMMUNITY	FOUNDATION	85-0	295444	Page 3
11 Does the organization conduct	gaming activities with nonn	nembers?			Yes	No
12 Is the organization a grantor, be						
to administer charitable gaming	J?				Yes	No
13 Indicate the percentage of gam	ing activity conducted in:					
a The organization's facility					13a	%
b An outside facility					13b	%
14 Enter the name and address of	the person who prepares the	ne organization's ga	ming/special events book	s and records:		
Name						
Address						
15a Does the organization have a c	ontract with a third party fro	om whom the organi	zation receives gaming re	venue?	🗌 Yes	🗌 No
b If "Yes," enter the amount of ga			\$	and the amount		
of gaming revenue retained by						
c If "Yes," enter name and addres	ss of the third party:					
Nama						
Name						
Address						
16 Gaming manager information:						
Name						
Coming monogor componentia	n ¢					
Gaming manager compensation	n \$	_				
Description of services provide	d					
Director/officer	Employee		ent contractor			
<u> </u>						
17 Mandatory distributions:		- In the set of the set of the set of the				
a Is the organization required und	_				Vac	🗌 No
retain the state gaming license' b Enter the amount of distributior			other exempt organization		└── Yes	
organization's own exempt acti	•	\$	other exempt organization	is or spent in the		
	ormation. Provide the ex		by Part I, line 2b, column	s (iii) and (v); and Par	rt III, lines 9, 9	9b, 10b,
	as applicable. Also provide					
232003 10 27 22				Cohod	ule G (Form	9901 2022
232083 10-27-22		40		Sched		5507 2022

Schedule G	(Form	990)
	-		

Part IV	Supplemental Inform	ation (continued)		
				Schedule G (Form 990)
232084 04-01-	-22			

12371120 794202 22-12741.000

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury	•	-	Attach to Form	990.			Open to Public		
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection		
Name of the organization ALBUQUERQ	UE COMMUN	ITY FOUNDAT	ION				Employer identification number 85-0295444		
Part I General Information on Grants a	nd Assistance								
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	tance?								
Part II Grants and Other Assistance to recipient that received more than \$	•				anization answered "Y	es" on Form 990, Parl	t 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		
516 ARTS PO BOX 4570 ALBUQUERQUE, NM 87196	20-8540744	501(C)(3)	80,500.	0.			DONOR ADVISED DISTRIBUTION		
A PRECIOUS CHILD 7051 W. 118TH AVE BROOMFIELD, CO 80020	26-3349334	501(C)(3)	3,000.	0.			DONOR ADVISED DISTRIBUTION		
AARP FOUNDATION 601 E STREET NW WASHINGTON, DC 20049	52-0794300	501(C)(3)	9,034.	0.			2022 SPENDABLE GRANTS		
ABQ CORO LUX 931 CAMINO RANCHITOS NW ALBUQUERQUE, NM 87114	47-5561266	501(C)(3)	500.	0.			DONOR ADVISED DISTRIBUTION		
ABRAZOS FAMILY SUPPORT SERVICES PO BOX 788 BERNALILLO, NM 87004	85-0265449	501(C)(3)	6,500.	0.			SANDIA FOUNDATION GRANT PROGRAM		
ACLU OF NEW MEXICO FOUNDATION PO BOX 566 ALBUQUERQUE, NM 87103	85-0275276	501(C)(3)	11,300.	0.			DONOR ADVISED DISTRIBUTION		
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations 			e line 1 table				422.		

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

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0.0	-0293444	Pade I

		ITY FOUNDAT					35-0295444 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.) T	
(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
ADVOCATES FOR THE WEST, INC							
PO BOX 1612							DONOR ADVISED
BOISE, ID 83701	06-1654062	501(C)(3)	5,000.	0.			DISTRIBUTION
AFRICAN AMERICAN GREATER							
ALBUQUERQUE CHAMBER OF COMMERCE -							
3150 CARLISLE BLVD NE, SUITE 111 -							
ALBUQUERQUE, NM 87114	83-2191054	501(C)(3)	7,000.	0.			2022 SPENDABLE GRANTS
· · · ·							
AFRICAN WILDLIFE FOUNDATION							
1100 NEW JERSEY AVE SE							
WASHINGTON, DC 20003	52-0781390	501(C)(3)	400.	0.			DONOR-ADVISED PASSTHROUGH
ALBUQUERQUE ACADEMY							L
6400 WYOMING BLVD. NE	05 0100165	501 (() ())	01 530	0			DONOR ADVISED
ALBUQUERQUE, NM 87109	85-0129165	501(C)(3)	21,539.	0.			DISTRIBUTION
ALBUQUERQUE ADULT LEARNING CENTER,							
INC 239 ELM STREET NW -							
ALBUQUERQUE, NM 87102	27-1859295	501(C)(3)	8,000.	0.			2022 SPENDABLE GRANTS
ALBUQUERQUE CENTER FOR PEACE &							
JUSTICE - 202 HARVARD SE -							DONOR ADVISED
ALBUQUERQUE, NM 87106	85-0307612	501(C)(3)	250.	0.			DISTRIBUTION
ALBUQUERQUE CHAMBER SOLOISTS, INC.							
PO BOX 92184							DONOR ADVISED
ALBUQUERQUE, NM 87199	85-0463643	501(C)(3)	3,500.	0.			DISTRIBUTION
AL DUQUEDQUE GENERAL COLON. COLLEGY							
ALBUQUERQUE GENEALOGICAL SOCIETY 12112 MANITOBA NE							
ALBUQUERQUE, NM 87111	85-0368953	501(C)(3)	2,554.	0.			AGENCY DISTRIBUTION
	05 0500555	501(0)(5)	2,334.	0.			NORACI DIDIKIDUIION
ALBUQUERQUE HEALTH CARE FOR THE							
HOMELESS - PO BOX 25445 -							DONOR ADVISED
ALBUQUERQUE, NM 87125	85-0368993	501(C)(3)	76,826.	Ο.			DISTRIBUTION

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

85-	0295444	Page 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
LBUQUERQUE HIGH SCHOOL BULLDOG							
BAND BOOSTERS - PO BOX 35803 -							DONOR ADVISED
ALBUQUERQUE, NM 87176	26-3476988	501(C)(3)	2,000.	0.			DISTRIBUTION
			_,	- •			
ALBUQUERQUE MEALS ON WHEELS							
PO BOX 92614							DONOR ADVISED
ALBUQUERQUE, NM 87199	85-0307043	501(C)(3)	6,180.	0.			DISTRIBUTION
			,				
ALBUQUERQUE MOUNTAIN RESCUE							
COUNCIL - PO BOX 53396 -							DONOR ADVISED
ALBUQUERQUE, NM 87153	85-6018589	501(C)(3)	5,000.	0.			DISTRIBUTION
ALBUQUERQUE MUSEUM FOUNDATION							
PO BOX 7006							DONOR ADVISED
ALBUQUERQUE, NM 87194	85-0201054	501(C)(3)	532,000.	0.			DISTRIBUTION
ALBUQUERQUE PUBLIC LIBRARY							
FOUNDATION - PO BOX 25792 -							DONOR ADVISED
ALBUQUERQUE, NM 87125	45-2688338	501(C)(3)	2,000.	0.			DISTRIBUTION
ALBUQUERQUE PUBLIC SCHOOLS							
FOUNDATION - P.O. BOX 25704 -							SANDIA FOUNDATION GRANT
ALBUQUERQUE, NM 87125	85-0434438	501(C)(3)	10,000.	0.			PROGRAM
ALBUQUERQUE YOUTH SYMPHONY PROGRAM							
PO BOX 30961							
ALBUQUERQUE, NM 87190	85-0421180	501(C)(3)	35,578.	0.			AGENCY DISTRIBUTION
ALL FAITHS							
1709 MOON NE							DONOR ADVISED
ALBUQUERQUE, NM 87112	85-0165284	501(C)(3)	29,000.	0.			DISTRIBUTION
ALLIANCE FOR LOCAL ECONOMIC							
PROSPERITY - 6000 MONTANO PLAZA							DONOR ADVISED
DRIVE NW - ALBUQUERQUE, NM 87120	48-1275323	501(C)(3)	1,000.	Ο.			DISTRIBUTION

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt 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	
ALMA 20 BOX 12885							FOUNDATION ADVISED	
ALBUQUERQUE, NM 87195	47-4258780	501(C)(3)	7,500.	0.			FUNDING	
ALBOQUERQUE, NM 8/195	47-4250700	501(0)(5)	7,500.	0.			FONDING	
ALTA MIRA FAMILY SERVICES								
.605 CARLISLE NE							DONOR ADVISED	
ALBUQUERQUE, NM 87110	85-0339642	501(C)(3)	5,000.	0.			DISTRIBUTION	
ALTURA SCHOOLS								
8650 ALAMEDA BLVD. NE							DONOR ADVISED	
ALBUQUERQUE, NM 87122	82-2889566	501(C)(3)	5,000.	0.			DISTRIBUTION	
,			,					
AMERICAN DIABETES ASSOCIATION								
5333 N. 7TH ST							DONOR ADVISED	
PHOENIX, AZ 85014	13-1623888	501(C)(3)	5,000.	0.			DISTRIBUTION	
AMERICAN GENERAL MEDIA FOUNDATION								
8009 MARBLE AVE NE							DONOR ADVISED	
ALBUQUERQUE, NM 87110	26-1295261	501(C)(3)	2,500.	0.			DISTRIBUTION	
AMERICAN HERBAL PHARMACOPOEIA								
PO BOX 66809							DONOR ADVISED	
SCOTTS VALLEY, CA 95067	77-0413190	501(C)(3)	5,000.	0.			DISTRIBUTION	
AMERICAN JEWISH JOINT DISTRIBUTION								
COMMITTEE - 220 EAST 42ND STREET -							DONOR ADVISED	
IEW YORK, NY 10017	13-1656634	501(C)(3)	2,500.	0.			DISTRIBUTION	
AMERICAN LEGION								
215 MOUNTAIN ROAD NE				-			DONOR ADVISED	
LBUQUERQUE, NM 87102	35-0144250	501(C)(3)	5,000.	0.			DISTRIBUTION	
WEDTANN LUNG AGGGTTETON TH NEW								
MERICAN LUNG ASSOCIATION IN NEW							DONOR ADVITATE	
MEXICO - 5911 JEFFERSON ST. NE -	12 1 60056 5	501 (2) (2)		-			DONOR ADVISED	
ALBUQUERQUE, NM 87109	13-1632524	501(C)(3)	600.	0.			DISTRIBUTION	

ALBUQUERQUE COMMUNITY FOUNDATION Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS OF NEW MEXICO							
2121 OSUNA RD NE							DONOR ADVISED
ALBUQUERQUE, NM 87113	53-0196605	501(C)(3)	16,300.	0.			DISTRIBUTION
AMERICAN SOLAR ENERGY SOCIETY INC							
2525 ARAPAHOE AVE.							DONOR ADVISED
BOULDER, CO 80302	59-1768923	501(C)(3)	2,000.	0.			DISTRIBUTION
			, ,				
AMERICANS FOR INDIAN OPPORTUNITY,							
INC 1001 MARQUETTE AVE NW -							FOUNDATION ADVISED
ALBUQUERQUE, NM 87102	52-0900964	501(C)(3)	250.	0.			FUNDING
AMIGOS BRAVOS							
PO BOX 238							DONOR ADVISED
TAOS, NM 87571	85-0363268	501(C)(3)	6,000.	0.			DISTRIBUTION
AMNESTY INTERNATIONAL							
5 PENN PLAZA							
NEW YORK, NY 10001	52-0851555	501(C)(3)	800.	0.			DONOR-ADVISED PASSTHROUGH
AMPARO							
1001 CHIRICAHUA CT SE							
ALBUQUERQUE, NM 87123	85-1075125	501(C)(3)	6,772.	0.			GIVING CIRCLE ADVISED
ANIMAL HUMANE NEW MEXICO							
615 VIRGINIA ST. SE							DONOR ADVISED
ALBUQUERQUE, NM 87108	85-0207652	501(C)(3)	20,616.	0.			DISTRIBUTION
ANTWAL DROBECTION NEW MEXICO							
ANIMAL PROTECTION NEW MEXICO PO BOX 11395							DONOR ADVISED
ALBUQUERQUE, NM 87192	85-0283292	501(C)(3)	26,000.	0.			DISTRIBUTION
mbogongon, an 0/172	05 0205292	501(0)(5)	20,000.	0.			
ANIMAL RESCUE LEAGUE OF EL PASO							
PO BOX 13055							DONOR ADVISED
EL PASO, TX 79913	74-2729189	501(C)(3)	4,000.	0.			DISTRIBUTION

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APS EDUCATION FOUNDATION							
PO BOX 25704							
ALBUQUERQUE, NM 87125	85-0434438	501(C)(3)	26,470.	٥.			DONOR-ADVISED PASSTHROUGH
APS TITLE I, HOMELESS PROJECTS							
PO BOX 21939							
ALBUQUERQUE, NM 87154	85-0434438	501(C)(3)	1,000.	0.			DONOR-ADVISED PASSTHROUGH
ARCA, INC.							
11300 LOMAS BLVD. NE							
ALBUQUERQUE, NM 87112	85-6005755	501(C)(3)	4,080.	0.			AGENCY DISTRIBUTION
ARMAND HAMMER UNITED WORLD COLLEGE							
PO BOX 248							DONOR ADVISED
MONTEZUMA, NM 87731	85-0297355	501(C)(3)	10,000.	٥.			DISTRIBUTION
ARTS HUB							
318 ISLETA BLVD. SW	05 0011010		10.000				DONOR ADVISED
ALBUQUERQUE, NM 87105	85-0311210	501(C)(3)	10,000.	0.			DISTRIBUTION
ASIAN AMERICAN ASSOCIATION OF NEW							
MEXICO - PO BOX 8994 -							FOUNDATION ADVISED
ALBUQUERQUE, NM 87198	85-0464627	501(C)(3)	2,000.	٥.			FUNDING
ASSISTANCE DOGS OF THE WEST							
PO BOX 31027							DONOR ADVISED
SANTA FE, NM 87594	85-0431646	501(C)(3)	2,000.	0.			DISTRIBUTION
ASSISTANCE LEAGUE OF ALBUQUERQUE							
P.O BOX 35910							SANDIA FOUNDATION GRANT
ALBUQUERQUE, NM 87176	85-6009968	501(C)(3)	13,000.	0.			PROGRAM
			10,000.				
AT THE WELL PROJECT INC							
1140 3RD STREET							DONOR ADVISED
WASHINGTON, DC 20002	83-2697895	501(C)(3)	5,000.	0.			DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATALAYA SEARCH AND RESCUE							
PO BOX 32351							DONOR ADVISED
SANTA FE, NM 87594	71-0899203	501(C)(3)	5,000.	0.			DISTRIBUTION
BARRETT FOUNDATION							
10300 CONSTITUTION AVE. NE							DONOR ADVISED
ALBUQUERQUE, NM 87112	85-0336208	501(C)(3)	39,534.	0.			DISTRIBUTION
BASEMENT FILMS, INC.							
PO BOX 9229							DONOR ADVISED
ALBUQUERQUE, NM 87119	85-0449258	501(C)(3)	10,000.	0.			DISTRIBUTION
BERRY CENTER INC							
PO BOX 582							DONOR ADVISED
NEW CASTLE, KY 40050	80-0721644	501(C)(3)	100.	0.			DISTRIBUTION
/							
BEST BUDDIES NEW MEXICO							
3507 WYOMING BLVD. NE							DONOR ADVISED
ALBUQUERQUE, NM 87111	52-1614576	501(C)(3)	20,000.	0.			DISTRIBUTION
BEST CHANCE							
5907 ALICE AVE NE	81-1702353	F01/(0)/(2)	10 500	0			DONOR ADVISED DISTRIBUTION
ALBUQUERQUE, NM 87110	01-1702353	501(C)(3)	12,500.	0.			DISTRIBUTION
BETHEL COMMUNITY STOREHOUSE							
PO BOX 968							
MORIARTY, NM 87035	85-0387679	501(C)(3)	1,534.	0.			2022 SPENDABLE GRANTS
BIG BROTHERS BIG SISTERS OF							
CENTRAL NEW MEXICO - 2501 YALE							SANDIA FOUNDATION GRAD
BLVD SE - ALBUQUERQUE, NM 87106	85-0271207	501(C)(3)	10,000.	0.			PROGRAM
BIRDS OF A FEATHER PARROT RESCUE							
OF NM - 2033 VIRGINIA ST NE - ALBUQUERQUE, NM 87110	82-1758098		100.	0.			DONOR ADVISED DISTRIBUTION

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Scho	edule I (Form 990), Pa	art 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
BISON LACROSSE CLUB INC							DONOR ADVITUED
11756 KITTREDGE ST	06 0010051	F01 (g) (2)	4 000	0			DONOR ADVISED
COMMERCE CITY, CO 80022	86-2812251	501(C)(3)	4,000.	0.			DISTRIBUTION
BOSQUE ECOSYSTEM MONITORING							
PROGRAM - 4000 BOSQUE SCHOOL RD NW							DONOR ADVISED
- ALBUQUERQUE, NM 87120	85-1272361	501(C)(3)	15,000.	0.			DISTRIBUTION
			,				
BOYS & GIRLS CLUBS OF CENTRAL NEW							
MEXICO - PO BOX 27057 -							DONOR ADVISED
ALBUQUERQUE, NM 87125	85-0106943	501(C)(3)	23,000.	0.			DISTRIBUTION
BRAIN HACKERS ASSOCIATION							
2 LOBELIA LN	46.2606000	501 (2) (2)	10.000				DONOR ADVISED
SANDIA PARK, NM 87047	46-3696082	501(C)(3)	10,000.	0.			DISTRIBUTION
BREATH OF MY HEART BIRTH PLACE							
905 CALLE ARMADA							DONOR ADVISED
ESPANOLA, NM 87532	46-2669219	501(C)(3)	10,350.	0.			DISTRIBUTION
,			, -				
BROWN UNIVERSITY							
GIFT CASHIER							DONOR ADVISED
PROVIDENCE, RI 02912	05-0258809	501(C)(3)	4,000.	0.			DISTRIBUTION
CARE							
151 ELLIS STREET, NE							
ATLANTA, GA 30303	13-1685039	501(C)(3)	450.	0.			DONOR-ADVISED PASSTHROUGH
CARE AND COUNSELING							
12141 LADUE ROAD							DONOR ADVISED
	43-0914350	501(C)(3)	100.	0.			DISTRIBUTION
ST. LOUIS, MO 63141	45-0514550	501(0)(5)	100.	0.			DISIVIDUITON
CAREER GUIDANCE INSTITUTE -							
ALBUQUERQUE READS - 400 TIJERAS							DONOR ADVISED
AVE - ALBUQUERQUE, NM 87102	85-0323322	501(C)(3)	20,117.	0.			DISTRIBUTION

(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	(2)	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
CARLSBAD LIFEHOUSE, INC.							
PO BOX 3141							DONOR ADVISED
CARLSBAD, NM 88221	81-1062228	501(C)(3)	5,000.	0.			DISTRIBUTION
CASA ANGELICA AUXILIARY							
PO BOX 30683							DONOR ADVISED
ALBUQUERQUE, NM 87190-0683	85-0285618	501(C)(3)	500.	0.			DISTRIBUTION
CASA ESPERANZA, INC.							
PO BOX 40472							DONOR ADVISED
ALBUQUERQUE, NM 87196-0472	85-0356946	501(C)(3)	6,500.	0.			DISTRIBUTION
CASA FORTALEZA							
2340 ALAMO AVE SE STE 124							DONOR ADVISED
ALBUQUERQUE, NM 87106-3523	47-4381273	501(C)(3)	50.	0.			DISTRIBUTION
CASA PARTNERS 4NMKIDS							
PO BOX 44184							
RIO RANCHO, NM 87174-4184	74-2846979	501(C)(3)	4,000.	٥.			GIVING CIRCLE ADVISED
CASA Q							
PO BOX 36168							
ALBUQUERQUE, NM 87176-6168	46-1245391	501(C)(3)	4,000.	0.			GIVING CIRCLE ADVISED
CATHEDRAL CHURCH OF ST. JOHN							
PO BOX 1246							DONOR ADVISED
ALBUQUERQUE, NM 87103	85-0119046	501(C)(3)	1,000.	0.			DISTRIBUTION
,,			_,				
CATHOLIC CHARITIES							
2010 BRIDGE BLVD SW							
ALBUQUERQUE, NM 87105	85-0110070	501(C)(3)	20,623.	0.			DONOR-ADVISED PASSTHROUG
CATHOLIC RELIEF SERVICES, INC.							
228 WEST LEXINGTON STREET							DONOR ADVISED
BALTIMORE, MD 21201	13-5563422	501(C)(3)	200.	0.			DISTRIBUTION

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

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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
CENTER FOR BIOLOGICAL DIVERSITY							
PO BOX 710							DONOR ADVISED
TUCSON, AZ 85702	27-3943866	501(C)(3)	6,000.	0.			DISTRIBUTION
CENTER FOR CIVIC VALUES							
40 FIRST PLAZA CENTER NW	05 6010582	F01 (a) (2)	100				DONOR ADVISED
ALBUQUERQUE, NM 87102	85-6018573	501(C)(3)	100.	0.			DISTRIBUTION
CENTER FOR SCIENCE IN THE PUBLIC							
INTEREST - 1250 I STREET NW -							
WASHINGTON, DC 20005	23-7122879	501(C)(3)	50.	0.			DONOR-ADVISED PASSTHROUGH
CENTER OF SOUTHWEST CULTURE, INC.							
505 MARQUETTE AVE NW STE 1610							FOUNDATION ADVISED
ALBUQUERQUE, NM 87102	85-0402832	501(C)(3)	7,500.	0.			FUNDING
CHAMBER MUSIC ALBUQUERQUE							
PO BOX 3343							DONOR ADVISED
ALBUQUERQUE, NM 87190	85-6014415	501(C)(3)	3,000.	0.			DISTRIBUTION
	05 0014415	501(0)(3)	5,000.				
CHARITY NAVIGATOR							
299 MARKET STREET							
SADDLE BROOK, NJ 07663	13-4148824	501(C)(3)	50.	0.			DONOR-ADVISED PASSTHROUGH
CHILD AID							
917 SW OAK STREET							DONOR ADVISED
PORTLAND, OR 97205	33-0317937	501(C)(3)	5,000.	0.			DISTRIBUTION
	55 0517557	551(6)(5)	5,000.	``			
CHILDREN'S CANCER FUND OF NEW							
MEXICO - 112 14TH ST. SW -							DONOR ADVISED
ALBUQUERQUE, NM 87102	23-7116828	501(C)(3)	4,600.	٥.			DISTRIBUTION
AUTI DEEN' A HENTELEATE AND ADDONE							
CHILDREN'S HEMIPLEGIA AND STROKE ASSOCIATION - 4101 W GREEN OAKS -							DONOR ADVISED
ARLINGTON, TX 76016	75-2831215		100.	0.			DISTRIBUTION

ALBUQUERQUE COMMUNITY FOUNDATION Schedule I (Form 990)

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Part II Continuation of Grants and Other	r Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	rt II.) T	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
CHRISTINA KENT EARLY CHILDHOOD							
CENTER - 423 3RD STREET SW -							DONOR ADVISED
ALBUQUERQUE, NM 87102	85-0105594	501(C)(3)	750.	0.			DISTRIBUTION
CHRYSALIS CENTER							
ATTN: DEVELOPMENT DEPARTMENT							DONOR ADVISED
LOS ANGELES, CA 90013	95-3972624	501(C)(3)	500.	٥.			DISTRIBUTION
CIBOLA SEARCH & RESCUE							
PO BOX 11756							DONOR ADVISED
ALBUQUERQUE, NM 87192-0756	85-0392634	501(C)(3)	5,000.	٥.			DISTRIBUTION
CITY OF ALBUQUERQUE COMMUNITY							
CENTERS - 1 CIVIC PLAZA NW -	05 (000100		7.001				DONOR ADVISED
ALBUQUERQUE, NM 87102	85-6000102	GOV T	7,061.	0.			DISTRIBUTION
CLEAN AIR TASK FORCE INC							
114 STATE STREET							DONOR ADVISED
BOSTON, MA 02109	04-3512550	501(C)(3)	3,000.	0.			DISTRIBUTION
CLIMATE ADVOCATES VOCES UNIDAS							
CAVU - 518 OLD SANTA FE TRAIL -							DONOR ADVISED
SANTA FE, NM 87505	20-3287015	501(C)(3)	150.	0.			DISTRIBUTION
CLOUD DANCERS THERAPEUTIC							
HORSEMANSHIP - PO BOX 10489 -							DONOR ADVISED
ALBUQUERQUE, NM 87184	85-0332760	501(C)(3)	3,605.	0.			DISTRIBUTION
ALLIMAL DEDEODWANCE INC							
CLUTCH PERFORMANCE INC.							DONOR ADVISED
250 ZENOBIA ST.	47-4687595	501(C)(3)	500.	0.			DISTRIBUTION
DENVER, CO 80219	47-4007595		500.	0.			DISTUTOTION
CNM FOUNDATION							
525 BUENA VISTA SE							
ALBUQUERQUE, NM 87108	85-0338623	501(C)(3)	44,676.	٥.			AGENCY DISTRIBUTION
			, ,	· · · ·	1	1	I

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt 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
CNM FOUNDATION							
525 BUENA VISTA SE							DONOR ADVISED
ALBUQUERQUE, NM 87106	85-0338623	501(C)(3)	1,000.	0.			DISTRIBUTION
COACH MIKE PAPA BROWN MSA SCHOLARSHIP FUND - 8400 WILD DUNES RD NW - ALBUQUERQUE, NM 87120-3784	87-2104330	501(C)(3)	8,500.	0.			SANDIA FOUNDATION GRANT PROGRAM
······································							
COALITION FOR RAINFOREST NATIONS SECRETARIAT - 52 VANDERBILT AVENUE 14TH FLOOR - NEW YORK, NY 10017	26-3221530	501(C)(3)	2,000.	0.			DONOR ADVISED DISTRIBUTION
COLORADO USA WRESTLING INCORPORATION ASSOCIATION - 461 S	20 5221550	551(0)(5)	2,000.				
KENDALL ST - LAKEWOOD, CO							DONOR ADVISED
80226-3405	56-2601943	501(C)(3)	500.	0.			DISTRIBUTION
COMMUNITY FOUNDATION OF LINCOLN COUNTY - PO BOX 2750 - RUIDOSO, NM							DONOR ADVISED
88355	16-1740370	501(C)(3)	10,000.	٥.			DISTRIBUTION
COMMUNITY RENOVATION EMPOWERING WOMEN (CREW) - 3565 RIO GRANDE							DONOR ADVISED
BLVD. NW - ALBUQUERQUE, NM 87107	85-0479600	501(C)(3)	1,000.	0.			DISTRIBUTION
COMPASSION INTERNATIONAL, INC. 12290 VOYAGER PARKWAY							DONOR ADVISED
COLORADO SPRINGS, CO 80921	36-2423707	501(C)(3)	1,096.	0.			DISTRIBUTION
,							
CONGREGATION ALBERT							
3800 LOUISIANA BLVD. NE							DONOR ADVISED
ALBUQUERQUE, NM 87110	85-0124933	501(C)(3)	10,000.	0.			DISTRIBUTION
CONGREGATION B'NAI TIKVAH							
1558 WILMOT RD.							DONOR ADVISED
DEERFIELD, IL 60015	36-2910018	501(C)(3)	2,500.	0.			DISTRIBUTION

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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
CONTINENTAL DIVIDE TRAIL COALITION							
710 10TH STREET							DONOR ADVISED
GOLDEN, CO 80401	45-5051775	501(C)(3)	2,095.	0.			DISTRIBUTION
CONVOY OF HOPE							
330 S. PATTERSON AVE.							DONOR ADVISED
SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	300.	0.			DISTRIBUTION
COUNCIL ON FOUNDATIONS							
							ROUNDARTON ADVITORD
1255 23RD STREET NW, SUITE 200	12 6060207	F01 (q) (2)	7 500	0			FOUNDATION ADVISED
WASHINGTON, DC 20037	13-6068327	501(C)(3)	7,500.	0.			FUNDING
CROSSROADS COLLEGE PREP SCHOOL							
500 DEBALIVIERE AVE.							DONOR ADVISED
ST. LOUIS, MO 63112	23-7363267	501(C)(3)	1,500.	0.			DISTRIBUTION
CROSSROADS FOR WOMEN							
239 ELM STREET NE							DONOR ADVISED
ALBUQUERQUE, NM 87102	85-0448641	501(C)(3)	31,450.	0.			DISTRIBUTION
2							
CUIDANDO LOS NINOS							
PO BOX 12786							DONOR ADVISED
ALBUQUERQUE, NM 87195	85-0366029	501(C)(3)	78,595.	0.			DISTRIBUTION
CYSTIC FIBROSIS MINNESOTA / DAKOTA							L
CHAPTER - C/O TIM KOERNER - LINO							DONOR ADVISED
LAKES, MN 55038	13-1930701	501(C)(3)	7,500.	0.			DISTRIBUTION
DAKOTA TREE PROJECT							
213 WELLESLEY DR SE							DONOR ADVISED
	84-4903608	501(C)(3)	100.	0.			DISTRIBUTION
ALBUQUERQUE, NM 87106-1419	04-4903000	501(C)(5)	100.	0.			PISIKIBULION
DAVID L HOYT EDUCATION FOUNDATION							
4054 N. LINCOLN AVE							DONOR ADVISED
CHICAGO, IL 60618-1712	47-4916765	501(C)(3)	100.	0.			DISTRIBUTION

(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
DE PROFUNDIS							
PO BOX 3056							DONOR ADVISED
ALBUQUERQUE, NM 87190-3056	85-0424483	501(C)(3)	18,542.	0.			DISTRIBUTION
DEMOCRACY NOW!							
207 W. 25TH STREET							DONOR ADVISED
NEW YORK, NY 10001	01-0708733	501(C)(3)	100.	0.			DISTRIBUTION
DENISON MINISTRIES							
17304 PRESTON RD							DONOR ADVISED
DALLAS, TX 75252	26-3191442	501(C)(3)	600.	0.			DISTRIBUTION
DESERT FORGE FOUNDATION							
617 CAMINO ESPANOL							
ALBUQUERQUE, NM 87107	46-5415993	501(C)(3)	1,000.	0.			DONOR-ADVISED PASSTHROUGH
DIRECT RELIEF							
6100 WALLACE BECKNELL ROAD							DONOR ADVISED
SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	2,000.	0.			DISTRIBUTION
DISABILITY RIGHTS NEW MEXICO							
3916 JUAN TABO BLVD NE							DONOR ADVISED
ALBUQUERQUE, NM 87111	85-0276496	501(C)(3)	100.	0.			DISTRIBUTION
DOCTORS WITHOUT BORDERS USA							
40 RECTOR STREET							
NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	1,500.	0.			DONOR-ADVISED PASSTHROUGH
DOMESTIC VIOLENCE RESOURCE CENTER,							
INC - 625 SILVER SW - ALBUQUERQUE,							
NM 87102	85-0439226	501(C)(3)	9,000.	0.			2022 SPENDABLE GRANTS
DOWNTOWN ABQ MAINSTREET INITIATIVE 115 GOLD AVE. SW							DONOR ADVISED
ALBUQUERQUE, NM 87102	46-4750143	F01(C)(2)	69,075.	0.			DISTRIBUTION

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt 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
DREAMSPRING							
2000 ZEARING AVE. NW							DONOR ADVISED
ALBUQUERQUE, NM 87104	85-0417347	501(C)(3)	2,500.	٥.			DISTRIBUTION
EARTHWORKS							
1612 K ST NW							DONOR ADVISED
WASHINGTON, DC 20006	52-1557765	501(C)(3)	15,000.	٥.			DISTRIBUTION
EAST CENTRAL MINISTRIES 123 VERMONT NE							
ALBUQUERQUE, NM 87108	37-1426703	501(C)(3)	7,500.	٥.			DONOR-ADVISED PASSTHROUGH
EAST MOUNTAIN FOOD PANTRY INC.							
1342 NEW MEXICO 333							DONOR ADVISED
TIJERAS, NM 87059-7351	83-0687334	501(C)(3)	1,000.	0.			DISTRIBUTION
EDUCATIONAL MEDIA FOUNDATION							
5700 WEST OAKS BLVD							DONOR ADVISED
ROCKLIN, CA 95765	94-2816342	501(C)(3)	600.	0.			DISTRIBUTION
EL CENTRO DE IGUALDAD Y DERECHOS							
714 4TH ST. SW							DONOR ADVISED
ALBUQUERQUE, NM 87102	26-4675255	501(C)(3)	33,000.	0.			DISTRIBUTION
EL PASO COUNTY SEARCH AND RESCUE							
INC - 3950 INTERPARK DR - COLORADO							DONOR ADVISED
SPRINGS, CO 80907-5066	84-0607739	501(C)(3)	2,500.	0.			DISTRIBUTION
ELECTRONIC FRONTIER FOUNDATION							
815 EDDY STREET							DONOR ADVISED
SAN FRANCISCO, CA 94109	04-3091431	501(C)(3)	100.	٥.			DISTRIBUTION
ENCUENTRO							
907 4TH ST. SW							DONOR ADVISED
ALBUQUERQUE, NM 87102	27-2016727	501(C)(3)	10,000.	0.			DISTRIBUTION

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
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END OF LIFE OPTIONS NEW MEXICO							
500 MARQUETTE AVE NW							DONOR ADVISED
ALBUQUERQUE, NM 87102-5340	87-1147633	501(C)(3)	5,000.	0.			DISTRIBUTION
ENLACE COMUNITARIO							
2425 ALAMO DR SE							SANDIA FOUNDATION GRANT
ALBUQUERQUE, NM 87106	85-0473384	501(C)(3)	52,500.	0.			PROGRAM
ENSEMBLE MUSIC NEW MEXICO							
PO BOX 7464							DONOR ADVISED
ALBUQUERQUE, NM 87194	47-0910372	501(C)(3)	2,500.	0.			DISTRIBUTION
ENVIRONMENTAL WORKING GROUP 1250 I STREET NW							
WASHINGTON, DC 20005	52-2148600	501(C)(3)	250.	0.			DONOR-ADVISED PASSTHROUGH
	51 1110000	501(0)(0)		••			
EQUALITY NEW MEXICO FOUNDATION							
PO BOX 27070							GREAT GRANT GIVEAWAY
ALBUQUERQUE, NM 87125	85-0417115	501(C)(3)	55,065.	0.			RECIPIENT
EXPLORA SCIENCE CENTER &							
CHILDREN'S MUSEUM OF ALBUQUERQUE -							
1701 MOUNTAIN ROAD NW -							DONOR ADVISED
ALBUQUERQUE, NM 87104	85-0442062	501(C)(3)	38,000.	0.			DISTRIBUTION
FAMILY PROMISE OF ALBUQUERQUE							
1516 SAN PEDRO DRIVE NE							
ALBUQUERQUE, NM 87110	85-0472315	501(C)(3)	25,400.	0.			GIVING CIRCLE ADVISED
FATHERS BUILDING FUTURES 1223 4TH STREET NW							
ALBUQUERQUE, NM 87102	81-3215356	501(C)(3)	10,000.	0.			2022 SPENDABLE GRANTS
Indegenages, Mr 67102	<u> </u>	551(0)(5)	10,000.	0.			2022 DI ENDADLE GRANID
FATHERS NEW MEXICO (FISCAL							
SPONSOR; PARTNERS IN EDUCATION) -							DONOR ADVISED
PO BOX 22254 - SANTA FE, NM 87502	85-0392417	501(C)(3)	10,000.	0.			DISTRIBUTION

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art 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
FEED NEW MEXICO KIDS INC							
PO BOX 91406							DONOR ADVISED
ALBUQUERQUE, NM 87199-1406	85-0655318	501(C)(3)	2,000.	0.			DISTRIBUTION
FEED THE CHILDREN, INC.							
333 N. MERIDIAN AVE.							
OKLAHOMA CITY, OK 73107	73-6108657	501(C)(3)	600.	0.			DONOR-ADVISED PASSTHROUGH
FEEDING AMERICA							
35 EAST WACKER DRIVE							
CHICAGO, IL 60601	36-3673599	501(C)(3)	2,151.	0.			2022 SPENDABLE GRANTS
				••			
FESTIVAL BALLET ALBUQUERQUE							
3805 ACADEMY PARKWAY SOUTH NE							
ALBUQUERQUE, NM 87109	27-1993089	501(C)(3)	6,000.	0.			DONOR-ADVISED PASSTHROUGH
FIRST SERVE NM, INC.							
PO BOX 31904	05.0044205	501(2)(2)	4 000	0			DONOR ADVISED
SANTA FE, NM 87594-1094	27-0044395	501(C)(3)	4,000.	0.			DISTRIBUTION
FIVE SANDOVAL INDIAN PUEBLOS INC							
4321 FULCRUM WAY NE STE B							
RIO RANCHO, NM 87144-8410	85-0196710	501(C)(3)	1,500.	0.			GIVING CIRCLE ADVISED
,			, ,				
FLAMENCO WORKS INC							
1010 COAL AVE SW							
ALBUQUERQUE, NM 87102	82-4616301	501(C)(3)	10,000.	0.			2022 SPENDABLE GRANTS
FLOWER HILL INSTITUTE							
PO BOX 692 JEMEZ PUEBLO, NM 87024	81-4300335	501(C)(3)	10,000.	0.			2022 SPENDABLE GRANTS
JEME2 FOEDLO, NM 07024	01-40000000	201(0)(3)	10,000.	0.			2022 STENDADLE GRANIS
FOOD BANK OF EASTERN NEW MEXICO							
2217 E. BRADY							DONOR ADVISED
CLOVIS, NM 88101	85-0320784	501(C)(3)	5,000.	0.			DISTRIBUTION

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art 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		
REE WHEELCHAIR MISSION									
5279 ALTON PARKWAY							DONOR ADVISED		
ERVINE, CA 92618	31-1781635	501(C)(3)	300.	0.			DISTRIBUTION		
DEEDON GEDUICE DOGG ING									
REEDOM SERVICE DOGS, INC 193 S DILLON CT							DONOR ADVISED		
ENGLEWOOD, CO 80112	84-1068936	501(C)(3)	3,000.	0.			DISTRIBUTION		
	01 1000500	501(0)(0)	5,000.	· ·					
FRIENDS FOR THE PUBLIC LIBRARY									
PO BOX 26657							DONOR ADVISED		
LBUQUERQUE, NM 87125-6657	23-7024173	501(C)(3)	5,000.	0.			DISTRIBUTION		
RIENDS OF THE BOSQUE DEL APACHE O BOX 340									
SAN ANTONIO, NM 87832	85-0415878	501(C)(3)	299.	0.			2022 SPENDABLE GRANTS		
ANTONIO, ME 07032	05 0415070	501(0)(5)	255.	0.			2022 STENDADLE GRANTS		
RIENDS OF THE RIO GRANDE NATURE									
CENTER - 2901 CANDELARIA NW -							DONOR ADVISED		
LBUQUERQUE, NM 87107	85-0326927	501(C)(3)	1,000.	0.			DISTRIBUTION		
RIENDS OF TUCSON'S BIRTHPLACE O BOX 1228							DONOR ADVISED		
UCSON, AZ 85702	27-1326401	501(C)(3)	1,000.	0.			DISTRIBUTION		
	1, 1010101	501(0)(0)	1,000.	· ·					
RIENDS OF VALLE DE ORO NATIONAL									
ILDLIFE REFUGE - 7851 2ND STREET							DONOR ADVISED		
W - ALBUQUERQUE, NM 87105	46-2102958	501(C)(3)	250.	0.			DISTRIBUTION		
ROM THE HEART FOUNDATION RESOURCE									
PROGRAM - 300 SAN MATEO BLVD. NE -									
ALBUQUERQUE, NM 87108	85-0421946	DUT(C)(3)	3,067.	0.			2022 SPENDABLE GRANTS		
USION									
00 1ST ST. NW							DONOR ADVISED		
LBUQUERQUE, NM 87102	85-0484135	501(C)(3)	11,000.	0.			DISTRIBUTION		

ALBUQUERQUE COMMUNITY FOUNDATION Schedule I (Form 990)

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(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
FUTURE FOCUSED EDUCATION							
200 BROADWAY NE							
ALBUQUERQUE, NM 87102	47-3717716	501(C)(3)	50,000.	0.			DONOR-ADVISED PASSTHROUGH
			,	- •			
GLOBAL OPPORTUNITIES UNLIMITED,							
INC PO BOX 10717 - ALBUQUERQUE,							DONOR ADVISED
NM 87184-0717	87-0752044	501(C)(3)	600.	0.			DISTRIBUTION
GOLDEN APPLE FOUNDATION OF NEW							
MEXICO - PO BOX 40469 -							
ALBUQUERQUE, NM 87196-0469	85-0420305	501(C)(3)	7,800.	0.			2022 SPENDABLE GRANTS
COOD BADTO GUONG INC							
GOOD RADIO SHOWS, INC. PO BOX 35442							DONOR ADVISED
ALBUQUERQUE, NM 87176	11-3683437	501(C)(3)	1,000.	0.			DISTRIBUTION
	11 3003437	501(0)(3)	1,000.				
GOOD SHEPHERD CENTER, INC.							
PO BOX 749							DONOR ADVISED
ALBUQUERQUE, NM 87103	85-0213561	501(C)(3)	15,586.	0.			DISTRIBUTION
GREATER ALBUQUERQUE HABITAT FOR							
HUMANITY - 4900 MENAUL BLVD. NE -							
ALBUQUERQUE, NM 87110	85-0359138	501(C)(3)	6,677.	0.			AGENCY DISTRIBUTION
GROWING UP NEW MEXICO 440 CERRILLOS ROAD SUITE A							DONOR ADVISED
SANTA FE, NM 87501	85-0163601	501(C)(3)	7,500.	0.			DISTRIBUTION
SANIA FE, NM 07501	05-0105001	501(0)(5)	7,500.	0.			DISTRIBUTION
GUITAR NEW MEXICO							
1200 DAKOTA NE							DONOR ADVISED
ALBUQUERQUE, NM 87110	26-1713762	501(C)(3)	1,000.	0.			DISTRIBUTION
HADASSAH THE WOMENS ZIONIST							
ORGANIZATION OF AMERICA INC - 40							DONOR ADVISED
WALL STREET - NEW YORK, NY 10005	13-1656651	501(C)(3)	500.	0.			DISTRIBUTION

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art 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
HARWOOD ART CENTER OF ESCUELA DEL							
SOL MONTESSORI - 1114 7TH ST. NW -							DONOR ADVISED
ALBUQUERQUE, NM 87102	23-7088029	501(0)(3)	11,500.	0.			DISTRIBUTION
AIDOQUERQUE, NA 07102	23 7000025	501(0/(5/	11,500.	0.			
HEADING HOME							
PO BOX 27636							
ALBUQUERQUE, NM 87125	20-1917517	501(C)(3)	200.	Ο.			DONOR-ADVISED PASSTHROUGH
,,							
HEALING ADDICTION IN OUR COMMUNITY							
3701 CONDERSHIRE DR. SW							
ALBUQUERQUE, NM 87121	27-2517121	501(C)(3)	17,000.	Ο.			2022 SPENDABLE GRANTS
			, ,				
HERO'S PATH PALLIATIVE CARE							
7 ABAJO DR							DONOR ADVISED
EDGEWOOD, NM 87015	84-2906214	501(C)(3)	10,000.	Ο.			DISTRIBUTION
HILLEL AT THE UNIVERSITY OF NEW							
MEXICO - 1701 SIGMA CHI NE -							DONOR ADVISED
ALBUQUERQUE, NM 87106	85-0481051	501(C)(3)	3,000.	0.			DISTRIBUTION
HOMEWISE							
1301 SILER ROAD							
SANTA FE, NM 87507	85-0346325	501(C)(3)	42,500.	0.			DONOR-ADVISED PASSTHROUGH
HONEYMOON ISRAEL FOUNDATION INC							
1417 MAYSON STREET NE							DONOR ADVISED
ATLANTA, GA 30324	47-1291052	501(C)(3)	10,000.	0.			DISTRIBUTION
UODENOD# C							
HOPEWORKS							
PO BOX 27258	85-0338552	$E_{01}(c)(2)$	E2 000	0.			DONOR ADVITORD DAGGUIDOUGU
ALBUQUERQUE, NM 87125	03-0338352	501(C)(3)	52,000.	0.			DONOR-ADVISED PASSTHROUGH
HORIZONS ALBUQUERQUE							
PO BOX 6066							DONOR ADVISED
ALBUQUERQUE, NM 87197	81-2915448	501(C)(3)	49,400.	Ο.			DISTRIBUTION

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
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INDIAN PUEBLO CULTURAL CENTER							
2401 TWELFTH ST. NW							DONOR ADVISED
ALBUQUERQUE, NM 87104-2397	85-0232968	501(C)(3)	67,500.	0.			DISTRIBUTION
INDIGENOUS NOVEN DIGINS							
INDIGENOUS WOMEN RISING PO BOX 7475							
ALBUQUERQUE, NM 87194	85-3336543	501(C)(3)	31,500.	0.			DONOR-ADVISED PASSTHROUGH
INNOCENCE PROJECT							
40 WORTH ST. SUITE 701							
NEW YORK, NY 10013	32-0077563	501(C)(3)	1,000.	0.			DONOR-ADVISED PASSTHROUGH
INSPIRED BY SCIENCE							
4408 BUENA VIDA CT.							DONOR ADVISED
CARLSBAD, NM 88220	84-4063266	501(C)(3)	7,000.	0.			DISTRIBUTION
			,				
INSTITUTE FOR LOCAL SELF RELIANCE,							
INC 2720 EAST 22ND STREET -							DONOR ADVISED
MINNEAPOLIS, MN 55406	23-7394104	501(C)(3)	8,000.	0.			DISTRIBUTION
TNOMIMUME BOD DOLLOW OMUDIEG							
INSTITUTE FOR POLICY STUDIES 1301 CONNECTICUT AVENUE NW							DONOR ADVISED
WASHINGTON, DC 20036	52-0788947	501(C)(3)	250.	0.			DISTRIBUTION
	52 0,0051,	551(0)(5)					
INSTITUTE OF SOUTHERN JEWISH LIFE							
INC - PO BOX 16528 - JACKSON, MS							DONOR ADVISED
39236	64-0762027	501(C)(3)	10,000.	0.			DISTRIBUTION
INTERNATIONAL GENEROSITY							
FOUNDATION TRUST - 980 WHISPERING	84-3754469	501(C)(3)		0.			DONOR ADVISED DISTRIBUTION
OAKS - CHINA SPRING, TX 76633-3554	04-3/34409	501(C)(3)	50,525.	0.			DISTRIBUTION
INTERNATIONAL PLANNED PARENTHOOD							
FEDERATION - 1129 20TH STREET -							DONOR ADVISED
WASHINGTON, DC 20036	20-4365831	501(C)(3)	5,000.	٥.			DISTRIBUTION

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Schedule I (Form 990) ALBUQUERQ		85-0295444 Page					
Part II Continuation of Grants and Other	Assistance to Dou	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	T
(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
INTERNATIONAL RESCUE COMMITTEE							
PO BOX 6068							DONOR ADVISED
ALBERT LEA, MN 56007-9847	13-5660870	501(C)(3)	1,000.	0.			DISTRIBUTION
ISLAMIC CENTER OF NEW MEXICO INC							
1100 YALE BLVE. SE							FOUNDATION ADVISED
ALBUQUERQUE, NM 87106	85-0268640	501(C)(3)	55,000.	0.			FUNDING
JANE GOODALL INSTITUTE							
1120 20TH ST. NW							
WASHINGTON, DC 20036	94-2474731	501(C)(3)	250.	0.			DONOR-ADVISED PASSTHROUGH
JEWISH FEDERATION OF NEW MEXICO							
5520 WYOMING BLVD. NE							FOUNDATION ADVISED
ALBUQUERQUE, NM 87109	85-0158242	501(C)(3)	250.	0.			FUNDING
JEWISH FEDERATION OF OXFORD							
227 OLDE CASTLE LOOP							DONOR ADVISED
OXFORD, MS 38655-6013	81-0835818	501(C)(3)	2,000.	0.			DISTRIBUTION
JOY JUNCTION, INC.							
PO BOX 27693							
ALBUQUERQUE, NM 87125-7693	85-0360268	501(C)(3)	3,534.	0.			2022 SPENDABLE GRANTS
JUNIOR ACHIEVEMENT OF NEW MEXICO							
4700 LINCOLN RD. NE							SANDIA FOUNDATION GRANT
ALBUQUERQUE, NM 87109	85-0416889	501(C)(3)	10,500.	0.			PROGRAM
JUSTICE & MERCY INTERNATIONAL,							
INC 304 44TH AVENUE N -							DONOR ADVISED
NASHVILLE, TN 37209	36-4630658	501(C)(3)	300.	0.			DISTRIBUTION
JUSTICE, ACCESS, SUPPORT AND							
SOLUTIONS FOR HEALTH - 1608 ISLETA				_			
BLVD SW - ALBUQUERQUE, NM 87105	42-1753563	501(C)(3)	17,000.	٥.			2022 SPENDABLE GRANTS

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt 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
KESHET DANCE COMPANY							
4121 CUTLER AVE. NE							DONOR ADVISED
ALBUQUERQUE, NM 87110	85-0436623	501(C)(3)	39,600.	0.			DISTRIBUTION
ALBOQUERQUE, NM 8/110	85-0450025	501(C)(3)	39,800.	0.			DISTRIBUTION
KIDS COOK!							
5838 OSUNA RD NE							
ALBUQUERQUE, NM 87109	26-4816851	501(C)(3)	10,000.	0.			2022 SPENDABLE GRANTS
KIDS EMPOWERED INC.							
12101 CORAL DAWN ROAD NE							DONOR ADVISED
ALBUQUERQUE, NM 87122	88-1578656	501(C)(3)	5,000.	0.			DISTRIBUTION
KUNM RADIO							
MSC06 3520							DONOR ADVISED
ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	8,000.	0.			DISTRIBUTION
LA COSECHA CSA							
318 ISLETA BLVD. SW							DONOR ADVISED
ALBUQUERQUE, NM 87105	82-4552728	501(C)(3)	35,000.	0.			DISTRIBUTION
LA FAMILIA MEDICAL CENTER							
1035 ALTO ST.	05 0000055	F01 (a) (a)	10.000				DONOR ADVISED
SANTA FE, NM 87505	85-0220875	501(C)(3)	10,000.	0.			DISTRIBUTION
LA PLAZITA INSTITUTE							
831 ISLETA BLVD. SW							DONOR ADVISED
ALBUQUERQUE, NM 87105	26-2486467	501(C)(3)	36,000.	0.			DISTRIBUTION
ALBOQUERQUE, NH 8/103	20-2400407	501(0)(5)	30,000.	0.			DISTRIBUTION
LAB RESCUE OF LRCP INCORPORATED							
PO BOX 1814							DONOR ADVISED
ANNANDALE, VA 22003-9554	52-1880024	501(C)(3)	2,500.	0.			DISTRIBUTION
LADD INC. LIVING ARRANGEMENTS FOR			_,	```			
DEVELOPMENT DISABLED - 3603							
VICTORY PARKWAY - CINCINNATI, OH							DONOR ADVISED
45229	31-0894923	501(C)(3)	1,000.	0.			DISTRIBUTION

(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
LAND OF ENCHANTMENT WILDLIFE							
FOUNDATION - PO BOX 957 - SANTA							DONOR ADVISED
CRUZ, NM 87567	35-2457576	501(C)(3)	450.	0.			DISTRIBUTION
LAS CAMPANAS COMPADRES							
15 BUCKSKIN CIRCLE							DONOR ADVISED
SANTA FE, NM 87506	26-0236999	501(C)(3)	2,000.	0.			DISTRIBUTION
LAS VEGAS JEWISH COMMUNITY INC							
PO BOX 1231							DONOR ADVISED
LAS VEGAS, NM 87701	30-0656518	501(C)(3)	3,618.	0.			DISTRIBUTION
LAS VEGAS NEW MEXICO COMMUNITY							
FOUNDATION - PO BOX 1002 - LAS							DONOR ADVISED
VEGAS, NM 87701-1002	82-1340450	501(C)(3)	15,000.	0.			DISTRIBUTION
LEAGUE OF WOMEN VOTERS OF CENTRAL							
NEW MEXICO - 6739 ACADEMY RD. NE -							DONOR ADVISED
ALBUQUERQUE, NM 87109	85-0355179	501(C)(3)	1,000.	0.			DISTRIBUTION
LEOPOLD WRITING PROGRAM							
PO BOX 40122							DONOR ADVISED
ALBUQUERQUE, NM 87196-0122	81-4674711	501(C)(3)	500.	0.			DISTRIBUTION
LIBROS FOR KIDS, INC.							
2052 CALLE PAJARO AZUL NW							SANDIA FOUNDATION GRAN
ALBUQUERQUE, NM 87120	82-2152369	501(C)(3)	15,000.	0.			PROGRAM
LITERACY LINK - LEAMOS							
515 W. COLLEGE AVENUE		F01(0)(2)	6 000	<u>_</u>			DONOR ADVISED
SILVER CITY, NM 88061	81-0655544	DUT(C)(3)	6,000.	0.			DISTRIBUTION
LITTLE SISTERS OF THE POOR VILLA							
GUADALUPE – 1900 MARK AVENUE –							DONOR ADVISED
GALLUP, NM 87301-4822	85-0319341	501(C)(3)	200.	٥.			DISTRIBUTION

(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
LUTHERAN FAMILY SERVICES ROCKY							
MOUNTAINS - 363 S HARLAN ST -							DONOR ADVISED
DENVER, CO 80226	84-0775550	501(C)(3)	1,000.	0.			DISTRIBUTION
MAKE-A-WISH FOUNDATION OF NEW							
MEXICO - 7400 TIBURON ST. NE -							DONOR ADVISED
ALBUQUERQUE, NM 87109	85-0347088	501(C)(3)	1,500.	0.			DISTRIBUTION
MANA DE ALBUQUERQUE							
PO BOX 25801							
ALBUQUERQUE, NM 87125	06-1835784	501(C)(3)	5,795.	0.			AGENCY DISTRIBUTION
MANDY'S FARM							
PO BOX 9346							
ALBUQUERQUE, NM 87119	85-0436516	501(C)(3)	15,000.	0.			2022 SPENDABLE GRANTS
MANY MOTHERS							
PO BOX 23222							DONOR ADVISED
SANTA FE, NM 87502	85-0457455	501(C)(3)	5,000.	0.			DISTRIBUTION
MANZANO DAY SCHOOL							
1801 CENTRAL NW							DONOR ADVISED
ALBUQUERQUE, NM 87104	85-0127993	501(C)(3)	13,658.	0.			DISTRIBUTION
MANZANO MOUNTAIN ART COUNCIL							
PO BOX 534							DONOR ADVISED
MOUNTAINAIR, NM 87036	74-2826118	501(C)(3)	15,000.	0.			DISTRIBUTION
MARIACHI SPECTACULAR							
6260 RIVERSIDE PLAZA LN NW STE A							FOUNDATION ADVISED
ALBUQUERQUE, NM 87120-1707	71-0967585	501(C)(3)	7,500.	0.			FUNDING
MAYO CLINIC ARIZONA							
200 1ST ST SW							DONOR ADVISED
ROCHESTER, MN 55905-0001	86-0800150	501(C)(3)	233,536.	Ο.			DISTRIBUTION

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt 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
MERCY CHEFS							DONOR ADVISED
711 WASHINGTON ST.	20-5050449	F(1/C)(2)	900.	0.			DISTRIBUTION
PORTSMOUTH, VA 23704	20-5050449	501(C)(3)	900.	0.			DISTRIBUTION
MERCY SHIPS							
PO BOX 2020							
LINDALE, TX 75771	26-2414132	501(C)(3)	500.	0.			DONOR-ADVISED PASSTHROUGH
MILITARY RELIGIOUS FREEDOM							
FOUNDATION - 13170-B CENTRAL							DONOR ADVISED
AVENUE, SE - ALBUQUERQUE, NM 87123	20-3967302	501(C)(3)	250.	0.			DISTRIBUTION
MISSION OF OUR LADY OF MERCY, INC.							
1140 W JACKSON BLVD	26 04 74 70 6						DONOR ADVISED
CHICAGO, IL 60607	36-2171726	501(C)(3)	200.	0.			DISTRIBUTION
MISSIONARY SOCIETY OF ST. COLUMBAN							
1902 N CALHOUN ST							DONOR ADVISED
ST. COLUMBANS, NE 68056	47-0376616	501(C)(3)	200.	0.			DISTRIBUTION
MOUNTAIN DOJO							
319 MOUNTAIN RD NE							DONOR ADVISED
ALBUQUERQUE, NM 87102	82-3052514	501(C)(3)	250.	0.			DISTRIBUTION
MUSEUM OF NEW MEXICO FOUNDATION							
PO BOX 2065							DONOR ADVISED
SANTA FE, NM 87504-2065	85-0202503	501(C)(3)	5,545.	0.			DISTRIBUTION
NAGA INGDIDED GOUGOI & NEWYODY							
NACA-INSPIRED SCHOOLS NETWORK							DONOD ADVITUED
2301 MOUNTAIN RD. NE	47 2001002	F01(C)(2)	1 050	^			DONOR ADVISED
ALBUQUERQUE, NM 87106	47-2981893	501(C)(3)	1,250.	0.			DISTRIBUTION
NAMATI							
1616 P STREET NW							DONOR ADVISED
WASHINGTON, DC 20036	45-2796201	501(C)(3)	2,000.	0.			DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI – NEW MEXICO							
3900 OSUNA RD NE							DONOR ADVISED
ALBUQUERQUE, NM 87109	85-0333255	501(C)(3)	100.	0.			DISTRIBUTION
NARAL PRO-CHOICE NEW MEXICO							
FOUNDATION - PO BOX 27591 -							DONOR ADVISED
ALBUQUERQUE, NM 87125	85-0251640	501(C)(3)	2,000.	0.			DISTRIBUTION
NATIONAL ATAXIA FOUNDATION							
600 HIGHWAY 169 S.							DONOR ADVISED
MINNEAPOLIS, MN 55426-1201	41-0832903	501(C)(3)	233,536.	0.			DISTRIBUTION
, ,			,				
NATIONAL ATOMIC MUSEUM FOUNDATION							
601 EUBANK BLVD. SE							DONOR ADVISED
ALBUQUERQUE, NM 87123	85-0404628	501(C)(3)	10,450.	Ο.			DISTRIBUTION
NATIONAL AUDUBON SOCIETY, INC.							
225 VARICK STREET, 7TH FLOOR							DONOR ADVISED
NEW YORK, NY 10014	13-1624102	501(C)(3)	5,000.	0.			DISTRIBUTION
·			,				
NATIONAL DANCE INSTITUTE OF NEW							
MEXICO - 1140 ALTO STREET - SANTA							DONOR ADVISED
FE, NM 87501	85-0431846	501(C)(3)	43,045.	Ο.			DISTRIBUTION
NATIONAL HISPANIC CULTURAL CENTER							
FOUNDATION - 1701 4TH ST. SW -							SANDIA FOUNDATION GRAN
ALBUQUERQUE, NM 87102-4518	85-0335056	501(C)(3)	10,000.	0.			PROGRAM
			, .				
NATIONAL INSTITUTE OF FLAMENCO							
1771 BELLAMAH AVE. NW SUITE A101							FOUNDATION ADVISED
ALBUQUERQUE, NM 87104	85-0332879	501(C)(3)	12,500.	0.			FUNDING
~		,	,	```			
NATIONAL NETWORK OF ABORTION FUNDS							
3415 MONTANA AVE							
EL PASO, TX 79903-4330	46-4153283	501(C)(3)	20,000.	0.			DONOR-ADVISED PASSTHRO

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NATIONAL ORGANIZATION FOR WOMEN							
FOUNDATION - 1100 H STREET NW NO -							DONOR ADVISED
WASHINGTON, DC 20005	52-1477004	501(C)(3)	2,500.	0.			DISTRIBUTION
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE							
RESTON, VA 20190	53-0204616	501(C)(3)	350.	0.			DONOR-ADVISED PASSTHROUGH
NATIVE AMERICAN COMMUNITY ACADEMY							
(NACA) FOUNDATION - 1000 INDIAN							
SCHOOL RD NW - ALBUQUERQUE, NM							DONOR ADVISED
87104	27-2193660	501(C)(3)	250.	0.			DISTRIBUTION
NATIVE HEALTH INITIATIVE							
PO BOX 26374							
ALBUQUERQUE, NM 87125	35-2416421	501(C)(3)	6,000.	0.			DONOR-ADVISED PASSTHROUGH
NEW DAY YOUTH & FAMILY SERVICES 2305 RENARD PLACE SE							
ALBUQUERQUE, NM 87106	85-0245782	501(C)(3)	33,925.	0.			DONOR-ADVISED PASSTHROUGH
				- •			
NEW ENERGY ECONOMY							
300 E. MARCY ST.							DONOR ADVISED
SANTA FE, NM 87501	20-2845513	501(C)(3)	6,800.	0.			DISTRIBUTION
NEW ISRAEL FUND							
PO BOX 70358							DONOR ADVISED
PHILADELPHIA, PA 19176-0358	94-2607722	501(C)(3)	1,500.	0.			DISTRIBUTION
,			,				
NEW MEXICO ACTIVITIES ASSOCIATION							
6600 PALOMAS AVE. NE							DONOR ADVISED
ALBUQUERQUE, NM 87109	85-6000704	501(C)(3)	2,500.	0.			DISTRIBUTION
NEW MEXICO ACTIVITIES ASSOCIATION							
FOUNDATION - 6600 PALOMAS AVE NE -							DONOR ADVISED
ALBUQUERQUE, NM 87109-5639	20-8883356	501(C)(3)	3,000.	0.			DISTRIBUTION

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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), Pa	urt 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 NEWIGO ADDI EGRED							
NEW MEXICO APPLESEED 222 E MARCY ST							DONOR ADVISED
SANTA FE, NM 87501-2021	20-4985257	501(C)(3)	10,361.	0.			DISTRIBUTION
			,				
NEW MEXICO ART LEAGUE							
PO BOX 16554							DONOR ADVISED
ALBUQUERQUE, NM 87191-6554	85-0208169	501(C)(3)	250.	0.			DISTRIBUTION
NEW MEXICO ASIAN FAMILY CENTER							
PO BOX 37346	26 0545077	F01 (g) (2)	15 000	0			
ALBUQUERQUE, NM 87176	26-0545877	501(C)(3)	15,000.	0.			2022 SPENDABLE GRANTS
NEW MEXICO AUTISM SOCIETY							
PO BOX 30955							DONOR ADVISED
ALBUQUERQUE, NM 87190	30-0218913	501(C)(3)	100.	0.			DISTRIBUTION
NEW MEXICO BIOPARK SOCIETY							
903 TENTH ST. SW							DONOR ADVISED
ALBUQUERQUE, NM 87102	23-7087964	501(C)(3)	32,962.	0.			DISTRIBUTION
NEW MEYTON DOVO & CIDI & DANGUEC							
NEW MEXICO BOYS & GIRLS RANCHES, INC 6209 HENDRIX NE -							
ALBUQUERQUE, NM 87110-1334	85-0125610	501(C)(3)	1,065.	0.			2022 SPENDABLE GRANTS
			,	·			
NEW MEXICO BOYS AND GIRLS RANCH							
FOUNDATION - PO BOX 9 - BELEN, NM							DONOR ADVISED
87002	85-0328251	501(C)(3)	233,536.	0.			DISTRIBUTION
NEW MEXICO CENTER ON LAW AND							
POVERTY - 301 EDITH BLVD NE -							
ALBUQUERQUE, NM 87102	85-0437960	501(C)(3)	12,591.	0.			DONOR-ADVISED PASSTHROUG
NEW MEXICO CHILD FIRST NETWORK							
PO BOX 91702							DONOR ADVISED
ALBUQUERQUE, NM 87199	83-3195287	501(C)(3)	250.	0.			DISTRIBUTION

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art 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							DONOR ADVISED		
FE, NM 87504	85-0482896	501(C)(3)	8,000.	0.			DISTRIBUTION		
2, 112 0,001				••					
NEW MEXICO COMMON CAUSE EDUCATION									
FUND - PO BOX 278 - ALBUQUERQUE,							DONOR ADVISED		
NM 87103-0278	31-1705370	501(C)(3)	2,000.	0.			DISTRIBUTION		
			,						
NEW MEXICO COMMUNITY CAPITAL									
301 GOLD AVE SW							DONOR ADVISED		
ALBUQUERQUE, NM 87102	20-1798654	501(C)(3)	14,000.	0.			DISTRIBUTION		
NEW MEXICO DENTAL ASSOCIATION									
FOUNDATION - PO BOX 16854 -							DONOR ADVISED		
ALBUQUERQUE, NM 87191	74-3146433	501(C)(3)	2,500.	0.			DISTRIBUTION		
NEW MEXICO DREAM CENTER									
126 GENERAL CHENNAULT NE							DONOR ADVISED		
ALBUQUERQUE, NM 87123	81-2479184	501(C)(3)	3,350.	0.			DISTRIBUTION		
NEW MEXICO ENVIRONMENTAL LAW CENTER - 1405 LUISA ST. STE 5 -							DONOR ADVISED		
	85-0360664	$E_{01}(c)(2)$	10,000.	0.			DISTRIBUTION		
SANTA FE, NM 87505-4074	85-0360664	501(C)(3)	10,000.	0.			DISTRIBUTION		
NEW MEXICO FARM AND LIVESTOCK									
BUREAU FOUNDATION - 2220 N TELSHOR							DONOR ADVISED		
BLVD - LAS CRUCES, NM 88011	85-0399251	501(C)(3)	15,000.	0.			DISTRIBUTION		
	00 0000101	501(0)(5)	10,000.						
IEW MEXICO FRIENDS OF FOSTER									
CHILDREN - PO BOX 25365 -							DONOR ADVISED		
ALBUQUERQUE, NM 87125	27-0363331	501(C)(3)	13,000.	0.			DISTRIBUTION		
			, ,						
NEW MEXICO HOLOCAUST & INTOLERANCE									
IUSEUM - 616 CENTRAL AVE. SW -							FOUNDATION ADVISED		
ALBUQUERQUE, NM 87102	85-0456900	501(C)(3)	2,600.	Ο.			FUNDING		

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

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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
NEW MEXICO IN DEPTH, INC							
6937 MERLOT DRIVE NE							DONOR ADVISED
RIO RANCHO, NM 87144	45-4011138	501(C)(3)	100.	0.			DISTRIBUTION
NEW MEXICO JAZZ WORKSHOP							
5500 LOMAS BLVD. NE							FOUNDATION ADVISED
ALBUQUERQUE, NM 87110-6545	85-0247988	501(C)(3)	7,500.	٥.			FUNDING
NEW MEXICO KIDS MATTER INC.							
2340 ALAMO SE							SANDIA FOUNDATION GRANT
ALBUQUERQUE, NM 87106	85-0424064	501(C)(3)	18,500.	0.			PROGRAM
NEW MEXICO LAND CONSERVANCY							
PO 6759							DONOR ADVISED
SANTA FE, NM 87502-6759	06-1648104	501(C)(3)	1,545.	0.			DISTRIBUTION
NEW MEXICO LEGAL AID							
PO BOX 25486							
ALBUQUERQUE, NM 87125-5486	85-0116950	501(C)(3)	20,000.	0.			DONOR-ADVISED PASSTHROUGH
NEW MEXICO LIONS OPERATION							
KIDSSIGHT - 1501NORTH SOLANO DRIVE							DONOR ADVISED
- LAS CRUCES, NM 88001	45-4901616	501(C)(3)	5,000.	0.			DISTRIBUTION
NEW MEXICO MILITARY INSTITUTE			,				
FOUNDATION, INC 101 WEST							
COLLEGE BLVD ROSWELL, NM							
88201-5173	85-6010718	501(C)(3)	30,328.	0.			AGENCY DISTRIBUTION
NEW MEXICO MUSEUM OF NATURAL							
HISTORY FOUNDATION - PO BOX 25446							
- ALBUQUERQUE, NM 87125-5446	85-0257595	501(C)(3)	37,596.	0.			2022 SPENDABLE GRANTS
NEW MEXICO OSTEOPATHIC FOUNDATION							
DBA SW FOUNDATION FOR OSTEOPATHIC							
EDUCATION - 3501 ARROWHEAD DRIVE -		F01(G)(2)	140.076	<u>^</u>			
LAS CRUCES, NM 88001	85-0402214	PUT(C)(3)	140,976.	0.			AGENCY DISTRIBUTION

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

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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
NEW MEXICO PBS							
1130 UNIVERSITY BLVD. NE							
ALBUQUERQUE, NM 87102	85-0275408	501(C)(3)	46,998.	0.			AGENCY DISTRIBUTION
NEW MEXICO PHILHARMONIC							
PO BOX 21428							DONOR ADVISED
ALBUQUERQUE, NM 87154	27-1148446	501(C)(3)	123,905.	0.			DISTRIBUTION
NEW MEXICO RELIGIOUS COALITION FOR							
REPRODUCTIVE CHOICE - PO BOX 66433							
- ALBUQUERQUE, NM 87193	85-0391823	501(C)(3)	20,250.	0.			DONOR-ADVISED PASSTHROUGH
NEW NEWTOO CONCOL FOR THE AREA							
NEW MEXICO SCHOOL FOR THE ARTS							DONOR ADVISED
500 MONTEZUMA AVENUE	26-4764395	F(1/2)/2	1 000	0.			DONOR ADVISED DISTRIBUTION
SANTA FE, NM 87501 NEW MEXICO SCHOOL FOR THE BLIND &	20-4/04395	501(C)(3)	1,000.	0.			DISTRIBUTION
VISUALLY IMPAIRED FOUNDATION - 801							
STEPHEN MOODY ST. SE -							DONOR ADVISED
ALBUQUERQUE, NM 87123	85-0298659	501(C)(3)	5,000.	0.			DISTRIBUTION
	03 0290039	501(0)(3)	5,000.				
NEW MEXICO SOLAR ENERGY							
ASSOCIATION - PO BOX 3434 -							DONOR ADVISED
ALBUQUERQUE, NM 87190	85-0241821	501(C)(3)	1,000.	0.			DISTRIBUTION
NEW MEXICO SYMPHONIC CHORUS							
PO BOX 7900							DONOR ADVISED
ALBUQUERQUE, NM 87194	45-1261027	501(C)(3)	6,600.	0.			DISTRIBUTION
NEW MEXICO VOLUNTEERS FOR THE							
OUTDOORS - P.O. BOX 36246 -							
ALBUQUERQUE, NM 87176	85-0326421	501(C)(3)	5,000.	0.			2022 SPENDABLE GRANTS
NEW MEXICO WILDERNESS ALLIANCE							L
PO BOX 25464							DONOR ADVISED
ALBUQUERQUE, NM 87125	85-0457916	DOT(C)(3)	21,045.	٥.			DISTRIBUTION

ALBUQUERQUE COMMUNITY FOUNDATION Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Doi		and Domestic Go	vernments (Sche	edule I (Form 990), Fa	T	
(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 WILDLIFE ASSOCIATION							
PO BOX 1359							DONOR ADVISED
EDGEWOOD, NM 87015	85-0402566	501(C)(3)	7,300.	0.			DISTRIBUTION
NEW MEXICO XTREME SPORTS							
ASSOCIATION INC - 508 1ST ST NW -							
ALBUQUERQUE, NM 87102-2304	43-2089526	501(C)(3)	10,000.	0.			2022 SPENDABLE GRANTS
NEWMEXICOKIDSCAN							
PO BOX 27217							GREAT GRANT GIVEAWAY
ALBUQUERQUE, NM 87114	27-3069592	501(C)(3)	57,715.	0.			RECIPIENT
NEXT STEP MINISTRIES							
PO BOX 35327							DONOR ADVISED
ALBUQUERQUE, NM 87176	45-5448539	501(C)(3)	12,500.	0.			DISTRIBUTION
	10 0110007		,	```			
NM ALLIANCE OF HEALTH COUNCILS							
PO BOX 4641							FOUNDATION ADVISED
SANTA FE, NM 87502	47-2939987	501(C)(3)	2,500.	0.			FUNDING
NM WILDLIFE CENTER							
19 WHEAT STREET							DONOR ADVISED
ESPANOLA, NM 87532	85-0346210	501(C)(3)	2,450.	0.			DISTRIBUTION
NMCAN							
211 12TH ST NM							DONOR ADVISED
ALBUQUERQUE, NM 87102	85-0385103	501(C)(3)	10,750.	0.			DISTRIBUTION
			,				
NMOBA FUND							
P.O. BOX 37115							DONOR ADVISED
ALBUQUERQUE, NM 87176	85-4151979	501(C)(3)	5,000.	0.			DISTRIBUTION
NORBERTINE COMMUNITY OF NEW MEXICO							
5825 COORS BLVD SW							DONOR ADVISED
ALBUQUERQUE, NM 87121	85-0439246	501(C)(3)	300.	Ο.			DISTRIBUTION

ALBUQUERQUE COMMUNITY FOUNDATION

Schedule I (Form 990) ALBUQUERQ		85-0295444 р					
Part II Continuation of Grants and Other (a) Name and address of organization or government	Assistance to Dor (b) EIN	nestic Organizations (c) IRC section if applicable	s and Domestic Go (d) Amount of cash grant	vernments (Sche (e) Amount of noncash assistance	edule I (Form 990), Pa (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							DONOR ADVISED
ALBUQUERQUE, NM 87107	32-0081580	501(C)(3)	22,000.	0.			DISTRIBUTION
CEAN CONSERVANCY INC							
300 19TH STREET, NW							DONOR ADVISED
WASHINGTON, DC 20036	23-7245152	501(C)(3)	5,000.	0.			DISTRIBUTION
OCEANA, INC.							
1025 CONNECTICUT AVE NW							DONOR ADVISED
WASHINGTON, DC 20036	51-0401308	501(C)(3)	2,500.	0.			DISTRIBUTION
,							
OFFCENTER COMMUNITIY ARTS PROJECT							
808 PARK AVE. SW							DONOR ADVISED
ALBUQUERQUE, NM 87102-3017	85-0480889	501(C)(3)	37,750.	0.			DISTRIBUTION
OPPICED ONDEEM CUDUTUAL MDAINING							
OFFICER STREET SURVIVAL TRAINING PO BOX 37337							DONOR ADVISED
ALBUQUERQUE, NM 87176-7337	30-0407895	501(C)(3)	100.	0.			DISTRIBUTION
ALBOQUERQUE, NM 0/1/0-/35/	50-0407095	501(0)(5)	100.	0.			DISTRIBUTION
OLGA KERN INTERNATIONAL PIANO							
COMPETITION - PO BOX 14314 -							DONOR ADVISED
ALBUQUERQUE, NM 87191	46-5769650	501(C)(3)	1,000.	0.			DISTRIBUTION
DPERA SOUTHWEST							
PO BOX 27671							DONOR ADVISED
ALBUQUERQUE, NM 87125-7671	23-7314812	501(C)(3)	49,600.	0.			DISTRIBUTION
OUR CHILDREN'S TRUST							
P.O. BOX 5181							DONOR ADVISED
EUGENE, OR 97405	27-3094382	501(C)(3)	100.	0.			DISTRIBUTION
DUTPOST PRODUCTIONS, INC.							
PO BOX 4543	05 02C2045	F01(0)(2)		•			DONOR ADVISED
ALBUQUERQUE, NM 87196-4543	85-0363945	501(C)(3)	2,750.	0.			DISTRIBUTION

Schedule I (Form 990) ALBUQUERQUE COMMUNITY FOUNDATION

(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
PANTRY OF OXFORD AND LAFAYETTE COUNTY - PO BOX 588 - OXFORD, MS							DONOR ADVISED
38655-0588	64-0901339	501(C)(3)	180.	0.			DISTRIBUTION
PARTICIPA P.O. BOX 5157 BERNALILLO, NM 87004	74-2829624	501(C)(3)	500.	0.			DONOR ADVISED DISTRIBUTION
PARTNERS IN HEALTH PO BOX 996 FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	2,400.	0.			DONOR-ADVISED PASSTHROUG
PARTNERSHIP FOR COMMUNITY ACTION 722 ISLETA BLVD SW ALBUQUERQUE, NM 87105	31-1815692	501(C)(3)	5,000.	0.			DONOR ADVISED DISTRIBUTION
PASSION CITY CHURCH PO BOX 14145 ATLANTA, GA 30324	27-1721038		1,300.	0.			DONOR ADVISED DISTRIBUTION
PAWS AND STRIPES 617 TRUMAN STREET NE ALBUQUERQUE, NM 87110-6443	27-2908352		2,600.	0.			DONOR ADVISED DISTRIBUTION
PB&J FAMILY SERVICES, INC. 1101 LOPEZ RD., SW ALBUQUERQUE, NM 87105	85-0231566	501(C)(3)	49,225.	0.			DONOR ADVISED DISTRIBUTION
PEGASUS LEGAL SERVICES FOR CHILDREN – 505 MARQUETTE NW – ALBUQUERQUE, NM 87102	46-0509986	501(C)(3)	33,100.	0.			DONOR ADVISED DISTRIBUTION
PENNIES FOR THE HOMELESS 201 3RD AVE. NW ALBUQUERQUE, NM 87102	30-0371748	501(C)(3)	2,344.	0.			DONOR ADVISED DISTRIBUTION

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

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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
PINK WARRIOR HOUSE FOUNDATION							
1116 MARBLE AVE NW							DONOR ADVISED
ALBUQUERQUE, NM 87102-1858	83-3269721	501(C)(3)	5,000.	0.			DISTRIBUTION
· · · · ·							
PLACITAS ARTIST SERIES, INC.							
PO BOX 944							DONOR ADVISED
PLACITAS, NM 87043	85-0370944	501(C)(3)	500.	0.			DISTRIBUTION
PLANNED PARENTHOOD OF THE ROCKY							
MOUNTAINS, INC 719 SAN MATEO							
BLVD. NE - ALBUQUERQUE, NM 87108	84-0404253	501(C)(3)	142,120.	0.			2022 SPENDABLE GRANTS
POPULATION CONNECTION							
2120 L ST. NW	04 4500455						DONOR ADVISED
WASHINGTON, DC 20037	94-1703155	501(C)(3)	3,000.	0.			DISTRIBUTION
PRESBYTERIAN EAR INSTITUTE							
415 CEDAR ST. SE							DONOR ADVICED
ALBUQUERQUE, NM 87106-3927	85-0373591	501(C)(3)	17,000.	0.			DONOR ADVISED DISTRIBUTION
ALBOQUERQUE, NM 8/100-392/	05-0575591	501(0)(3)	17,000.	0.			DISTRIBUTION
PRESBYTERIAN HEALTHCARE FOUNDATION							
PO BOX 26666							DONOR ADVISED
ALBUQUERQUE, NM 87125-6666	85-6016041	501(C)(3)	32,179.	0.			DISTRIBUTION
,,,			,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-				
PRISON FELLOWSHIP INTERNATIONAL							
20116 ASHBROOK PLACE							DONOR ADVISED
ASHBURN, VA 20041	51-0247185	501(C)(3)	300.	0.			DISTRIBUTION
PROJECT HOPE							
PEOPLE-TO-PEOPLE HEALTH FDN.							
WASHINGTON, DC 20036	53-0242962	501(C)(3)	1,415.	0.			2022 SPENDABLE GRANTS
R4 CREATING							
6391 ROADRUNNER LOOP							DONOR ADVISED
RIO RANCHO, NM 87144	81-1547684	501(C)(3)	5,275.	0.			DISTRIBUTION

Schedule I (Form 990) ALBUQUERQUE COMMUNITY FOUNDATION

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
READ "WRITE" ADULT LITERACY							
PROGRAM - P.O. BOX 902 - MORIARTY,							DONOR ADVISED
NM 87035	85-0481507	501(C)(3)	8,000.	0.			DISTRIBUTION
RESOLVE							
PO BOX 8350							DONOR ADVISED
SANTA FE, NM 87504	85-0475597	501(C)(3)	1,000.	0.			DISTRIBUTION
REVO INC. DBA TRICKLOCK							
808 LEAD AVE SW	85-0413332	E01(0)(2)	10,000	0.			FOUNDATION ADVISED FUNDING
ALBUQUERQUE, NM 87102	85-0413332	501(C)(3)	10,000.	0.			FUNDING
RIO GRANDE COMMUNITY DEVELOPMENT							
CORPORATION - 318 ISLETA BLVD SW -							DONOR ADVISED
ALBUQUERQUE, NM 87105	85-0348445	501(C)(3)	59,100.	٥.			DISTRIBUTION
RIO GRANDE COMMUNITY FARM							
1701 MONTANO RD NW							DONOR ADVISED
ALBUQUERQUE, NM 87107	74-2833329	501(C)(3)	6,500.	0.			DISTRIBUTION
DIA CRINER RAAD DEATECT							
RIO GRANDE FOOD PROJECT PO BOX 66498							DONOR ADVISED
ALBUQUERQUE, NM 87193	20-1667103	501(C)(3)	42,131.	0.			DISTRIBUTION
KIBOQOEKQOE, MM 07193	20 100/103	501(0)(5)	42,131.				DISTRIBUTION
ROADRUNNER FOOD BANK							
5840 OFFICE BOULEVARD NE							DONOR ADVISED
ALBUQUERQUE, NM 87109	85-0278525	501(C)(3)	83,860.	0.			DISTRIBUTION
ROCKY MOUNTAIN YOUTH CORPS							
PO BOX 1960							
RANCHOS DE TAOS, NM 87571	85-0404817	501(C)(3)	15,000.	0.			2022 SPENDABLE GRANTS
DONALD MODONALD HOUSE CHARTER OF							
RONALD MCDONALD HOUSE CHARITIES OF NEW MEXICO - 1011 YALE NE -							DONOR ADVISED
ALBUQUERQUE, NM 87106	85-0283204	501(C)(3)	15,000.	0.			DISTRIBUTION
TTPOZOTKZOH, MH 0/100	55 0205204		1 13,000.	Ů.	1		PISINIBULION

ALBUQUERQUE COMMUNITY FOUNDATION Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ROSWELL ARTIST IN RESIDENTS									
FOUNDATION - 409 E COLLEGE BLVD -							DONOR ADVISED		
ROSWELL, NM 88201-7524	33-0999247	501(C)(3)	18,000.	٥.			DISTRIBUTION		
S.Y. JACKSON ELEMENTARY SCHOOL									
4720 CAIRO NE							DONOR ADVISED		
ALBUQUERQUE, NM 87111	85-6000101	GOV ' T	1,500.	0.			DISTRIBUTION		
SAGE ALBUQUERQUE, A PROJECT OF THE									
EQUALITY NEW MEXICO FOUNDATION -									
PO BOX 20421 - ALBUQUERQUE, NM							FOUNDATION ADVISED		
87154	85-0417115	501(C)(3)	7,000.	٥.			FUNDING		
SALVATION ARMY 2707 E. VAN BUREN ST.									
PHOENIX, AZ 85008	94-1156347	501(C)(3)	5,333.	0.			DONOR ADVISED DISTRIBUTION		
FROENIX, AZ 05000	94-1150547	501(0)(3)	5,555.	0.					
SAN YSIDRO PARISH									
P.O. BOX 182									
CORRALES, NM 87048	85-0326899	CHURCH	1,000.	0.			DONOR-ADVISED PASSTHROUGH		
SANDIA PREPARATORY SCHOOL 532 OSUNA RD NE							DONOR ADVICED		
ALBUQUERQUE, NM 87113	85-0196115	501(C)(3)	15,000.	0.			DONOR ADVISED DISTRIBUTION		
ALBOQUERQUE, NM 07115	05-0190115	501(0)(3)	15,000.	0.			DISTRIBUTION		
SANDOVAL COUNTY FAIR									
PO BOX 2182							DONOR ADVISED		
CUBA, NM 87013	26-4425097	501(C)(3)	545.	٥.			DISTRIBUTION		
SANTA FE COMMUNITY FOUNDATION									
PO BOX 1827							DONOR ADVISED		
SANTA FE, NM 87504-1827	85-0303044	501(C)(3)	161,500.	0.			DISTRIBUTION		
SANTA FE DREAMERS PROJECT									
PO BOX 8009									
SANTA FE, NM 87504	82-0839645	501(C)(3)	4,700.	٥.			2022 SPENDABLE GRANTS		
			1,700.	••					

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SARANAM, LLC							
1028 EUBANK NE STE F							DONOR ADVISED
ALBUQUERQUE, NM 87112	20-2036621	501(C)(3)	53,062.	0.			DISTRIBUTION
SAVILA COLLABORATIVE							
CENTRO SAVILA							DONOR ADVISED
ALBUQUERQUE, NM 87195	46-0667855	501(C)(3)	42,000.	0.			DISTRIBUTION
SCHOOL FOR ADVANCED RESEARCH ON							
THE HUMAN EXPERIENCE - PO BOX 2188							
- SANTA FE, NM 87504-2188	85-0125045	501(C)(3)	36,397.	0.			2022 SPENDABLE GRANTS
SANTA FE, NH 07504 2100	05 0125045	501(0)(3)	50,557.				2022 STENDADLE GRANTS
SECOND CHANCE ANIMAL RESCUE INC							
PO BOX 15194							DONOR ADVISED
RIO RANCHO, NM 87174-0194	87-0795482	501(C)(3)	100.	0.			DISTRIBUTION
· · · ·							
SENIOR CITIZENS' LAW OFFICE							
4317 LEAD SE, STE A							
ALBUQUERQUE, NM 87108	85-0314545	501(C)(3)	369.	0.			DONOR-ADVISED PASSTHROUGH
SEVA FOUNDATION							
1786 FIFTH ST							DONOR ADVISED
BERKELEY, CA 94710	38-2231279	501(C)(3)	2,500.	0.			DISTRIBUTION
SIERRA CLUB FOUNDATION							
2101 WEBSTER STREET							DONOR ADVISED
OAKLAND, CA 94612	94-6069890	501(C)(3)	10,000.	0.			DISTRIBUTION
SILVER BULLET PRODUCTIONS							
38 CALLE VENTOSO WEST							DONOR ADVISED
SANTA FE, NM 87506	30-0275618	501(C)(3)	4,000.	٥.			DISTRIBUTION
SILVER HORIZONS NEW MEXICO, INC. 1913 EUBANK BLVD NE							
	95 0270000	E01/(C)/(2)	05 615	^			DONOR ADVISED
ALBUQUERQUE, NM 87112	85-0279898	DOT(C)(3)	85,615.	Ο.		1	DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILVERLAKE INDEPENDENT JEWISH							
COMMUNITY CENTER - 1110 BATES AVE							DONOR ADVISED
- LOS ANGELES, CA 90029	32-0003071	501(C)(3)	6,000.	0.			DISTRIBUTION
SOCIAL & ENVIRONMENTAL			,				
ENTREPRENEURS INC 23564							
CALABASAS ROAD - CALABASAS, CA							FOUNDATION ADVISED
91302	95-4116679	501(C)(3)	5,000.	0.			FUNDING
SOFIA CENTER FOR PROFESSIONAL							DONOD ADVITCED
DEVELOPMENT - 601 LUNA BLVD. NW - ALBUQUERQUE, NM 87102	87-1266036	$F(1/\alpha)/2)$	10,000.	0.			DONOR ADVISED DISTRIBUTION
ALBOQUERQUE, NM 07102	07-1200030	501(0/(5)	10,000.	0.			
SOMOS UN PUEBLO UNIDO							
1804 ESPINACITAS STREET							DONOR ADVISED
SANTA FE, NM 87505	20-4216836	501(C)(3)	250.	0.			DISTRIBUTION
SOUTHERN POVERTY LAW CENTER							
400 WASHINGTON AVE							DONOR ADVISED
MONTGOMERY, AL 36104	63-0598743	501(C)(3)	3,500.	0.			DISTRIBUTION
SOUTHWEST CREATIONS COLLABORATIVE							
722 ISLETA BLVD SW							
ALBUQUERQUE, NM 87105	85-0440047	501(C)(3)	70,000.	0.			DONOR-ADVISED PASSTHROUGH
,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SOUTHWEST HORSE POWER, INC.							
840 SIMON LANE SW							DONOR ADVISED
ALBUQUERQUE, NM 87105	27-2629143	501(C)(3)	3,000.	0.			DISTRIBUTION
SOUTHWEST ORGANIZING PROJECT							
211 10TH ST. SW		501 (3) (3)		-			FOUNDATION ADVISED
ALBUQUERQUE, NM 87102	85-0368743	5UI(C)(3)	9,850.	0.			FUNDING
SOUTHWEST RESEARCH AND INFORMATION							
CENTER - PO BOX 4524 -							DONOR ADVISED
ALBUQUERQUE, NM 87196	23-7159949	501(C)(3)	13,000.	0.			DISTRIBUTION

ALBUQUERQUE COMMUNITY FOUNDATION

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.) T	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
SOUTHWEST WOMEN'S LAW CENTER							
128 QUINCY ST NE							
ALBUQUERQUE, NM 87108	20-2884027	501(C)(3)	22,000.	0.			DONOR-ADVISED PASSTHROUGH
	20 2004027	501(0)(5)	22,000.	••			
SPECIAL OLYMPICS NEW MEXICO							
6600 PALOMAS DR. NE							DONOR ADVISED
ALBUQUERQUE, NM 87109-5655	85-0268084	501(C)(3)	14,700.	0.			DISTRIBUTION
			, .				
SPENCER THEATRE FOR THE PERFORMING							
ARTS - PO BOX 140 108 SPENCER RD -							DONOR ADVISED
ALTO, NM 88312	85-0403693	501(C)(3)	1,000.	0.			DISTRIBUTION
ST VINCENT DE PAUL SOCIETY							
210 NORTH AVENUE 21							
LOS ANGELES, CA 90031	95-1644622	501(C)(3)	2,000.	0.			DONOR-ADVISED PASSTHROUGH
ST. BONAVENTURE INDIAN MISSION AND							
SCHOOL - PO BOX 610 - THOREAU, NM		F01(0)(2)		0			DONOR ADVISED
87323-9025	85-0326009	501(C)(3)	200.	0.			DISTRIBUTION
STANLEY BRITISH PRIMARY SCHOOL							
PO BOX 200582							DONOR ADVISED
DENVER, CO 80220	74-2325997	501(C)(3)	17,079.	0.			DISTRIBUTION
	,1 101055,	501(0)(0)	17,075.				
STEM IS CHILDS PLAY FOUNDATION							
6411 AVALON RD. NW							DONOR ADVISED
ALBUQUERQUE, NM 87105	84-3493579	501(C)(3)	6,427.	0.			DISTRIBUTION
			,				
STRAY HEARTS ANIMAL SHELTER							
PO BOX 622							DONOR ADVISED
TAOS, NM 87571	85-0342062	501(C)(3)	2,500.	0.			DISTRIBUTION
STREET FOOD INSITUTE							
900 UNIVERSITY BLVD. SE							
ALBUQUERQUE, NM 87106	81-3560360	501(C)(3)	7,000.	0.			2022 SPENDABLE GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRENGTHENING NATIONS INC							
1800 RED ROCK DR							DONOR ADVISED
GALLUP, NM 87301	84-2615248	501(C)(3)	5,000.	0.			DISTRIBUTION
STUDENT'S CLOTHING BANK							
PO BOX 94735							
ALBUQUERQUE, NM 87102	46-5765753	501(C)(3)	16,000.	0.			DONOR-ADVISED PASSTHROUGH
TEACH FOR AMERICA NEW MEXICO							
PO BOX 553							SANDIA FOUNDATION GRANT
THOREAU, NM 87323-0553	13-3541913	501(C)(3)	13,000.	0.			PROGRAM
TENDERLOVE COMMUNITY CENTER							
PO BOX 65156							DONOR ADVISED
ALBUQUERQUE, NM 87193	45-4766711	501(C)(3)	33,000.	0.			DISTRIBUTION
THE A21 CAMPAIGN INC							
2781 W. MACARTHUR BLVD							DONOR ADVISED
SANTA ANA, CA 92704	26-3442008	501(C)(3)	480.	0.			DISTRIBUTION
THE CHILDREN'S HOUR INC.							DONOR ADVICED
2425 TEODORO RD. NW ALBUQUERQUE, NM 87107	83-1871581	501(C)(3)	12,500.	0.			DONOR ADVISED DISTRIBUTION
ALBOQUERQUE, NA 0/10/	05-1071501	501(0)(5)	12,500.	0.			
THE FIRST TEE OF DENVER							
3181 E 23RD AVE.							DONOR ADVISED
DENVER, CO 80205	03-0506671	501(C)(3)	2,100.	0.			DISTRIBUTION
THE FOOD DEDOM							
THE FOOD DEPOT 1222 SILER ROAD							DONOR ADVISED
SANTA FE, NM 87507	85-0416803	501(C)(3)	5,000.	0.			DISTRIBUTION
			5,000	0.			
THE GRIEF CENTER							
4125 CARLISLE AVE. NE							DONOR ADVISED
ALBUQUERQUE, NM 87107	85-0474099	501(C)(3)	42,650.	Ο.			DISTRIBUTION

Schedule I (Form 990) ALBUQUERQUE COMMUNITY FOUNDATION

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	-	TTY FOUNDAT					55-0295444 Pa
Part II Continuation of Grants and Other	Assistance to Do	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	
(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
THE HORSE SHELTER							
821 W. SAN MATEO RD.							DONOR ADVISED
SANTA FE, NM 87505-4145	52-2214286	501(C)(3)	10,000.	0.			DISTRIBUTION
· · · ·							
THE KITCHEN							
2443 FILLMORE ST #310							DONOR ADVISED
SAN FRANCISCO, CA 94115	45-2639806	501(C)(3)	5,400.	0.			DISTRIBUTION
THE NATURE CONSERVANCY							DONOD ADVITARD
1613 PASEO DE PERALTA, SUITE 200	52 0040650						DONOR ADVISED
SANTA FE, NM 87501	53-0242652	501(C)(3)	48,300.	0.			DISTRIBUTION
THE REGENTS OF THE UNIVERSITY OF							
NEW MEXICO - 1700 LOMAS BLVD. NE,							
SUITE 2200 - ALBUQUERQUE, NM							DONOR ADVISED
87131-0001	85-6000642	501(C)(3)	34,330.	0.			DISTRIBUTION
THE ROCK AT NOON DAY							
PO BOX 25451							DONOR ADVISED
ALBUQUERQUE, NM 87125	85-0349649	501(C)(3)	1,500.	0.			DISTRIBUTION
,			,				
THE STOREHOUSE NEW MEXICO							
PO BOX 94810							DONOR ADVISED
ALBUQUERQUE, NM 87199-4810	35-2511614	501(C)(3)	1,000.	0.			DISTRIBUTION
THE NATCE OF THE MADEURA INC							
THE VOICE OF THE MARTYRS INC							DONOD ADVITATIO
1815 SE BISON RD		F01(0)(2)					DONOR ADVISED
BARTLESVILLE, OK 74006	73-1395057	DUT(C)(3)	600.	0.			DISTRIBUTION
THE VORTEX THEATRE							
2900 CARLISLE NE							DONOR ADVISED
ALBUQUERQUE, NM 87110	85-0263324	501(C)(3)	250.	0.			DISTRIBUTION
······································							
THINK NEW MEXICO							
505 DON GASPAR AVE							DONOR ADVISED
SANTA FE, NM 87505	31-1611995	501(C)(3)	21,000.	0.			DISTRIBUTION

ALBUQUERQUE COMMUNITY FOUNDATION

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		ITY FOUNDAT					5-0295444 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt 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
THREE SISTERS KITCHEN							
109 GOLD AVE. SW							DONOR ADVISED
ALBUQUERQUE, NM 87102	82-4882255	501(C)(3)	147,300.	0.			DISTRIBUTION
TIGER HAVEN, INC. 237 HARVEY RD							
KINGSTON, TN 37763	62-1536897	501(C)(3)	4,467.	0.			2022 SPENDABLE GRANTS
TIJERAS INSTITUTE INC							
PO BOX 2953							DONOR ADVISED
CORRALES, NM 87048-2953	85-0479195	501(C)(3)	1,000.	0.			DISTRIBUTION
	05 0475155	501(0)(5)	1,000.				
TOGETHER FOR BROTHERS (T4B)							
722 ISLETA BLVD SW							FOUNDATION ADVISED
ALBUQUERQUE, NM 87105	31-1815692	501(C)(3)	5,000.	0.			FUNDING
TOKEN IBIS							
315 CENTRAL AVE NW UNIT 304							DONOR ADVISED
ALBUQUERQUE, NM 87102-4066	83-4499982	501(C)(3)	2,500.	0.			DISTRIBUTION
TOMORROWS WOMEN							
369 MONTEZUMA AVE	95 0266097	E01(0)(2)	900.	0.			
SANTA FE, NM 87501	85-0366087	501(C)(3)	900.	0.			DONOR-ADVISED PASSTHROUGH
TOWARDS JUSTICE OF COLORADO							
1410 HIGH STREET							DONOR ADVISED
DENVER, CO 80218	46-4625504	501(C)(3)	250.	0.			DISTRIBUTION
TRANSGENDER RESOURCE CENTER OF NEW							
MEXICO - 5600 DOMINGO RD. NE -							
ALBUQUERQUE, NM 87108	39-2076744	501(C)(3)	15,000.	0.			2022 SPENDABLE GRANTS
UNCHARTED MINISTRIES INC							
2001 W. PLANO PKWY	00 000455	F01(0)(2)		_			DONOR ADVISED
PLANO, TX 75075	82-3329457	DOT(C)(3)	300.	0.			DISTRIBUTION

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

85-0295	5444	Page 1
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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	irt II.) T	
(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
UNION STATION HOMELESS SERVICES							
825 E ORANGE GROVE BLVD							DONOR ADVISED
PASADENA, CA 91104	95-3958741	501(C)(3)	1,000.	0.			DISTRIBUTION
UNITED WAY OF CENTRAL NEW MEXICO							
PO BOX 25147							
ALBUQUERQUE, NM 87125	85-0277138	501(C)(3)	4,500.	0.			DONOR-ADVISED PASSTHROUGH
UNIVERSITY OF PENNSYLVANIA							
3451 WALNUT STREET							
PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	75.	0.			DONOR-ADVISED PASSTHROUGH
UNM CONTRACT AND GRANT ACCOUNTING							
1700 LOMAS BLVD. NE, SUITE 2100		F01 (a) (2)	40.000				DONOR ADVISED
ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	40,000.	0.			DISTRIBUTION
UNM FOUNDATION							
700 LOMAS BLVD. NE							DONOR-DESIGNATED
ALBUQUERQUE, NM 87102	85-0275408	501(C)(3)	307,504.	0.			DISTRIBUTION
				.			
UNM POPEJOY HALL							
MSC 04 2580							DONOR ADVISED
ALBUQUERQUE, NM 87131-0000	85-0275408	501(C)(3)	6,500.	0.			DISTRIBUTION
UNM SCHOOL OF LAW							
MSC 11-6070							DONOR ADVISED
ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	5,939.	0.			DISTRIBUTION
UP B4 THE SON MINISTRIES &							
CHARITIES - PO BOX 67890 -				-			DONOR ADVISED
ALBUQUERQUE, NM 87193	46-2566111	501(C)(3)	500.	0.			DISTRIBUTION
US HOLOCAUST MEMORIAL COUNCIL							
100 RAOUL WALLENBERG PL SW							DONOR ADVISED
WASHINGTON, DC 20024	52-1309391	501(C)(3)	500.	0.			DISTRIBUTION
MADILINGTON, DC 20024	JZ-1303391			υ.			PISIKIBULION

ALBUQUERQUE COMMUNITY FOUNDATION Schedule I (Form 990)

		III FOUNDAI					55-0295444 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	urt 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
VALENCIA SHELTER FOR VICTIMS OF							
DOMESTIC VIOLENCE / VALENCIA							
SHELTER SERVICES / - 445 CAMINO							DONOR ADVISED
DEL REY SUITE E LOS LUNAS, NM	85-0370709	501(C)(3)	3,000.	0.			DISTRIBUTION
VETERANS INTEGRATION CENTERS 1301 ORTIZ DRIVE SE							DONOR ADVISED
ALBUQUERQUE, NM 87108	55-0901604	501(C)(3)	100.	0.			DISTRIBUTION
VILLA THERESE CATHOLIC CLINIC 1779 HOPEWELL STREET							DONOR ADVISED
SANTA FE, NM 87505	85-0229019	501(C)(3)	10,000.	0.			DISTRIBUTION
WATERMELON MOUNTAIN RANCH, INC.							
1380 RIO RANCHO BLVD.	05 0400505	E01(0)(2)	15 111	0			DONOR ADVISED
RIO RANCHO, NM 87124	85-0480585	501(C)(3)	15,111.	0.			DISTRIBUTION
WEECYCLE 20 S HAVANA ST STE 210							DONOR ADVISED
AURORA, CO 80012	82-3096264	501(C)(3)	1,200.	٥.			DISTRIBUTION
WESST							
609 BROADWAY NE		501 (2) (2)	10.000	0			DONOR ADVISED
ALBUQUERQUE, NM 87102-2334	85-0367809	501(C)(3)	18,000.	0.			DISTRIBUTION
WILDEARTH GUARDIANS 301 NORTH GUADALUPE STREET							DONOR ADVISED
SANTA FE, NM 87508	85-0406306	501(C)(3)	250.	0.			DISTRIBUTION
WILDERNESS SOCIETY 317 COMMERCIAL ST NE							
ALBUQUERQUE, NM 87102-3455	53-0167933	501(C)(3)	350.	0.			DONOR-ADVISED PASSTHROUGH
WILDLIFE FOR ALL							
PO BOX 88							DONOR ADVISED
MESILLA, NM 88046-4628	85-0403860	501(C)(3)	6,000.	0.			DISTRIBUTION

ALBUQUERQUE COMMUNITY FOUNDATION

		ITY FOUNDAT					35-0295444 Page
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	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
WILDLIFE HAVEN							
3659 STATE ROUTE 598							DONOR ADVISED
CRESTLINE, OH 44827	34-1861479	501(C)(3)	1,000.	0.			DISTRIBUTION
WILDLIFE RESCUE INC. OF NEW MEXICO							
PO BOX 70364							
ALBUQUERQUE, NM 87197	85-0285529	501(C)(3)	10,000.	0.			2022 SPENDABLE GRANTS
WINGS FOR LIFE INTERNATIONAL 8226 MENAUL BLVD NE							DONOR ADVISED
	85-0473126	501(C)(3)	15,600.	0.			DISTRIBUTION
ALBUQUERQUE, NM 87110	05-0475120	501(0)(5)	15,000.	0.			DISTRIBUTION
WISE FOOL NEW MEXICO							
1131 B SILER ROAD							DONOR ADVISED
SANTA FE, NM 87507	85-0473796	501(C)(3)	10,100.	0.			DISTRIBUTION
WORKING CLASSROOM, INC.							
423 ATLANTIC AVE. SW							DONOR ADVISED
ALBUQUERQUE, NM 87102	85-0280287	501(C)(3)	40,500.	0.			DISTRIBUTION
WORLD VISION, INC.							
PO BOX 9716							DONOR ADVISED
FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	300.	0.			DISTRIBUTION
WORLD WILDLIFE FUND, INC.							
1250 24TH ST NW							
WASHINGTON, DC 20037	52-1693387	501(C)(3)	250.	0.			DONOR-ADVISED PASSTHROUGH
YES HOUSING, INC.							
901 PENNSYLVANIA AVE. SW							DONOR ADVISED
ALBUQUERQUE, NM 87110	85-0388252	501(C)(3)	20,000.	0.			DISTRIBUTION
YMCA CENTRAL NEW MEXICO							
4901 INDIAN SCHOOL NE							DONOR ADVISED
ALBUQUERQUE, NM 87110	85-0105592	501(C)(3)	1,000.	0.			DISTRIBUTION

Schedule I (Form 990) ALBUQUERQUE COMMUNITY FOUNDATION

Part II Continuation of Grants and Othe	r Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
YOUTH AGRICULTURAL COOPERATIVE							
9525 DONA ROWENA NE							FOUNDATION ADVISED
ALBUQUERQUE, NM 87111	85-0368743	501(C)(3)	10,000.	0.			FUNDING
			, -				
YOUTH DEVELOPMENT, INC.							
3411 CANDELARIA NE							
ALBUQUERQUE, NM 87107	85-0246036	501(C)(3)	1,000.	٥.			DONOR-ADVISED PASSTHROUGH
VARIOUS OTHER GRANTS							
PO BOX 25266 ALBUQUERQUE, NM 87125		501(C)(3)	23,673.	0.			GENERAL SUPPORT
ALBOQUERQUE, NH 0/125		501(0)(3)	23,075.	0.			GENERAL SUFFORT
	_						

Schedule I (Form 990) 2022

ALBUQUERQUE COMMUNITY FOUNDATION

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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.

BRYAN CLINE MEMORIAL SOCCER SCHOLARSHIP FUND 2 2,000. 0. CARL F. SCOTT SCHOLARSHIP FUND FOR TUCUNCARI LODGE 14 30,250. 0. DAVID R. GODELING MEMORIAL FUND 14 30,250. 0. DAVID R. WOODLING MEMORIAL FUND 1 5,159. 0. DAVID R. WOODLING MEMORIAL FUND 1 5,159. 0. DAVID R. WOODLING MEMORIAL FUND 2 2,000. 0. DAVIS-ROZOLL SCHOLARSHIP FUND 2 2,000. 0. DAVIS-ROZOLL SCHOLARSHIP FUND 2 2,000. 0. PART N Supplemental Information. Provide the information required in Part I, line 2: Part III, column (b); and any other additional information. PART I, LINE 2: 2 2,000. 0. ALL NONPROFITS RECEIVING GRANTS THROUGH A COMPETITIVE PROCESS MUST PROVIDE REPORTS EVERY SIX MONTHS. FOUNDATION GRANTS ARE TYPICALLY FOR ONE YEAR. IF A DONOR HAS REQUESTED A REPORT AS INDICATED IN THE GRANT AGREEMENT OR BY LETTER, THOSE GUIDELINES MUST BE FOLLOWED. IF ALL FOUNDATION FUNDING IS SPENT AND THE GRANT COMPLETED WITHIN THE FIRST SIX MONTHS, ONLY ONE REPORT IS NECESSARY. REPORTS MAY BE SENT VIA E-MAIL. REPORTS INCLUDE FINANCIAL ACCOUNTING AND A NARRATIVE. THE FINAL REPORT IS DUE NO LATER THAN 14 A	(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
CARL P. SCOTT SCHOLARSHIP FUND FOR TUCUMCARI LODGE 14 30,250. 0. 127 A.F. & A.M. 14 30,250. 0. SAVID R. WOODLING MEMORIAL FUND 1 5,159. 0. SAVID R. WOODLING MEMORIAL FUND 1 5,159. 0. SAVIS-KOZOLL SCHOLARSHIP FUND 8 12,000. 0. SAVIS-KOZOLL SCHOLARSHIP FUND 2 2,000. 0. PART I, LINE 2: 2 0. 0. ALL NONPROFITS RECEIVING GRANTS THROUGH A COMPETITIVE PROCESS MUST PROVIDE 0. REPORTS EVERY SIX MONTHS. FOUNDATION GRANTS ARE TYPICALLY FOR ONE YEAR. 1 IF A DONOR HAS REQUESTED A REPORT AS INDICATED IN THE GRANT AGREEMENT OR BY 1 LETTER, THOSE GUIDELINES MUST BE FOLLOWED. IF ALL FOUNDATION FUNDIN						
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#27 A.P. & A.M. 14 30,250. 0. DAVID R. WOODLING MEMORIAL FUND 1 5,159. 0. DAVID R. WOODLING MEMORIAL FUND 1 5,159. 0. DAVIS-KOZOLL SCHOLARSHIP FUND 8 12,000. 0. JAMES LEDWITH MEMORIAL SCHOLARSHIP FUND 2 2,000. 0. Part N Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I , LINE 2: ALL NONPROFITS RECEIVING GRANTS THROUGH A COMPETITIVE PROCESS MUST PROVIDE REFORTS EVERY SIX MONTHS. FOUNDATION GRANTS ARE TYPICALLY FOR ONE YEAR. IF A DONOR HAS REQUESTED A REPORT AS INDICATED IN THE GRANT AGREEMENT OR BY LETTER, THOSE GUIDELINES MUST BE FOLLOWED. IF ALL FOUNDATION FUNDING IS SPENT AND THE GRANT COMPLETED WITHIN THE FIRST SIX MONTHS, ONLY ONE REPORT IS NECESSARY. REPORTS MAY BE SENT VIA E-MAIL. REPORTS INCLUDE FINANCIAL	BRYAN CLINE MEMORIAL SOCCER SCHOLARSHIP FUND	2	2,000.	0.		
#27 A.P. & A.M. 14 30,250. 0. DAVID R. WOODLING MEMORIAL FUND 1 5,159. 0. DAVID R. WOODLING MEMORIAL FUND 1 5,159. 0. DAVIS-KOZOLL SCHOLARSHIP FUND 8 12,000. 0. DAVIS-KOZOLL SCHOLARSHIP FUND 2 2,000. 0. JAMES LEDWITH MEMORIAL SCHOLARSHIP FUND 2 2,000. 0. Part N Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: . ALL NONPROFITS RECEIVING GRANTS THROUGH A COMPETITIVE PROCESS MUST PROVIDE REPORTS EVERY SIX MONTHS. FOUNDATION GRANTS ARE TYPICALLY FOR ONE YEAR. IF A DONOR HAS REQUESTED A REPORT AS INDICATED IN THE GRANT AGREEMENT OR BY LETTER, THOSE GUIDELINES MUST BE FOLLOWED. IF ALL FOUNDATION FUNDING IS SEPENT AND THE GRANT COMPLETED WITHIN THE FIRST SIX MONTHS, ONLY ONE REPORT IS NECESSARY. REPORTS MAY BE SENT VIA E-MAIL. REPORTS INCLUDE FINANCIAL						
DAVID R. WOODLING MEMORIAL FUND DAVIS-KOZOLL SCHOLARSHIP FUND	CARL F. SCOTT SCHOLARSHIP FUND FOR TUCUMCARI LODGE					
DAVIS KOZOLL SCHOLARSHIP FUND 8 12,000. 0. JAMES LEDWITH MEMORIAL SCHOLARSHIP FUND 2 2,000. 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: ALL NONPROFITS RECEIVING GRANTS THROUGH A COMPETITIVE PROCESS MUST PROVIDE REPORTS EVERY SIX MONTHS. FOUNDATION GRANTS ARE TYPICALLY FOR ONE YEAR. IF A DONOR HAS REQUESTED A REPORT AS INDICATED IN THE GRANT AGREEMENT OR BY LETTER, THOSE GUIDELINES MUST BE FOLLOWED. IF ALL FOUNDATION FUNDING IS SPENT AND THE GRANT COMPLETED WITHIN THE FIRST SIX MONTHS, ONLY ONE REPORT IS NECESSARY. REPORTS MAY BE SENT VIA E-MAIL. REPORTS INCLUDE FINANCIAL	#27 A.F. & A.M.	14	30,250.	0.		
DAVIS-KOZOLL SCHOLARSHIP FUND DAVIS-KOZOLL SCHOLARSHIP FUND JAMES LEDWITH MEMORIAL SCHOLARSHIP FUND PART I, LINE 2: ALL NONPROFITS RECEIVING GRANTS THROUGH A COMPETITIVE PROCESS MUST PROVIDE REPORTS EVERY SIX MONTHS. FOUNDATION GRANTS ARE TYPICALLY FOR ONE YEAR. IF A DONOR HAS REQUESTED A REPORT AS INDICATED IN THE GRANT AGREEMENT OR BY LETTER, THOSE GUIDELINES MUST BE FOLLOWED. IF ALL FOUNDATION FUNDING IS SPENT AND THE GRANT COMPLETED WITHIN THE FIRST SIX MONTHS, ONLY ONE REPORT IS NECESSARY. REPORTS MAY BE SENT VIA E-MAIL. REPORTS INCLUDE FINANCIAL						
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JAMES LEDWITH MEMORIAL SCHOLARSHIP FUND 2 2,000. 0. Part V Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: ALL NONPROFITS RECEIVING GRANTS THROUGH A COMPETITIVE PROCESS MUST PROVIDE REPORTS EVERY SIX MONTHS. FOUNDATION GRANTS ARE TYPICALLY FOR ONE YEAR. IF A DONOR HAS REQUESTED A REPORT AS INDICATED IN THE GRANT AGREEMENT OR BY LETTER, THOSE GUIDELINES MUST BE FOLLOWED. IF ALL FOUNDATION FUNDING IS SPENT AND THE GRANT COMPLETED WITHIN THE FIRST SIX MONTHS, ONLY ONE REPORT IS NECESSARY. REPORTS MAY BE SENT VIA E-MAIL. REPORTS INCLUDE FINANCIAL	AVID K. WODDING MEMORIAL FOND	1	5,155.	0.		
JAMES LEDWITH MEMORIAL SCHOLARSHIP FUND 2 2,000. 0. Part V Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: ALL NONPROFITS RECEIVING GRANTS THROUGH A COMPETITIVE PROCESS MUST PROVIDE REPORTS EVERY SIX MONTHS. FOUNDATION GRANTS ARE TYPICALLY FOR ONE YEAR. IF A DONOR HAS REQUESTED A REPORT AS INDICATED IN THE GRANT AGREEMENT OR BY LETTER, THOSE GUIDELINES MUST BE FOLLOWED. IF ALL FOUNDATION FUNDING IS SPENT AND THE GRANT COMPLETED WITHIN THE FIRST SIX MONTHS, ONLY ONE REPORT IS NECESSARY. REPORTS MAY BE SENT VIA E-MAIL. REPORTS INCLUDE FINANCIAL						
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: ALL NONPROFITS RECEIVING GRANTS THROUGH A COMPETITIVE PROCESS MUST PROVIDE REPORTS EVERY SIX MONTHS. FOUNDATION GRANTS ARE TYPICALLY FOR ONE YEAR. IF A DONOR HAS REQUESTED A REPORT AS INDICATED IN THE GRANT AGREEMENT OR BY LETTER, THOSE GUIDELINES MUST BE FOLLOWED. IF ALL FOUNDATION FUNDING IS SPENT AND THE GRANT COMPLETED WITHIN THE FIRST SIX MONTHS, ONLY ONE REPORT IS NECESSARY. REPORTS MAY BE SENT VIA E-MAIL.						
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ALL NONPROFITS RECEIVING GRANTS THROUGH A COMPETITIVE PROCESS MUST PROVIDE REPORTS EVERY SIX MONTHS. FOUNDATION GRANTS ARE TYPICALLY FOR ONE YEAR. IF A DONOR HAS REQUESTED A REPORT AS INDICATED IN THE GRANT AGREEMENT OR BY LETTER, THOSE GUIDELINES MUST BE FOLLOWED. IF ALL FOUNDATION FUNDING IS SPENT AND THE GRANT COMPLETED WITHIN THE FIRST SIX MONTHS, ONLY ONE REPORT IS NECESSARY. REPORTS MAY BE SENT VIA E-MAIL. REPORTS INCLUDE FINANCIAL	Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
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LETTER, THOSE GUIDELINES MUST BE FOLLOWED. IF ALL FOUNDATION FUNDING IS SPENT AND THE GRANT COMPLETED WITHIN THE FIRST SIX MONTHS, ONLY ONE REPORT IS NECESSARY. REPORTS MAY BE SENT VIA E-MAIL. REPORTS INCLUDE FINANCIAL	REPORTS EVERY SIX MONTHS. FOUNDAT	ION GRANI	'S ARE TYPI	CALLY FOR	ONE YEAR.	
SPENT AND THE GRANT COMPLETED WITHIN THE FIRST SIX MONTHS, ONLY ONE REPORT	IF A DONOR HAS REQUESTED A REPORT .	AS INDICA	TED IN THE	GRANT AGR	EEMENT OR BY	
SPENT AND THE GRANT COMPLETED WITHIN THE FIRST SIX MONTHS, ONLY ONE REPORT IS NECESSARY. REPORTS MAY BE SENT VIA E-MAIL. REPORTS INCLUDE FINANCIAL						
IS NECESSARY. REPORTS MAY BE SENT VIA E-MAIL. REPORTS INCLUDE FINANCIAL	LETTER, THOSE GUIDELINES MUST BE F	JULOWED.	IF ALL FC	UNDATION F	UNDING 15	
	SPENT AND THE GRANT COMPLETED WITH	IN THE FI	RST SIX MC	NTHS, ONLY	ONE REPORT	
ACCOUNTING AND A NARRATIVE. THE FINAL REPORT IS DUE NO LATER THAN 14	IS NECESSARY. REPORTS MAY BE SENT	VIA E-MA	IL. REPOR	TS INCLUDE	FINANCIAL	
	ACCOUNTING AND A NARRATIVE. THE F	INAL REPO	RT IS DUE	NO LATER T	HAN 14	
MONTHS FROM THE BEGINNING OF THE GRANT DATE.	MONTHS FROM THE BEGINNING OF THE G	RANT DATE				

232102 10-31-22

Schedule I (Form 990) ALBUQUERQUE CON	85-0295444 Page				
Part III Continuation of Grants and Other Assistance to Dome	stic 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 assistance
JOE "ISI" TRUJILLO STUDENT AID FUND	1.	2,000.	0.		
KIWANIS CLUB OF ALBUQUERQUE SCHOLARSHIP FUND	4.	4,000.	0.		
MANUEL LUJAN EXCELLENCE IN EDUCATION SCHOLARSHIP FUND	47.	23,500.	0.		
PNM EMPLOYEE CRISIS FUND	9.	30,000.	0.		
RAE LEE SIFORIN SCHOLARSHIP FOR WOMEN ENDOWMENT	2.	1,500.	0.		
ROBBY BAKER MEMORIAL SCHOLARSHIP FUND	1.	1,000.	0.		
SUSIE KUBIE SYMPHONIC MUSIC SCHOLARSHIP	3.	9,475.	0.		
SUSSMAN-MILLER EDUCATIONAL ASSISTANCE FUND	9.	34,500.	0.		
THE JAMES KNOTT MEMORIAL SCHOLARSHIP FUND SPONSORED BY THE NEW MEXICO MANUFACTURED HOUSING					
ASSOCIATION	2.	5,000.	0.		

Chedule I (Form 990) ALBUQUERQUE CC					85-0295444 P
Part III Continuation of Grants and Other Assistance to Dom	estic Individuals	(Schedule I (Form 99	90), Part III.)		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc
HE PEDRO AND MATEO SANDOVAL/STRONG MEMORIAL					
CHOLARSHIP FUND	1.	2,500.	0.		
HE WILLIAM F. MANN SCHOLARSHIP ENDOWMENT FUND	5.	10,000.	0.		
OMEN IN RHETORIC AND LOGIC SCHOLARSHIP	1.	3,000.	0.		
OODCOCK FAMILY EDUCATION SCHOLARSHIP FUND	2.	25,000.	0.		

SC	CHEDULE J Compensation Information				OMB No. 1545-0047			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, a			20	22)	
		Compensated Employees	ent IV line 02		20	22	•	
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, P Attach to Form 990.	art i v , inte 23.		Open to	Publ	ic	
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspe			
Nan	ne of the organization				identificatio		nber	
		ALBUQUERQUE COMMUNITY FOUNDATION		85-0	029544	4		
Pa	rt I Question	s Regarding Compensation						
						Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a persor		990,				
		line 1a. Complete Part III to provide any relevant information regarding these						
	First-class or c		•					
	Travel for com		•					
		ation and gross-up payments Health or social club dues						
		pending account Personal services (such a	s maid, chauffeu	ir, chef)				
	If a more falls a la surre							
D	•	on line 1a are checked, did the organization follow a written policy regarding			416			
~	•	rovision of all of the expenses described above? If "No," complete Part III to			<u>1b</u>		<u> </u>	
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by			2			
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line						
3	Indicate which if a	ny, of the following the organization used to establish the compensation of th	e organization's					
Ũ	,	ctor. Check all that apply. Do not check any boxes for methods used by a re	0					
		ation of the CEO/Executive Director, but explain in Part III.	lated organizatio	51110				
	X Compensation		ract					
		ompensation consultant X Compensation survey or s						
	·	ther organizations X Approval by the board or	-	ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to t	he filina					
	organization or a re		5					
а	-	e payment or change-of-control payment?			4a		Х	
b	Participate in or rec						X	
с	Participate in or rec	eive payment from an equity-based compensation arrangement?			4c		X	
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item ir	n Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	iny compensatio	n				
	contingent on the r	evenues of:						
							X	
		ation?					x	
		r 5b, describe in Part III.						
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	iny compensatio	n				
	contingent on the n	-						
а							X	
b		ation?			6b		X	
_		r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nor			_		v	
~		es 5 and 6? If "Yes," describe in Part III			7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that v			-		v	
~		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in			8		X	
9		d the organization also follow the rebuttable presumption procedure describ						
		53.4958-6(c)?						
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Scheo	dule J (Forn	n 990)	2022	

232111 10-18-22

Schedule J (Form 990) 2022

85-0295444

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-MIS0 compensation	C and/or 1099-NEC	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)	256,615.	0.	0.	9,000.	19,511.	285,126.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							

Part III Supplemental Information

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.

	Schodula I (Form 000) 0000

SCHEDULE L

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022

	Inspection
Employer	identification number

85-0295444

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

	ALBUQUERQUE	COMMUNITY	FOUNDATION	
D -	CIT A CALL AND A CALL			

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b,

	Tanswered tes on Form 990, Fail IV,	Ine 25a of 25b, of Form 990-EZ, Fart V, Ine 4	iuu.				
1 (a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction		(d) Corrected?			
(a) Name of disquaimed person	varie of disqualified person person and organization (C) Description			Yes	No		
2 Enter the amount of tax incurred by the organization managers or disgualified persons during the year under							
section 4958 \$							
3 Enter the amount of tax, if any, on I	\$						

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose	(d) Lo	an to or n the	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) Ap by bo comm	proved ard or littee?	(i) W agreer	ritten nent?
			То	From			Yes	No	Yes	No	Yes	No
Total	•				\$	1						

Part III

III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990) 2022

232131 11-01-22

 Schedule L (Form 990) 2022
 ALBUQUERQUE COMMUNITY FO

 Part IV
 Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's jues?
				Yes	No
US BANK	TRUSTEE PAUL DIPOAL	83,791.	CUSTODIAL F		X
MEDIADESK	TRUSTEE JOSE VIRAMO	6,365.	WEBSITE DES		X
STARLINE PRINTING	RELATED PARTY DIREC	11,885.	PRINTING, P		Х

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, CREDIT CARD PROCESSING &

OTHER FINANCIAL SVCS

(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

(A) NAME OF PERSON: STARLINE PRINTING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATED PARTY DIRECTOR, WILLIAM LANG, IS OWNER

(D) DESCRIPTION OF TRANSACTION: PRINTING, PUBLISHING & OTHER SERVICES

Schedule L (Form 990) 2022

232132 11-01-22

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

85-0295444

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

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

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	nion an	nounts	ذ
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests					,		
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	47	2.033.719.	MARKET QUOT	ES		
10	Securities - Closely held stock			2,000,1250	Q001			
11	Securities - Partnership, LLC, or							
••								
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
13								
14	Historic structures Qualified conservation contribution - Other							
1 4 15								
15 16	Real estate - Residential							
17								
18	Real estate - Other							
10 19	Collectibles							
	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization		•					
	for which the organization completed Form 828	3, Part V, L	onee Acknowledg	ement 29			V.	N
~~	5 · · · · · · · · · · · · · · · · · · ·						Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of the			·				v
	exempt purposes for the entire holding period?					30a	_	X
	If "Yes," describe the arrangement in Part II.	- I'			iana0		v	
31	Does the organization have a gift acceptance p				10[15?	31	X	
32a	Does the organization hire or use third parties o		•	· · ·			.	1
-	contributions?					32a	X	
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is chec	cked,			
	describe in Part II.				<u> </u>			
LHA	For Paperwork Reduction Act Notice, see t	ne Instruct	tions for Form 990).	Schedule N	/I (Form	1 990)	2022

232141 09-09-22

Part II	Supp is repo	bleme	ntal Info	umn (b), t	he number	the information of contribution	on required	by Par nber of	t I, lines 30b,	, 32b, an ed, or a	d 33, an combina	d whether tion of bot	the or th. Als	ganization o complete
SCHEDU	LE M	I, L]	INE 32	B:										
ALL ST	OCKS	DOL	IATED	ARE 1	PLACED	INTO A	SEPA	RATI	E MERRI	LL L	YNCH	BROKI	ERAC	}E
ACCOUN	т тн	IEN S	SOLD.	THE	ORGAN	IZATION	I USES	AI	REALTOR	FOR	THE	SALE	OF	ANY
DONATE	D RE	AL E	ESTATE	•										
232142 09-09-2	2											Sched	ule M	(Form 990) 2022

Schedule M (Form 990) 2022 ALBUQUERQUE COMMUNITY FOUNDATION

85-0295444

Page 2

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

mployer identification n 85-0295444

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

190 NON-PROFIT ORGANIZATIONS RECEIVED GRANTS DURING THE YEAR.

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

SCHOLARSHIPS AND FINANCIAL AID AWARDS ALLOWING STUDENTS TO CONTINUE

THEIR EDUCATION OR FURTHER THEIR CAREERS. 101 STUDENTS RECEIVED GRANTS

DURING THE YEAR.

EXPENSES \$ 232,748. INCLUDING GRANTS OF \$ 202,884. REVENUE \$ 9,146.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION'S BYLAWS WERE UPDATED IN 2022 TO REFLECT ITS COMMITMENT TO ADVANCING THE VALUES OF DIVERSITY, EQUITY AND INCLUSION IN ITS GOVERNANCE AND OPERATIONS.

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

THE FORM 990 IS APPROVED BY THE FOUNDATION'S FINANCE COMMITTEE. THE BOARD THE FOUNDATION HAS AUTHORIZED THE FINANCE COMMITTEE TO APPROVE AND OF 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 THE BOARD PAGE THE 990 IS SUBMITTED TO THE IRS. IF ANY BOARD MEMBERS тΟ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

12371120 794202 22-12741.000

100

Name of the organization ALBUQUERQUE COMMU	Employer identification num 85-0295444			
	NIII ICOMDATION	05 0255444		
SHOULD IDENTIFY ANY ISSUES THAT	REQUIRE AMENDMENTS TO THE	FORM 990, THE		
SHOULD IDENTIFY ANY ISSUES THAT	REQUIRE AMENDMENTS TO THE	FORM 990, THE		

THE IRS. ALL BOARD MEMBERS WOULD BE NOTIFIED OF CHANGES VIA E-MAIL.

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

EACH YEAR ALL TRUSTEES, COMMITTEE MEMBERS AND EMPLOYEES MUST REVIEW THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY CONFLICTS OF INTEREST. THECONFLICTS OF INTEREST ARE REVIEWED BY THE CFO, PRESIDENT/CEO, AND AUDIT AND RISK MANAGEMENT COMMITTEE CHAIR ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OF THE FOUNDATION DETERMINES THE SALARY OF THE PRESIDENT & CEO. THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE PRESIDENT & CEO AND COMPARES THAT TO THE ESSENTIAL RESPONSIBILITIES OF THE POSITION AS OUTLINED IN THE "PRESIDENT & CEO POSITION DESCRIPTION." THE EXECUTIVE COMMITTEE CONSIDERS PERFORMANCE, MARKET RATE AND COST OF LIVING ADJUSTMENTS IN 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.

101

232212 10-28-22

Name of the organization	Employer identification number
ALBUQUERQUE COMMUNITY FOUNDATION	85-0295444
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	

FORM 990, PART XII, LINE 2C EXPLANATION

THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE

CONSOLIDATED AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

INDEPENDENT ACCOUNTANT. THE FINANCE COMMITTEE TOOK OVER THE OVERSIGHT

OF THE AUDIT OF ITS FINANCIAL STATEMENTS STARTING FOR FISCAL YEAR 2022.

232212 10-28-22

SCHEDULE R

(Form 990)

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.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 85 - 0295444

Department of the Treasury Internal Revenue Service

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

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ACF HOLDINGS, LLC - 27-2805006					
P.O. BOX 25266					ALBUQUERQUE COMMUNITY
ALBUQUERQUE, NM 87176	TO HOLD DONATED ASSETS	NEW MEXICO		-6,286.	FOUNDATION
HISTORIC CHAMPION GROCERY BUILDING, LLC -					
27-2804817, 622-624 TIJERAS AVE NW,					ALBUQUERQUE COMMUNITY
ALBUQUERQUE, NM 87102	TO HOLD DONATED BUILDING	NEW MEXICO		1,414,786.	FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
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) 2022 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.

5													
(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	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Gene mana part	eral or aging mer?	Percentage ownership	
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No		
											$\left \right $		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>
									<u> </u>
									<u> </u>

Schedule R (Form 990) 2022 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.

tring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? celept of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ft, grant, or capital contribution to related organization(s) ft, grant, or capital contribution from related organization(s)	1b										
ft, grant, or capital contribution to related organization(s) ft, grant, or capital contribution from related organization(s)	1b										
ft, grant, or capital contribution to related organization(s) ft, grant, or capital contribution from related organization(s)	1b		X								
ft, grant, or capital contribution from related organization(s)			Σ								
d Loans or loan guarantees to or for related organization(s)											
ans or loan guarantees to or for related organization(s)			2								
ans or loan guarantees by related organization(s)			Σ								
vidends from related organization(s)			2								
le of assets to related organization(s)	19										
h Purchase of assets from related organization(s)											
i Exchange of assets with related organization(s)											
ase of facilities, equipment, or other assets to related organization(s)	1j	-	-								
ase of facilities, equipment, or other assets from related organization(s)	1k										
rformance of services or membership or fundraising solicitations for related organization(s)											
rformance of services or membership or fundraising solicitations by related organization(s)											
aring of facilities, equipment, mailing lists, or other assets with related organization(s)		X									
aring of paid employees with related organization(s)		X	╈								
imbursement paid to related organization(s) for expenses	1 p										
imbursement paid by related organization(s) for expenses											
her transfer of cash or property to related organization(s)	1r										
her transfer of cash or property from related organization(s)	1s										

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NEW MEXICO COMMUNITY TRUST	N	27,920.	CASH RECEIVED
(2) NEW MEXICO COMMUNITY TRUST	0	470,701.	CASH RECEIVED
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2022 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 Are	e) e all	(f)	(g)	(h	1)	(i)	(j)	(k)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501(org	rs sec. c)(3) s.?			Dispr tior alloca	upor- iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	oriPercenta ng r? ownersh	.ge iip
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	10	
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ALBUQUERQUE COMMUNITY FOUNDATION

Part VII Supplemental Information

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

Schedule R (Form 990) 2022

232165 09-14-22