

PUBLIC DISCLOSURE COPY

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

**Part I - Identification**

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **NICHOLAS WILLIAMS, CPA**  
**624 TIJERAS AVE NW - ALBUQUERQUE, NM 87102**

Telephone No. **505-883-6240** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

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

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: ALBUQUERQUE COMMUNITY FOUNDATION
D Employer identification number: 85-0295444
E Telephone number: 505-883-6240
G Gross receipts \$: 19,103,688.
H(a) Is this a group return for subordinates? Yes [X] No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: [X] 501(c)(3)
J Website: WWW.ABQCF.ORG
K Form of organization: [X] Corporation
L Year of formation: 1981
M State of legal domicile: NM

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature of officer: R. RANDALL ROYSTER, PRESIDENT & CEO
Date:
Preparer: PAMELA ALEXANDERSON
Date: 11/08/24
Firm: MOSS ADAMS LLP
Address: 6565 AMERICAS PARKWAY NE STE 600 ALBUQUERQUE, NM 87110

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,360,256. including grants of \$ 2,958,334. ) (Revenue \$ 199,263. ) HEALTH CARE - GRANTS TO SUPPORT ACCESS TO QUALITY HEALTH CARE, INCLUDING MENTAL HEALTH AND DENTAL CARE, FOR UNINSURED, UNDERINSURED AND MEDICALLY UNDERSERVED ADULTS, CHILDREN AND THE ELDERLY. HUMAN SERVICES - GRANTS TO SUPPORT PROGRAMS PROVIDING DIRECT ASSISTANCE FOR VULNERABLE POPULATIONS INCLUDING AT-RISK CHILDREN/YOUTH; AID FOR PEOPLE IN TRANSITION OR WHO ARE HOMELESS TO BECOME SELF-SUFFICIENT; AND NURTURING FAMILIES WITH AN EMPHASIS ON THE BASIC NEEDS OF FOOD AND SHELTER. 250 DIFFERENT NON-PROFIT ORGANIZATIONS RECEIVED GRANTS DURING THE YEAR.

4b (Code: ) (Expenses \$ 947,669. including grants of \$ 834,318. ) (Revenue \$ 56,197. ) ARTS AND CULTURE GRANTS ARE GIVEN TO SUPPORT ARTS EDUCATION, FACILITATE THE STABILITY OF ARTS ORGANIZATIONS, ENCOURAGE THE PRESERVATION OF THE COMMUNITY'S CULTURAL HERITAGE, AND RECOGNIZE ARTISTIC ACHIEVEMENT. 56 DIFFERENT NON-PROFIT ORGANIZATIONS RECEIVED GRANTS DURING THE YEAR.

4c (Code: ) (Expenses \$ 5,534,860. including grants of \$ 4,304,432. ) (Revenue \$ 181,873. ) EDUCATIONAL GRANTS TO SUPPORT A WIDE RANGE OF ACTIVITIES FROM EARLY CHILDHOOD THROUGH ADULT PROGRAMS INCLUDING SPECIAL EDUCATION, VOCATIONAL AND CAREER TRAINING, AND CLASSROOM INNOVATION. ENVIRONMENTAL AND HISTORIC PRESERVATION GRANTS FOCUS ON THE ENVIRONMENTAL AND AGRICULTURAL ECONOMY AND THE PRESERVATION OF HISTORIC LANDMARKS, ATTRACTIONS, BUILDINGS, AND VENUES. ECONOMIC AND WORKFORCE DEVELOPMENT GRANTS SUPPORT INTENTIONAL, INVENTIVE EFFORTS TO ENSURE A STRONG LOCAL ECONOMY BY PROMOTING SOCIAL, ECONOMIC, AND ENVIRONMENTAL GROWTH FOR ENTREPRENEURS AND THE STATE'S WORKFORCE. 199 NON-PROFIT ORGANIZATIONS RECEIVED GRANTS DURING THE YEAR.

4d Other program services (Describe on Schedule O.) (Expenses \$ 408,100. including grants of \$ 359,287. ) (Revenue \$ 24,200. )

4e Total program service expenses 10,250,885.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b> X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 72	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 25; 1b Enter the number of voting members included... 25; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 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? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, NM
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
NICHOLAS WILLIAMS, CPA - 505-883-6240
624 TIJERAS AVE NW, ALBUQUERQUE, NM 87102



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) R. RANDALL ROYSTER PRESIDENT & CEO	45.00 6.00			X			271,264.	0.	23,337.	
(2) MARISA MAGALLANEZ COO	45.00 6.00			X			130,428.	0.	10,757.	
(3) NICHOLAS WILLIAMS CFO	45.00 6.00			X			120,105.	0.	14,878.	
(4) JUAQUIN MOYA, VP PHILANTHROPIC ADVISING (THROUGH APRIL 2023)	45.00 0.00			X			34,825.	0.	1,413.	
(5) MARCUS MIMS CHAIR	5.00 0.00	X		X			0.	0.	0.	
(6) JOSE VIRAMONTES CHAIR-ELECT	3.00 0.00	X		X			0.	0.	0.	
(7) BEVERLY BENDICKSEN IMMEDIATE PAST CHAIR	3.00 0.00	X		X			0.	0.	0.	
(8) ARELLANA BARELA LEVENSON TREASURER	3.00 0.00	X		X			0.	0.	0.	
(9) DEBBIE HARMS SECRETARY	3.00 0.00	X		X			0.	0.	0.	
(10) DR. ABINASH ACHREKAR TRUSTEE	2.00 0.00	X					0.	0.	0.	
(11) EMILY ALLEN TRUSTEE	2.00 0.00	X					0.	0.	0.	
(12) TOM ANTRAM TRUSTEE	1.00 0.00	X					0.	0.	0.	
(13) BOB BOWMAN TRUSTEE	2.00 0.00	X					0.	0.	0.	
(14) BRIAN COLON TRUSTEE	1.00 0.00	X					0.	0.	0.	
(15) TOM DAULTON TRUSTEE	2.00 0.00	X					0.	0.	0.	
(16) MICHELLE DEARHOLT TRUSTEE	2.00 0.00	X					0.	0.	0.	
(17) SANJAY ENGINEER TRUSTEE	1.00 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MONIQUE FRAGUA TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) JASON GALLOWAY TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) REBECCA HARRINGTON TRUSTEE	2.00 0.00	X						0.	0.	0.
(21) PAM HURD-KNIEF TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) PAUL MONDRAGON TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) LINDA PARKER TRUSTEE (THROUGH SEPTEMBER 2023)	1.00 0.00	X						0.	0.	0.
(24) ANNE SAPON TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) CHARLOTTE SCHOENMANN TRUSTEE	2.00 0.00	X						0.	0.	0.
(26) WALTER STERN TRUSTEE	2.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								556,622.	0.	50,385.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								556,622.	0.	50,385.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RVK, INC., 1211 SW 5TH AVENUE, SUITE 900, PORTLAND, OR 97204	INVESTMENT CONSULTANT	115,000.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include BECKY TEAGUE, SARA TRAUB, ESTHER VILLAS-WINGFIELD, and LORI WALDON.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	341,827.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	9,326,938.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 983,974.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		9,668,765.				
Program Service Revenue	<b>2 a</b>	ADMINISTRATIVE FEES	<b>Business Code</b>					
			523000	461,533.	461,533.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		461,533.					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		1,939,099.		489,004.	1450095.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other				
					6,916,582.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	6,217,153.				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	699,429.				
	<b>d</b>	Net gain or (loss) .....		699,429.			699,429.	
<b>8 a</b>	Gross income from fundraising events (not including \$ 341,827. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		117,709.				
				222,447.				
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....		-104,738.			-104,738.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....						
<b>12</b>	<b>Total revenue.</b> See instructions .....			12,664,088.	461,533.	489,004.	2044786.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,269,395.	8,269,395.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	186,976.	186,976.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	607,007.	149,972.	350,085.	106,950.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	882,528.	218,045.	508,987.	155,496.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,476.	12,882.	30,249.	9,345.
<b>9</b> Other employee benefits	116,043.	28,738.	66,858.	20,447.
<b>10</b> Payroll taxes	104,641.	26,881.	59,402.	18,358.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	127,309.	127,309.		
<b>b</b> Legal	3,719.		3,719.	
<b>c</b> Accounting	89,463.		89,463.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	279,122.		279,122.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	31,543.		31,543.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	179,207.	44,510.	112,837.	21,860.
<b>14</b> Information technology	135,858.	33,645.	78,275.	23,938.
<b>15</b> Royalties				
<b>16</b> Occupancy	130,482.	32,314.	75,177.	22,991.
<b>17</b> Travel	17,736.	10,713.	5,378.	1,645.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	40,179.		40,179.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	60,901.	15,082.	35,088.	10,731.
<b>23</b> Insurance	50,711.		50,711.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FISCAL SPONSORSHIP EXPE</b>	959,159.	959,159.		
<b>b</b> <b>DONOR RELATIONS</b>	168,899.	123,604.	12,283.	33,012.
<b>c</b> <b>MEMBERSHIP DUES AND FEE</b>	30,858.	7,642.	17,779.	5,437.
<b>d</b> <b>TRAINING AND DEVELOPMEN</b>	16,224.	4,018.	9,348.	2,858.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	12,540,436.	10,250,885.	1,856,483.	433,068.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,513,239.	<b>1</b>	4,166,398.
	<b>2</b> Savings and temporary cash investments .....	2,441,785.	<b>2</b>	3,394,253.
	<b>3</b> Pledges and grants receivable, net .....	1,601,122.	<b>3</b>	693,553.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	190,401.	<b>7</b>	184,312.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	36,245.	<b>9</b>	36,586.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,657,883.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 968,982.		
	<b>11</b> Investments - publicly traded securities .....	1,749,802.	<b>10c</b>	1,688,901.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	50,910,561.	<b>11</b>	51,794,517.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	77,367,234.	<b>12</b>	83,517,038.
	<b>14</b> Intangible assets .....		<b>13</b>	2,171,149.
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,825,100.	<b>15</b>	2,837,231.	
	139,635,489.	<b>16</b>	150,483,938.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	451,205.	<b>17</b>	62,729.
	<b>18</b> Grants payable .....	19,250.	<b>18</b>	1,276,235.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	23,610,119.	<b>25</b>	26,327,180.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	24,080,574.	<b>26</b>	27,666,144.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	62,279,831.	<b>27</b>	64,557,579.
	<b>28</b> Net assets with donor restrictions .....	53,275,084.	<b>28</b>	58,260,215.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	115,554,915.	<b>32</b>	122,817,794.
<b>33</b> Total liabilities and net assets/fund balances .....	139,635,489.	<b>33</b>	150,483,938.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,664,088.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,540,436.
3	Revenue less expenses. Subtract line 2 from line 1	3	123,652.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	115,554,915.
5	Net unrealized gains (losses) on investments	5	9,556,603.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,417,376.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	122,817,794.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization

**ALBUQUERQUE COMMUNITY FOUNDATION**

Employer identification number

**85-0295444**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7271553.	10900014.	9418555.	10564140.	9668765.	47823027.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7271553.	10900014.	9418555.	10564140.	9668765.	47823027.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						8460787.
<b>6 Public support.</b> Subtract line 5 from line 4.						39362240.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	7271553.	10900014.	9418555.	10564140.	9668765.	47823027.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1030226.	1678101.	2599392.	2705259.	1450095.	9463073.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		723.	326,334.		384,180.	711,237.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						57997337.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,844,747.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	67.87 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	67.91 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? <i>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.</i>	Yes	No	
<b>b</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? <i>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.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

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

Schedule B (Form 990) (2023)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,017,500.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>786,881.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>630,052.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>348,795.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>347,500.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>258,745.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>244,500.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>225,895.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>208,996.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>206,887.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>201,064.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>196,640.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	STOCK _____ _____ _____	\$ <u>225,895.</u>	<u>09/07/23</u>
10	STOCK _____ _____ _____	\$ <u>36,895.</u>	<u>03/07/23</u>
12	STOCK _____ _____ _____	\$ <u>201,064.</u>	<u>05/12/23</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>ALBUQUERQUE COMMUNITY FOUNDATION</b>	Employer identification number  <b>85-0295444</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including purpose, acreage, monitoring, and expenses. Includes a small table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions 1a, 1b, and 2 regarding art and historical treasures, including revenue and asset inclusion amounts.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	116,428,485.	121,717,964.	98,076,732.	85,645,599.	69,568,700.
b Contributions	18,217,183.	17,247,691.	11,816,050.	9,717,193.	5,774,545.
c Net investment earnings, gains, and losses	8,282,247.	-6,971,034.	18,058,635.	9,780,565.	10,996,797.
d Grants or scholarships	13,881,986.	14,636,255.	4,903,072.	5,834,093.	
e Other expenditures for facilities and programs	315,614.	929,881.	1,330,381.	1,145,690.	694,443.
f Administrative expenses				86,842.	
g End of year balance	128,730,315.	116,428,485.	121,717,964.	98,076,732.	85,645,599.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 47.9000 %
  - b Permanent endowment .0000 %
  - c Term endowment 52.1000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,438,095.	781,318.	1,656,777.
c Leasehold improvements				
d Equipment		187,620.	174,797.	12,823.
e Other		32,168.	12,867.	19,301.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,688,901.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) <b>FIXED INCOME</b>	19,909,055.	END-OF-YEAR MARKET VALUE
(B) <b>REAL ASSETS</b>	6,574,117.	END-OF-YEAR MARKET VALUE
(C) <b>INVESTMENTS VALUED AT NAV</b>	56,763,865.	END-OF-YEAR MARKET VALUE
(D) <b>LAND</b>	270,001.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	83,517,038.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CHARITABLE REMAINDER TRUSTS</b>	2,206,044.
(3) <b>LIABILITY FOR ASSETS HELD FOR</b>	
(4) <b>COMMUNITY ORGANIZATIONS</b>	24,121,136.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	26,327,180.

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

THE ENDOWMENT FUNDS PROVIDE FOR INVESTMENT IN THE COMMUNITY OVER TIME.  
DISTRIBUTIONS AND GRANTS ARE MADE TO ADDRESS COMMUNITY NEEDS.

**PART X, LINE 2:**

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE FOUNDATION IS  
EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME.

THE FOUNDATION MAY GENERATE INCOME THROUGH CERTAIN ALTERNATIVE INVESTMENTS  
THAT MAY BE SUBJECT TO UNRELATED BUSINESS INCOME TAX. INCOME TAXES FROM  
SUCH ACTIVITIES ARE NOT SIGNIFICANT AND, ACCORDINGLY, NO PROVISION FOR  
INCOME TAX HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL

**Part XIII** Supplemental Information (continued)

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

THE FOUNDATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FASB ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF DECEMBER 31, 2023 AND 2022, THE FOUNDATION HAS NO UNCERTAIN TAX PROVISIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Employer identification number

ALBUQUERQUE COMMUNITY FOUNDATION

85-0295444

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		34,422.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		6,447,916.
<b>3 a</b> Subtotal .....	0	0			6,482,338.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			6,482,338.

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

Schedule F (Form 990) 2023

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

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

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

3 Enter total number of other organizations or entities .....

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

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

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

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

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

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

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GREAT GRANT GIVEAWAY	CONCOURS RALLY	NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	361,587.	97,949.	459,536.
	2	Less: Contributions	341,827.		341,827.
	3	Gross income (line 1 minus line 2)	19,760.	97,949.	117,709.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	61,206.	80,549.	141,755.
	7	Food and beverages	29,718.	18,511.	48,229.
	8	Entertainment			
	9	Other direct expenses	5,132.	27,331.	32,463.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			222,447.
11	Net income summary. Subtract line 10 from line 3, column (d)			-104,738.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
516 ARTS PO BOX 4570 ALBUQUERQUE, NM 87196	20-8540744	501(C)(3)	30,000.	0.			GENERAL SUPPORT
A PRECIOUS CHILD 7051 W. 118TH AVE BROOMFIELD, CO 80020	26-3349334	501(C)(3)	5,500.	0.			GENERAL SUPPORT
ADVOCATES FOR THE WEST, INC PO BOX 1612 BOISE, ID 83701	06-1654062	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ALBUQUERQUE ACADEMY 6400 WYOMING BLVD. NE ALBUQUERQUE, NM 87109-3899	85-0129165	501(C)(3)	10,500.	0.			GENERAL SUPPORT
ALBUQUERQUE ADULT LEARNING CENTER, INC. - 239 ELM STREET NW - ALBUQUERQUE, NM 87102	27-1859295	501(C)(3)	148,776.	0.			GENERAL SUPPORT
ALBUQUERQUE FOLK FESTIVAL PO BOX 4837 ALBUQUERQUE, NM 87196	85-0464484	501(C)(3)	12,600.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 210.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBUQUERQUE HEALTH CARE FOR THE HOMELESS - PO BOX 25445 - ALBUQUERQUE, NM 87125-0445	85-0368993	501(C)(3)	39,471.	0.			GENERAL SUPPORT
ALBUQUERQUE MOUNTAIN RESCUE COUNCIL - 500 4TH ST NW - ALBUQUERQUE, NM 87102	85-6018589	501(C)(3)	5,500.	0.			GENERAL SUPPORT
ALBUQUERQUE MUSEUM FOUNDATION PO BOX 7006 ALBUQUERQUE, NM 87194	85-0201054	501(C)(3)	26,120.	0.			GENERAL SUPPORT
ALBUQUERQUE OASIS 3301 MENAUL BLVD NE ALBUQUERQUE, NM 87107	32-0081580	501(C)(3)	5,250.	0.			GENERAL SUPPORT
ALBUQUERQUE YOUTH SYMPHONY PROGRAM PO BOX 30961 ALBUQUERQUE, NM 87190-0961	85-0421180	501(C)(3)	42,182.	0.			GENERAL SUPPORT
ALL FAITHS 1709 MOON NE ALBUQUERQUE, NM 87112	85-0165284	501(C)(3)	21,250.	0.			GENERAL SUPPORT
ALMA PO BOX 12885 ALBUQUERQUE, NM 87195	47-4258780	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION PO BOX 21400 ALBUQUERQUE, NM 87154	13-3039601	501(C)(3)	30,000.	0.			GENERAL SUPPORT
AMIGOS BRAVOS PO BOX 238 TAOS, NM 87571	85-0363268	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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
AMIKIDS NEW MEXICO, INC. 6208 MONTGOMERY BLVD, NE, SUITE C ALBUQUERQUE, NM 87109	85-2733933	501(C)(3)	20,000.	0.			GENERAL SUPPORT
AMNESTY INTERNATIONAL PO BOX 98233 WASHINGTON, DC 20090-8233	52-0851555	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ANIMAL HUMANE NEW MEXICO 615 VIRGINIA ST. SE ALBUQUERQUE, NM 87108	85-0207652	501(C)(3)	17,550.	0.			GENERAL SUPPORT
ANIMAL PROTECTION NEW MEXICO PO BOX 11395 ALBUQUERQUE, NM 87192	85-0283292	501(C)(3)	19,000.	0.			GENERAL SUPPORT
APS TITLE I, HOMELESS PROJECTS PO BOX 21939 ALBUQUERQUE, NM 87154-1939	85-0434438	501(C)(3)	5,500.	0.			GENERAL SUPPORT
ARTS HUB 1214 AMADO ST NE ALBUQUERQUE, NM 87104	35-2827359	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ASSISTANCE LEAGUE OF ALBUQUERQUE PO BOX 35910 ALBUQUERQUE, NM 87176-5910	85-6009968	501(C)(3)	19,000.	0.			GENERAL SUPPORT
BARRETT FOUNDATION 10300 CONSTITUTION AVE. NE ALBUQUERQUE, NM 87112	85-0336208	501(C)(3)	51,769.	0.			GENERAL SUPPORT
BASEMENT FILMS, INC. PO BOX 9229 ALBUQUERQUE, NM 87119	85-0449258	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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

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BERNALILLO COUNTY ANIMAL CARE SERVICES - 3001 2ND ST. SW - ALBUQUERQUE, NM 87105	85-0311210	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BEST BUDDIES NEW MEXICO 3507 WYOMING BLVD. NE ALBUQUERQUE, NM 87111	52-1614576	501(C)(3)	32,750.	0.			GENERAL SUPPORT
BEST CHANCE 5400 LOMAS BLVD. NE ALBUQUERQUE, NM 87110	81-1702353	501(C)(3)	17,600.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF CENTRAL NEW MEXICO - 2501 YALE BLVD SE - ALBUQUERQUE, NM 87106	85-0271207	501(C)(3)	28,400.	0.			GENERAL SUPPORT
BOARD OF REGENTS - SOUTHWESTERN INDIAN POLYTECHNIC INSTITUTE - 9169 COORS BLVD NW - ALBUQUERQUE, NM 87120	85-0235298	501(C)(3)	20,650.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUBS OF CENTRAL NEW MEXICO - PO BOX 27057 - ALBUQUERQUE, NM 87125	85-0106943	501(C)(3)	30,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUBS OF CHAVES AND LINCOLN COUNTIES - 134 REESE DR - RUIDOSO, NM 88345	27-0586442	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CANCER SERVICES OF NEW MEXICO PO BOX 51735 ALBUQUERQUE, NM 87181-1735	85-0481885	501(C)(3)	5,732.	0.			GENERAL SUPPORT
CASA ESPERANZA, INC. 1005 YALE NE ALBUQUERQUE, NM 87106	85-0356946	501(C)(3)	26,500.	0.			GENERAL SUPPORT

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

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CASA PARTNERS 4NMKIDS PO BOX 44184 RIO RANCHO, NM 87174-4184	74-2846979	501(C)(3)	5,750.	0.			GENERAL SUPPORT
CASA Q PO BOX 36168 ALBUQUERQUE, NM 87176-6168	46-1245391	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CATHEDRAL CHURCH OF ST. JOHN PO BOX 1246 ALBUQUERQUE, NM 87103	85-0119046	501(C)(3)	8,750.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES 2010 BRIDGE BLVD SW ALBUQUERQUE, NM 87105	85-0110070	501(C)(3)	16,000.	0.			GENERAL SUPPORT
CENTER FOR BIOLOGICAL DIVERSITY PO BOX 710 TUCSON, AZ 85702	27-3943866	501(C)(3)	7,000.	0.			GENERAL SUPPORT
CHOICE AND CHANCES HAVEN OF PEACE ENTERPRISE - 9 LACOUR LN - EDGEWOOD, NM 87015	92-2877744	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CNM FOUNDATION 525 BUENA VISTA SE ALBUQUERQUE, NM 87106	85-0338623	501(C)(3)	50,100.	0.			GENERAL SUPPORT
CNM INGENUITY, INC. 525 BUENA VISTA DRIVE SE ALBUQUERQUE, NM 87106	46-5131171	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COACH MIKE PAPA BROWN MSA SCHOLARSHIP FUND - 8400 WILD DUNES RD NW - ALBUQUERQUE, NM 87120-3784	87-2104330	501(C)(3)	5,500.	0.			GENERAL SUPPORT

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COALITION OF SUSTAINABLE COMMUNITIES NM - 501 HALONA ST. - SANTA FE, NM 87505	85-0303044	501(C)(3)	50,000.	0.			GENERAL SUPPORT
COMMUNITY PANTRY 1130 E HASLER VALLEY ROAD GALLUP, NM 87301	85-0460193	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CONGREGATION ALBERT 3800 LOUISIANA BLVD. NE ALBUQUERQUE, NM 87110	85-0124933	501(C)(3)	7,200.	0.			GENERAL SUPPORT
COTTONWOOD GULCH EXPEDITIONS 9223 4TH ST NW ALBUQUERQUE, NM 87114	43-6005587	501(C)(3)	20,534.	0.			GENERAL SUPPORT
CUIDANDO LOS NINOS PO BOX 12786 ALBUQUERQUE, NM 87195	85-0366029	501(C)(3)	61,700.	0.			GENERAL SUPPORT
DEPARTMENT OF SENIOR AFFAIRS - CITY OF ALBUQUERQUE - 1 CIVIC PLAZA NW - ALBUQUERQUE, NM 87102	85-6000102	GOVERNMENT	7,093.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA 40 RECTOR STREET NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	35,756.	0.			GENERAL SUPPORT
DOWNTOWNABQ MAINSTREET PO BOX 27246 ALBUQUERQUE, NM 87125-7246	46-4750143	501(C)(3)	35,000.	0.			GENERAL SUPPORT
DUKE CITY REPERTORY THEATRE PO BOX 16437 ALBUQUERQUE, NM 87191	26-3402706	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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EARTHWORKS 1612 K ST NW WASHINGTON, DC 20006	52-1557765	501(C)(3)	8,000.	0.			GENERAL SUPPORT
EAST CENTRAL MINISTRIES 123 VERMONT NE ALBUQUERQUE, NM 87108	37-1426703	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EL CENTRO DE IGUALDAD Y DERECHOS 714 4TH ST. SW ALBUQUERQUE, NM 87102	26-4675255	501(C)(3)	23,600.	0.			GENERAL SUPPORT
ENCUENTRO 907 4TH ST. SW ALBUQUERQUE, NM 87102	27-2016727	501(C)(3)	19,000.	0.			GENERAL SUPPORT
ENLACE COMUNITARIO 2425 ALAMO DR SE ALBUQUERQUE, NM 87106	85-0473384	501(C)(3)	27,500.	0.			GENERAL SUPPORT
EQUALITY NEW MEXICO FOUNDATION PO BOX 27070 ALBUQUERQUE, NM 87125	85-0417115	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EXPLORA SCIENCE CENTER & CHILDREN'S MUSEUM OF ALBUQUERQUE - 1701 MOUNTAIN RD NW - ALBUQUERQUE, NM 87104	85-0442062	501(C)(3)	26,000.	0.			GENERAL SUPPORT
FARM TO TABLE, INC. 618B PASEO DE PERALTA SANTA FE, NM 87501	85-0438238	501(C)(3)	20,000.	0.			GENERAL SUPPORT
FATHERS BUILDING FUTURES 1223 4TH STREET NW ALBUQUERQUE, NM 87102	81-3215356	501(C)(3)	25,000.	0.			GENERAL SUPPORT

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FATHERS NEW MEXICO (FISCAL SPONSOR PARTNERS IN EDUCATION) - PO BOX 22254 - SANTA FE, NM 87502	85-0392417	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FLAMENCO WORKS INC 506 CENTRAL AVE. SW ALBUQUERQUE, NM 87102	82-4616301	501(C)(3)	13,100.	0.			GENERAL SUPPORT
FLOWER HILL INSTITUTE PO BOX 692 JEMEZ PUEBLO, NM 87024	81-4300335	501(C)(3)	20,000.	0.			GENERAL SUPPORT
FOOD BANK OF EASTERN NEW MEXICO 2217 E. BRADY CLOVIS, NM 88101	85-0320784	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FOOD IS FREE ALBUQUERQUE PO BOX 51641 ALBUQUERQUE, NM 87181	81-2936310	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FRIENDS FOR THE PUBLIC LIBRARY PO BOX 26657 ALBUQUERQUE, NM 87125-6657	23-7024173	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FRIENDS OF ESTANCIA VALLEY ANIMALS PO BOX 3027 EDGEWOOD, NM 87015	81-0648268	501(C)(3)	12,000.	0.			GENERAL SUPPORT
FRIENDS OF ISRAEL DEFENSE FORCES PO BOX 4224 NEW YORK, NY 10163	13-3156445	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FUSION 700 1ST ST. NW ALBUQUERQUE, NM 87102	85-0484135	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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GIRL SCOUTS OF NEW MEXICO TRAILS 4000 JEFFERSON PLAZA NE ALBUQUERQUE, NM 87109-3404	85-6011246	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GOLDEN SPREAD RURAL/FRONTIER COALITION - 113 WALNUT STREET - CLAYTON, NM 88481	85-0450733	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GOOD SHEPHERD CENTER, INC. PO BOX 749 ALBUQUERQUE, NM 87103	85-0213561	501(C)(3)	13,010.	0.			GENERAL SUPPORT
GRAND CANYON TRUST 2601 N FORT VALLEY RD FLAGSTAFF, AZ 86001	86-0512633	501(C)(3)	20,534.	0.			GENERAL SUPPORT
GREATER ALBUQUERQUE HABITAT FOR HUMANITY - 4900 MENAUL BLVD. NE - ALBUQUERQUE, NM 87110	85-0359138	501(C)(3)	13,398.	0.			GENERAL SUPPORT
GROWING UP NEW MEXICO 440 CERRILLOS ROAD SUITE A SANTA FE, NM 87501	85-0163601	501(C)(3)	22,000.	0.			GENERAL SUPPORT
HARWOOD ART CENTER OF ESCUELA DEL SOL MONTESSORI - 1114 7TH ST. NW - ALBUQUERQUE, NM 87102	23-7088029	501(C)(3)	11,500.	0.			GENERAL SUPPORT
HAWKS ALOFT PO BOX 10028 ALBUQUERQUE, NM 87184	85-0418661	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HEALING ADDICTION IN OUR COMMUNITY 3701 CONDERSHIRE DR. SW ALBUQUERQUE, NM 87121	27-2517121	501(C)(3)	12,100.	0.			GENERAL SUPPORT

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HEART GALLERY OF NEW MEXICO FOUNDATION - 13170-B CENTRAL AVE. SE - ALBUQUERQUE, NM 87123	20-4468893	501(C)(3)	6,000.	0.			GENERAL SUPPORT
HELPING PAWS ACROSS BORDERS 16 CHAMISA RD PLACITAS, NM 87043-9111	46-4129178	501(C)(3)	10,350.	0.			GENERAL SUPPORT
HOPEWORKS PO BOX 27258 ALBUQUERQUE, NM 87125	85-0338552	501(C)(3)	18,418.	0.			GENERAL SUPPORT
HORIZONS ALBUQUERQUE PO BOX 6066 ALBUQUERQUE, NM 87197	81-2915448	501(C)(3)	12,000.	0.			GENERAL SUPPORT
IMMIGRANT AND REFUGEE RESOURCE VILLAGE OF ALBUQUERQUE (IRRVA) - 120 MESILLA NE - ALBUQUERQUE, NM 87108	27-5024085	501(C)(3)	7,000.	0.			GENERAL SUPPORT
INDIGENOUS WOMEN RISING PO BOX 7475 ALBUQUERQUE, NM 87194	85-3336543	501(C)(3)	6,000.	0.			GENERAL SUPPORT
INTERNATIONAL GENEROSITY FOUNDATION TRUST - 980 WHISPERING OAKS - CHINA SPRING, TX 76633-3554	84-3754469	501(C)(3)	50,525.	0.			GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE PO BOX 6068 ALBERT LEA, MN 56007-9847	13-5660870	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JOBS FOR AMERICA'S GRADUATES - NM, INC - PO BOX 21555 - ALBUQUERQUE, NM 87154	84-1996641	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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JOY JUNCTION, INC. PO BOX 20550 ALBUQUERQUE, NM 87154	85-0360268	501(C)(3)	8,369.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF NEW MEXICO 4700 LINCOLN RD. NE ALBUQUERQUE, NM 87109	85-0416889	501(C)(3)	11,500.	0.			GENERAL SUPPORT
JUSTICE, ACCESS, SUPPORT AND SOLUTIONS FOR HEALTH - 1608 ISLETA BLVD SW - ALBUQUERQUE, NM 87105	42-1753563	501(C)(3)	17,100.	0.			GENERAL SUPPORT
KESHET DANCE COMPANY 4121 CUTLER AVE. NE ALBUQUERQUE, NM 87110	85-0436623	501(C)(3)	102,337.	0.			GENERAL SUPPORT
KIDS COOK! 5838 OSUNA RD NE ALBUQUERQUE, NM 87109	26-4816851	501(C)(3)	16,350.	0.			GENERAL SUPPORT
LA COSECHA CSA 318 ISLETA BLVD. SW ALBUQUERQUE, NM 87105	82-4552728	501(C)(3)	25,000.	0.			GENERAL SUPPORT
LA FAMILIA MEDICAL CENTER 1035 ALTO ST. SANTA FE, NM 87505	85-0220875	501(C)(3)	15,000.	0.			GENERAL SUPPORT
LA PLAZITA INSTITUTE 831 ISLETA BLVD. SW ALBUQUERQUE, NM 87105	26-2486467	501(C)(3)	20,000.	0.			GENERAL SUPPORT
LEAGUE OF WOMEN VOTERS OF CENTRAL NEW MEXICO - 6739 ACADEMY RD. NE - ALBUQUERQUE, NM 87109	85-0355179	501(C)(3)	6,250.	0.			GENERAL SUPPORT

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LIBROS FOR KIDS, INC. 2052 CALLE PAJARO AZUL NW ALBUQUERQUE, NM 87120	82-2152369	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MANA DE ALBUQUERQUE PO BOX 25801 ALBUQUERQUE, NM 87125	06-1835784	501(C)(3)	21,225.	0.			GENERAL SUPPORT
MANDY'S FARM PO BOX 9346 ALBUQUERQUE, NM 87119	85-0436516	501(C)(3)	32,500.	0.			GENERAL SUPPORT
MANZANO MOUNTAIN ART COUNCIL PO BOX 534 MOUNTAINAIR, NM 87036	74-2826118	501(C)(3)	18,100.	0.			GENERAL SUPPORT
MEALS ON WHEELS NEW MEXICO PO BOX 92614 ALBUQUERQUE, NM 87199-2614	85-0307043	501(C)(3)	15,050.	0.			GENERAL SUPPORT
MEHARRY MEDICAL COLLEGE 1005 DR. D.B. TODD JR. BLVD. NASHVILLE, TN 37208	62-0488046	501(C)(3)	20,534.	0.			GENERAL SUPPORT
MENAU SCHOOL 301 MENAU BLVD. NE ALBUQUERQUE, NM 87107	85-0218216	501(C)(3)	12,578.	0.			GENERAL SUPPORT
MERCY CORPS 45 SW ANKENY STREET PORTLAND, OR 97204	91-1148123	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MOUNTAIN RESCUE ASPEN INC 37925 HIGHWAY 82 ASPEN, CO 81611-2501	84-6042237	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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MUSEUM OF NEW MEXICO FOUNDATION PO BOX 2065 SANTA FE, NM 87504-2065	85-0202503	501(C)(3)	50,803.	0.			GENERAL SUPPORT
NATIONAL DANCE INSTITUTE OF NEW MEXICO - 1140 ALTO STREET - SANTA FE, NM 87501	85-0431846	501(C)(3)	38,053.	0.			GENERAL SUPPORT
NATIONAL INSTITUTE OF FLAMENCO 1771 BELLAMAH AVE. NW SUITE A101 ALBUQUERQUE, NM 87104	85-0332879	501(C)(3)	12,200.	0.			GENERAL SUPPORT
NEW DAY YOUTH & FAMILY SERVICES 2305 RENARD PLACE SE ALBUQUERQUE, NM 87106	85-0245782	501(C)(3)	16,600.	0.			GENERAL SUPPORT
NEW ENERGY ECONOMY 300 E. MARCY ST. SANTA FE, NM 87501	20-2845513	501(C)(3)	8,500.	0.			GENERAL SUPPORT
NEW MEXICO ACTIVITIES ASSOCIATION FOUNDATION - 6600 PALOMAS AVE NE - ALBUQUERQUE, NM 87109-5639	20-8883356	501(C)(3)	9,966.	0.			GENERAL SUPPORT
NEW MEXICO APPLESEED 222 E MARCY ST SANTA FE, NM 87501-2021	20-4985257	501(C)(3)	8,000.	0.			GENERAL SUPPORT
NEW MEXICO ASIAN FAMILY CENTER PO BOX 37346 ALBUQUERQUE, NM 87176	26-0545877	501(C)(3)	17,900.	0.			GENERAL SUPPORT
NEW MEXICO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 1933 SAN MATEO BLVD. NE #258 - ALBUQUERQUE, NM 87110	51-0137970	501(C)(3)	35,900.	0.			GENERAL SUPPORT

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NEW MEXICO BIOPARK SOCIETY 903 TENTH ST. SW ALBUQUERQUE, NM 87102	23-7087964	501(C)(3)	66,325.	0.			GENERAL SUPPORT
NEW MEXICO CENTER ON LAW AND POVERTY - 301 EDITH BLVD NE - ALBUQUERQUE, NM 87102	85-0437960	501(C)(3)	27,350.	0.			GENERAL SUPPORT
NEW MEXICO COALITION TO END HOMELESSNESS - PO BOX 865 - SANTA FE, NM 87504	85-0482896	501(C)(3)	17,900.	0.			GENERAL SUPPORT
NEW MEXICO COMMUNITY CAPITAL 301 GOLD AVE SW ALBUQUERQUE, NM 87102	20-1798654	501(C)(3)	14,200.	0.			GENERAL SUPPORT
NEW MEXICO COMMUNITY TRUST 624 TIJERAS AVE NW ALBUQUERQUE, NM 87102	85-4395064	501(C)(3)	50,000.	0.			GENERAL SUPPORT
NEW MEXICO DREAM CENTER 126 GENERAL CHENNAULT NE ALBUQUERQUE, NM 87123	81-2479184	501(C)(3)	45,100.	0.			GENERAL SUPPORT
NEW MEXICO FRIENDS OF FOSTER CHILDREN - PO BOX 25365 - ALBUQUERQUE, NM 87125	27-0363331	501(C)(3)	15,500.	0.			GENERAL SUPPORT
NEW MEXICO IMMIGRANT LAW CENTER PO BOX 7040 ALBUQUERQUE, NM 87194-7040	27-3303237	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NEW MEXICO JAZZ WORKSHOP 5500 LOMAS BLVD. NE ALBUQUERQUE, NM 87110-6545	85-0247988	501(C)(3)	7,500.	0.			GENERAL SUPPORT

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NEW MEXICO KIDS MATTER INC. 2340 ALAMO SE ALBUQUERQUE, NM 87106	85-0424064	501(C)(3)	35,250.	0.			GENERAL SUPPORT
NEW MEXICO MILITARY INSTITUTE FOUNDATION, INC. - 101 WEST COLLEGE BLVD. - ROSWELL, NM 88201-5173	85-6010718	501(C)(3)	31,006.	0.			GENERAL SUPPORT
NEW MEXICO MUSEUM OF NATURAL HISTORY FOUNDATION - PO BOX 25446 - ALBUQUERQUE, NM 87125-5446	85-0257595	501(C)(3)	56,563.	0.			GENERAL SUPPORT
NEW MEXICO PBS 1130 UNIVERSITY BLVD. NE ALBUQUERQUE, NM 87102	85-0275408	501(C)(3)	12,009.	0.			GENERAL SUPPORT
NEW MEXICO PHILHARMONIC PO BOX 21428 ALBUQUERQUE, NM 87154	27-1148446	501(C)(3)	118,251.	0.			GENERAL SUPPORT
NEW MEXICO REENTRY CENTER P.O BOX 27054 ALBUQUERQUE, NM 87101	85-0521509	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NEW MEXICO STATE UNIVERSITY FOUNDATION, INC. - 1305 NORTH HORSESHOE DRIVE, DOVE HALL - LAS CRUCES, NM 88003	85-0170157	501(C)(3)	11,000.	0.			GENERAL SUPPORT
NEW MEXICO SYMPHONIC CHORUS PO BOX 7900 ALBUQUERQUE, NM 87194	45-1261027	501(C)(3)	7,391.	0.			GENERAL SUPPORT
NEW MEXICO TECH FOUNDATION 801 LEROY PLACE SOCORRO, NM 87801	85-0194323	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
NEW MEXICO TRIBAL RESILIENCE ACTION NETWORK - 16 FIREROCK PLACE - SANTA FE, NM 87508	85-0196692	501(C)(3)	81,191.	0.			GENERAL SUPPORT
NEW MEXICO WILDERNESS ALLIANCE PO BOX 25464 ALBUQUERQUE, NM 87125	85-0457916	501(C)(3)	26,569.	0.			GENERAL SUPPORT
NEW MEXICO WILDLIFE ASSOCIATION PO BOX 1359 EDGEWOOD, NM 87015	85-0402566	501(C)(3)	6,000.	0.			GENERAL SUPPORT
NEW MEXICO XTREME SPORTS ASSOCIATION INC - 202 CENTRAL AVE SE - ALBUQUERQUE, NM 87102-2304	43-2089526	501(C)(3)	10,901.	0.			GENERAL SUPPORT
NEWMEXICOKIDSCAN PO BOX 27217 ALBUQUERQUE, NM 87125	27-3069592	501(C)(3)	7,500.	0.			GENERAL SUPPORT
NEXT STEP MINISTRIES PO BOX 35327 ALBUQUERQUE, NM 87176	45-5448539	501(C)(3)	12,500.	0.			GENERAL SUPPORT
NMCAN 211 12TH ST NM ALBUQUERQUE, NM 87102	85-0385103	501(C)(3)	18,350.	0.			GENERAL SUPPORT
NOT FORGOTTEN OUTREACH, INC. 610 PASEO DEL PUEBLO NORTE TAOS, NM 87571	46-2052184	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NOT OUR FARM 4623 PALO ALTO AVE SE ALBUQUERQUE, NM 87108-3433	82-2536868	501(C)(3)	80,283.	0.			GENERAL SUPPORT

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
OFFCENTER COMMUNITY ARTS PROJECT 808 PARK AVE. SW ALBUQUERQUE, NM 87102-3017	85-0480889	501(C)(3)	18,500.	0.			GENERAL SUPPORT
OJO SARCO COMMUNITY CENTER HCR 65 BOX 99 OJO SARCO, NM 87521	85-0369329	501(C)(3)	15,000.	0.			GENERAL SUPPORT
OPERA SOUTHWEST PO BOX 27671 ALBUQUERQUE, NM 87125-7671	23-7314812	501(C)(3)	48,201.	0.			GENERAL SUPPORT
OXFAM-AMERICA INC. 77 NORTH WASHINGTON STREET BOSTON, MA 02114	23-7069110	501(C)(3)	10,278.	0.			GENERAL SUPPORT
PAWS AND STRIPES 617 TRUMAN STREET NE ALBUQUERQUE, NM 87110-6443	27-2908352	501(C)(3)	9,350.	0.			GENERAL SUPPORT
PB&J FAMILY SERVICES, INC. 1101 LOPEZ RD., SW ALBUQUERQUE, NM 87105	85-0231566	501(C)(3)	16,700.	0.			GENERAL SUPPORT
PEGASUS LEGAL SERVICES FOR CHILDREN - 505 MARQUETTE NW - ALBUQUERQUE, NM 87102	46-0509986	501(C)(3)	7,600.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM STREET - NEW YORK, NY 10038	13-1644147	501(C)(3)	5,128.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS, INC. - PO BOX 732055 - DALLAS, TX 75373	84-0404253	501(C)(3)	125,388.	0.			GENERAL SUPPORT

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
PRESBYTERIAN EAR INSTITUTE 415 CEDAR ST. SE ALBUQUERQUE, NM 87106-3927	85-0373591	501(C)(3)	22,200.	0.			GENERAL SUPPORT
PRESBYTERIAN HEALTHCARE FOUNDATION PO BOX 26666 ALBUQUERQUE, NM 87125-6666	85-6016041	501(C)(3)	145,811.	0.			GENERAL SUPPORT
PRINCE OF PEACE CATHOLIC CHURCH 12500 CARMEL AVE NE ALBUQUERQUE, NM 87122	85-0386229	501(C)(3)	5,500.	0.			GENERAL SUPPORT
REBUILDING TOGETHER SANDOVAL COUNTY - 854 CAMINO DON TOMAS #2 - BERNALILLO, NM 87004	85-0464571	501(C)(3)	11,200.	0.			GENERAL SUPPORT
RIO GRANDE COMMUNITY DEVELOPMENT CORPORATION - 318 ISLETA BLVD SW - ALBUQUERQUE, NM 87105	85-0348445	501(C)(3)	13,500.	0.			GENERAL SUPPORT
RIO GRANDE COMMUNITY FARM C/O JOHN WRIGHT ALBUQUERQUE, NM 87107	74-2833329	501(C)(3)	6,000.	0.			GENERAL SUPPORT
RIO GRANDE FOOD PROJECT PO BOX 7174 ALBUQUERQUE, NM 87194	20-1667103	501(C)(3)	32,180.	0.			GENERAL SUPPORT
ROADRUNNER FOOD BANK 5840 OFFICE BOULEVARD NE ALBUQUERQUE, NM 87109	85-0278525	501(C)(3)	79,816.	0.			GENERAL SUPPORT
ROCKY MOUNTAIN YOUTH CORPS PO BOX 1960 RANCHOS DE TAOS, NM 87571	85-0404817	501(C)(3)	12,000.	0.			GENERAL SUPPORT

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
ROSWELL ARTIST IN RESIDENCE FOUNDATION - 409 E COLLEGE BLVD - ROSWELL, NM 88201-7524	33-0999247	501(C)(3)	43,000.	0.			GENERAL SUPPORT
SAMARITAN HOUSE, INC 501 SEVENTH STREET LAS VEGAS, NM 87701	75-5009107	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SAN FELIPE DE NERI CHURCH PO BOX 7007 ALBUQUERQUE, NM 87194	27-0522063	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SANTA FE INDIGENOUS CENTER (FISCAL SPONSOR NEW MEXICO FOUNDATION) - PO BOX 24184 - SANTA FE, NM 87502	85-0311210	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SARANAM 1028 EUBANK NE STE F ALBUQUERQUE, NM 87112	20-2036621	501(C)(3)	39,725.	0.			GENERAL SUPPORT
SAVILA COLLABORATIVE CENTRO SAVILA ALBUQUERQUE, NM 87195	46-0667855	501(C)(3)	37,250.	0.			GENERAL SUPPORT
SCHOOL FOR ADVANCED RESEARCH ON THE HUMAN EXPERIENCE - PO BOX 2188 - SANTA FE, NM 87504-2188	85-0125045	501(C)(3)	46,863.	0.			GENERAL SUPPORT
SIEMBRA LEADERSHIP HIGH SCHOOL 300 CENTRAL AVE SW ALBUQUERQUE, NM 87102	84-1890802	501(C)(3)	34,000.	0.			GENERAL SUPPORT
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET OAKLAND, CA 94612	94-6069890	501(C)(3)	21,000.	0.			GENERAL SUPPORT

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
SILVER HORIZONS NEW MEXICO, INC. 1913 EUBANK BLVD NE ALBUQUERQUE, NM 87112	85-0279898	501(C)(3)	15,791.	0.			GENERAL SUPPORT
SOFIA CENTER FOR PROFESSIONAL DEVELOPMENT - 601 LUNA BLVD. NW - ALBUQUERQUE, NM 87102	87-1266036	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SOUTHERN UTAH WILDERNESS ALLIANCE 425 EAST 100 SOUTH SALT LAKE CITY, UT 84111	94-2936961	501(C)(3)	25,534.	0.			GENERAL SUPPORT
SOUTHWEST SCHOOL OF BOTANICAL MEDICINE - 2506 JACOBY CREEK RD - BAYSIDE, CA 95524	92-3445289	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SPECIAL OLYMPICS NEW MEXICO 6600 PALOMAS DR. NE ALBUQUERQUE, NM 87109-5655	85-0268084	501(C)(3)	14,200.	0.			GENERAL SUPPORT
ST. FELIX PANTRY 4020 BARBARA LOOP SE RIO RANCHO, NM 87124	85-0407376	501(C)(3)	5,350.	0.			GENERAL SUPPORT
ST. PIUS X HIGH SCHOOL 5301 ST. JOSEPH'S DR. NW ALBUQUERQUE, NM 87120	85-0127079	501(C)(3)	41,000.	0.			GENERAL SUPPORT
STEELBRIDGE MINISTRIES PO BOX 331 ALBUQUERQUE, NM 87103-0331	85-0208645	501(C)(3)	6,712.	0.			GENERAL SUPPORT
STEM IS CHILDS PLAY FOUNDATION 6411 AVALON RD. NW ALBUQUERQUE, NM 87105	84-3493579	501(C)(3)	32,500.	0.			GENERAL SUPPORT

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
STRENGTHENING NATIONS INC 1800 RED ROCK DR GALLUP, NM 87301	84-2615248	501(C)(3)	6,000.	0.			GENERAL SUPPORT
STUDENT'S CLOTHING BANK PO BOX 94735 ALBUQUERQUE, NM 87199	46-5765753	501(C)(3)	16,350.	0.			GENERAL SUPPORT
TAMAYA HORSE REHAB PO BOX 144 SAN YSIDRO, NM 87053	46-1405668	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TEACH FOR AMERICA NEW MEXICO 4300 RIDGECREST DR SE PMB 1232 SUIT RIO RANCHO, NM 87124	13-3541913	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TENDERLOVE COMMUNITY CENTER PO BOX 65156 ALBUQUERQUE, NM 87193	45-4766711	501(C)(3)	30,000.	0.			GENERAL SUPPORT
THE CHILDREN'S HOUR INC. 2425 TEODORO RD. NW ALBUQUERQUE, NM 87107	83-1871581	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE FOOD DEPOT 1222 SILER ROAD SANTA FE, NM 87507	85-0416803	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE GRIEF CENTER 4125 CARLISLE AVE. NE ALBUQUERQUE, NM 87107	85-0474099	501(C)(3)	45,600.	0.			GENERAL SUPPORT
THE HORSE SHELTER 821 W. SAN MATEO RD. SANTA FE, NM 87505-4145	52-2214286	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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
THE NATURE CONSERVANCY 1613 PASEO DE PERALTA, SUITE 200 SANTA FE, NM 87501	53-0242652	501(C)(3)	92,703.	0.			GENERAL SUPPORT
THE REGENTS OF THE UNIVERSITY OF NEW MEXICO - 1700 LOMAS BLVD. NE, SUITE 2200 - ALBUQUERQUE, NM 87131-0001	85-6000642	501(C)(3)	34,330.	0.			GENERAL SUPPORT
THE SEMILLA PROJECT PO BOX 37197 ALBUQUERQUE, NM 87176	86-3311049	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE STOREHOUSE NEW MEXICO PO BOX 94810 ALBUQUERQUE, NM 87199-4810	35-2511614	501(C)(3)	6,750.	0.			GENERAL SUPPORT
THINK NEW MEXICO 505 DON GASPARE AVE SANTA FE, NM 87505	31-1611995	501(C)(3)	8,250.	0.			GENERAL SUPPORT
THREE SISTERS KITCHEN 109 GOLD AVE. SW ALBUQUERQUE, NM 87102	82-4882255	501(C)(3)	215,000.	0.			GENERAL SUPPORT
THURGOOD MARSHALL COLLEGE FUND, INC. - 901 F STREET NW, SUITE 700 - WASHINGTON, DC 20004	41-1750692	501(C)(3)	20,534.	0.			GENERAL SUPPORT
TRANSGENDER RESOURCE CENTER OF NEW MEXICO - 5600 DOMINGO RD. NE - ALBUQUERQUE, NM 87108	39-2076744	501(C)(3)	98,982.	0.			GENERAL SUPPORT
UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	5,500.	0.			GENERAL SUPPORT

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
UNITED VOICES FOR NEWCOMER RIGHTS 1207 MONROE CT. NE ALBUQUERQUE, NM 87110	85-0866980	501(C)(3)	30,000.	0.			GENERAL SUPPORT
UNITED WAY OF NORTH CENTRAL NEW MEXICO - PO BOX 25147 - ALBUQUERQUE, NM 87125	85-0277138	501(C)(3)	7,460.	0.			GENERAL SUPPORT
UNM CONTRACT AND GRANT ACCOUNTING 1700 LOMAS BLVD. NE, SUITE 2100 ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	40,000.	0.			GENERAL SUPPORT
UNM DEPARTMENT OF CHEMICAL AND BIOLOGICAL ENGINEERING - MSC05 3400 1 UNM - ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	8,000.	0.			GENERAL SUPPORT
UNM FOUNDATION 700 LOMAS BLVD. NE ALBUQUERQUE, NM 87102	85-0275408	501(C)(3)	532,068.	0.			GENERAL SUPPORT
UNM SCHOOL OF LAW MSC 11-6070 ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	22,414.	0.			GENERAL SUPPORT
VALENCIA SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE / VSS - 445 CAMINO DEL REY SUITE E. - LOS LUNAS, NM 87031	85-0370709	501(C)(3)	22,400.	0.			GENERAL SUPPORT
VETERANS INTEGRATION CENTERS 13032 CENTRAL AVE SE ALBUQUERQUE, NM 87123	55-0901604	501(C)(3)	8,000.	0.			GENERAL SUPPORT
VILLA THERESE CATHOLIC CLINIC 1779 HOPEWELL STREET SANTA FE, NM 87505	85-0229019	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERMELON MOUNTAIN RANCH 1380 RIO RANCHO BLVD. RIO RANCHO, NM 87124	85-0480585	501(C)(3)	12,172.	0.			GENERAL SUPPORT
WESST 609 BROADWAY NE ALBUQUERQUE, NM 87102-2334	85-0367809	501(C)(3)	9,500.	0.			GENERAL SUPPORT
WILLIAM W. & JOSEPHINE DORN COMMUNITY CHARTER SCHOOL - 1119 EDITH BLVD. SE - ALBUQUERQUE, NM 87102	45-4018335	501(C)(3)	15,400.	0.			GENERAL SUPPORT
WORKING CLASSROOM, INC. 423 ATLANTIC AVE. SW ALBUQUERQUE, NM 87102	85-0280287	501(C)(3)	40,500.	0.			GENERAL SUPPORT
YOUTH AGRICULTURAL COOPERATIVE (FISCALLY SPONSORED BY SWOP) - 9525 DONA ROWENA NE - ALBUQUERQUE, NM 87111	85-0368743	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ZIA FAMILY FOCUS CENTER 441 MONROE ST. NE ALBUQUERQUE, NM 87108	85-0404167	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS AND STUDENT AID/ASSITANCE	109	186,976.	0.		

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

**PART I, LINE 2:**

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**ALBUQUERQUE COMMUNITY FOUNDATION**

Employer identification number

**85-0295444**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) R. RANDALL ROYSTER PRESIDENT & CEO	(i)	231,765.	39,499.	0.	11,180.	12,157.	294,601.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

PART I, LINE 7:

THE BOARD'S EXECUTIVE COMMITTEE APPROVED A 6.37% BONUS FOR ALL EMPLOYEES IN  
2023. IN ADDITION, THE EXECUTIVE COMMITTEE APPROVED AN ADDITIONAL  
MERIT-BASED POOL.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ALBUQUERQUE COMMUNITY FOUNDATION**

Employer identification number

**85-0295444**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	48	983,974.	MARKET QUOTES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023



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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

SCHEDULE M, LINE 32B:

ALL STOCKS DONATED ARE PLACED INTO A SEPARATE MERRILL LYNCH BROKERAGE ACCOUNT THEN SOLD. THE ORGANIZATION USES A REALTOR FOR THE SALE OF ANY DONATED REAL ESTATE.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

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

SCHOLARSHIPS AND FINANCIAL AID AWARDS ALLOWING STUDENTS TO CONTINUE  
THEIR EDUCATION OR FURTHER THEIR CAREERS.

106 STUDENTS RECEIVED GRANTS DURING THE YEAR.

EXPENSES \$ 408,100. INCLUDING GRANTS OF \$ 359,287. REVENUE \$ 24,200.

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

THE FORM 990 IS APPROVED BY THE FOUNDATION'S FINANCE COMMITTEE. THE BOARD  
OF THE FOUNDATION HAS AUTHORIZED THE FINANCE COMMITTEE TO APPROVE AND  
SUBMIT THE 990 ON ITS BEHALF. THE CFO, PRESIDENT & CEO, AND FINANCE  
COMMITTEE CHAIR ALL REVIEW THE FORM 990 PRIOR TO IT BEING REVIEWED AND  
APPROVED BY THE FINANCE COMMITTEE. ONCE THE FINANCE COMMITTEE APPROVES THE  
FORM 990, IT IS THEN POSTED TO THE FOUNDATION'S WEBSITE ON THE BOARD PAGE  
WHICH REQUIRES A PASSWORD FOR ACCESS. THEN AN E-MAIL IS SENT TO ALL BOARD  
MEMBERS NOTIFYING THEM THE FORM 990 IS AVAILABLE FOR REVIEW. ONCE POSTED TO  
THE BOARD PAGE, THE 990 IS SUBMITTED TO THE IRS. IF ANY BOARD MEMBERS  
SHOULD IDENTIFY ANY ISSUES THAT REQUIRE AMENDMENTS TO THE FORM 990, THE  
FORM WOULD BE AMENDED, REVIEWED BY THE FINANCE COMMITTEE AND RESUBMITTED TO  
THE IRS. ALL BOARD MEMBERS WOULD BE NOTIFIED OF CHANGES VIA E-MAIL.

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

EACH YEAR ALL TRUSTEES, COMMITTEE MEMBERS AND EMPLOYEES MUST REVIEW THE  
CONFLICT OF INTEREST POLICY AND DISCLOSE ANY CONFLICTS OF INTEREST. THE  
CONFLICTS OF INTEREST ARE REVIEWED BY THE CFO, PRESIDENT/CEO, AND RISK  
MANAGEMENT COMMITTEE CHAIR ON AN ANNUAL BASIS. IF A POTENTIAL CONFLICT  
ARISES, THE PERSON WITH THE POTENTIAL CONFLICT ABSTAINS FROM DISCUSSION

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization ALBUQUERQUE COMMUNITY FOUNDATION	Employer identification number 85-0295444
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AND/OR VOTING ON THE MATTER.

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

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

THE ORGANIZATION HAS SELECTED NO TO PART VI, LINE 15B. ITS PROCESS FOR DETERMINING OFFICER OR KEY EMPLOYEE COMPENSATION DOES NOT INCLUDE AN APPROVAL BY INDEPENDENT PERSONS. WHILE THE BOARD OF DIRECTORS REVIEW OFFICER AND KEY EMPLOYEE COMPENSATION, COMPENSATION FOR THESE INDIVIDUALS IS SET BY THE CEO.

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.

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

<b>CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS</b>	<b>-27,997.</b>
<b>EMPLOYEE RETENTION CREDIT REFUND</b>	<b>261,250.</b>
<b>AGENCY FUND ACTIVITY</b>	<b>-2,650,629.</b>
<b>TOTAL TO FORM 990, PART XI, LINE 9</b>	<b>-2,417,376.</b>

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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ACF HOLDINGS, LLC - 27-2805006 PO BOX 25266 ALBUQUERQUE, NM 87176	TO HOLD DONATED ASSETS	NEW MEXICO	8,711.	491,228.	ALBUQUERQUE COMMUNITY FOUNDATION
HISTORIC CHAMPION GROCERY BUILDING, LLC - 27-2804817, 622-624 TIJERAS AVE NW, ALBUQUERQUE, NM 87102	TO HOLD DONATED BUILDING	NEW MEXICO	0.	1,377,864.	ALBUQUERQUE COMMUNITY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NEW MEXICO COMMUNITY TRUST - 85-4395064 624 TIJERAS AVE NW ALBUQUERQUE, NM 87102	TO MANAGE ENDOWMENT FUNDS THAT SUPPORT NM NONPROFITS AND NM COMMUNITIES	NEW MEXICO	501(C)(3)	LINE 10	ALBUQUERQUE COMMUNITY FOUNDATION	<input checked="" type="checkbox"/>	

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

Schedule R (Form 990) 2023

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (3)	INVESTMENTS	NM	N/A	TRUST	N/A	N/A	N/A		X

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NEW MEXICO COMMUNITY TRUST	B	50,000.	FMV
(2) NEW MEXICO COMMUNITY TRUST	O	206,874.	FMV
(3)			
(4)			
(5)			
(6)			

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





**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

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

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

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

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>ALBUQUERQUE COMMUNITY FOUNDATION</b>	Taxpayer identification number (TIN) <b>85-0295444</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 25266</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALBUQUERQUE, NM 87125-5266</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **NICHOLAS WILLIAMS, CPA**  
**624 TIJERAS AVE NW - ALBUQUERQUE, NM 87102**

Telephone No. **505-883-6240** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

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

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

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Section A: Check box if address changed. Section B: Exempt under section 501(c)(3). Section C: Book value of all assets at end of year 150,042,901. Section D: Employer identification number 85-0295444. Section E: Group exemption number. Section F: Check box if an amended return.

Section G: Check organization type 501(c) corporation. Section H: Check if filing only to claim. Section I: Check if a 501(c)(3) organization filing a consolidated return.

Section J: Enter the number of attached Schedules A (Form 990-T) 1. Section K: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No.

Section L: The books are in care of NICHOLAS WILLIAMS, CPA. Telephone number 505-883-6240.

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I. Line 1: 427,867. Line 4: Charitable contributions 42,687. Line 5: 385,180. Line 7: 385,180. Line 8: 1,000. Line 10: 1,000. Line 11: 384,180.

Part II Tax Computation

Table with 7 rows for Part II. Line 1: 80,678. Line 7: 80,678.

Part III Tax and Payments

Table with 5 main rows for Part III. Line 1e: 9,638. Line 2: 71,040. Line 3f: 0. Line 4: 71,040. Line 5: 0.

<b>Part III Tax and Payments</b> (continued)			
<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>	
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>	
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>	
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>	
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>	
<b>j</b>	Other (see instructions) .....	<b>6j</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	<b>4,237.</b>
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>	<b>75,277.</b>
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <b>Refunded</b>	<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
<b>1</b>	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		<b>X</b>
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ..... If "Yes," see instructions for other forms the organization may have to file.		<b>X</b>
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ _____		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		Available post-2017 NOL carryover
	523000		\$ 28,713.
			\$
			\$
			\$
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**  
Provide any additional information. See instructions.

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT & CEO**

May the IRS discuss this return with the preparer shown below (see instructions)?  **Yes**  **No**

**Paid Preparer Use Only**

Print/Type preparer's name <b>PAMELA ALEXANDERSON</b>	Preparer's signature <b>PAMELA ALEXANDERSON</b>	Date <b>11/08/24</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01218925</b>
Firm's name <b>MOSS ADAMS LLP</b>	Firm's address <b>6565 AMERICAS PARKWAY NE STE 600 ALBUQUERQUE, NM 87110</b>		Firm's EIN <b>91-0189318</b>	Phone no. <b>505-878-7200</b>

FORM 990-T	OTHER CREDITS	STATEMENT 1
DESCRIPTION		AMOUNT
FOREIGN TAX CREDIT (1118 ATTACHED)		9,638.
TOTAL TO FORM 990-T, PAGE 1, PART III, LINE 1B		9,638.

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
GRANTS TO ORGANIZATIONS CHARITABLE CONTRIBUTIONS - BLACKSTONE CAPITAL PARTNERS VII NQ LP	N/A	7,075,193.
CHARITABLE CONTRIBUTIONS - COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, L	N/A	10.
		1.
TOTAL TO FORM 990-T, PART I, LINE 4		7,075,204.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2018  
 FOR TAX YEAR 2019  
 FOR TAX YEAR 2020  
 FOR TAX YEAR 2021  
 FOR TAX YEAR 2022

TOTAL CARRYOVER		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	7,075,204	
TOTAL CONTRIBUTIONS AVAILABLE	7,075,204	
TAXABLE INCOME LIMITATION AS ADJUSTED	42,687	
EXCESS CONTRIBUTIONS	7,032,517	
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	7,032,517	
ALLOWABLE CONTRIBUTIONS DEDUCTION		42,687
TOTAL CONTRIBUTION DEDUCTION		42,687

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2023**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>ALBUQUERQUE COMMUNITY FOUNDATION</b>	<b>B</b> Employer identification number <b>85-0295444</b>
<b>C</b> Unrelated business activity code (see instructions) <b>523000</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **PARTNERSHIP PASSTHROUGH INCOME**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b> 32,830.		32,830.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 4</b>	<b>5</b> 456,173.		456,173.
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <b>STMT 5</b>	<b>12</b> 1.		1.
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 489,004.		489,004.

**Part II Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		1,213.
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement). See instructions	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		2,386.
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b>
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 6</b>	<b>14</b>		28,825.
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>		32,424.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		456,580.
<b>17</b> Deduction for net operating loss. See instructions <b>STMT 7 STMT 9</b>	<b>17</b>		28,713.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		427,867.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9 Allocable deductions. Multiply line 3c by line 6 .....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> included in line 10 .....				0.



**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

a				
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 .....

5 Readership costs .....				
6 Circulation income .....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 .....

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 .....

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 4

DESCRIPTION	NET INCOME OR (LOSS)
BLACKSTONE CAPITAL PARTNERS VII NQ LP - ORDINARY BUSINESS INCOME (LOSS)	27,067.
BLACKSTONE CAPITAL PARTNERS VII NQ LP - NET RENTAL REAL ESTATE INCOME	3.
BLACKSTONE CAPITAL PARTNERS VII NQ LP - INTEREST INCOME	890.
BLACKSTONE CAPITAL PARTNERS VII NQ LP - DIVIDEND INCOME	27.
BLACKSTONE CAPITAL PARTNERS VII NQ LP - OTHER PORTFOLIO INCOME (LOSS)	24.
BLACKSTONE CAPITAL PARTNERS VII NQ LP - OTHER INCOME (LOSS)	188.
BLACKSTONE CAPITAL PARTNERS VII Q LP - ORDINARY BUSINESS INCOME (LOSS)	8,918.
BLACKSTONE CAPITAL PARTNERS VII Q LP - INTEREST INCOME	5.
BLACKSTONE CAPITAL PARTNERS VII Q LP - OTHER INCOME (LOSS)	-423.
TIFF PRIVATE EQUITY PARTNERS 2006, LP - ORDINARY BUSINESS INCOME (LOSS)	-18.
TIFF PRIVATE EQUITY PARTNERS 2006, LP - OTHER INCOME (LOSS)	-5.
COMMONFUND CAPITAL VENTURE PARTNERS VIII, LP - ORDINARY BUSINESS INCOME (LOSS)	12.
COMMONFUND CAPITAL VENTURE PARTNERS VIII, LP - OTHER INCOME (LOSS)	-8.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VII, LP - INTEREST INCOME	1.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VII, LP - OTHER INCOME (LOSS)	-11.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOME	2,301.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE	-55.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - OTHER NET RENTAL INCOME	1.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - DIVIDEND INCOME	26.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - OTHER PORTFOLIO INCOME	253.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - OTHER INCOME (LOSS)	2.
COMMONFUND CAPITAL VENTURE PARTNERS IX, LP - ORDINARY BUSINESS INCOME (LOSS)	-51.
COMMONFUND CAPITAL VENTURE PARTNERS IX, LP - OTHER INCOME (LOSS)	-5.
QUANTUM ENERGY PARTNERS VI LP - ORDINARY BUSINESS INCOME (LOSS)	578,601.
TITAN DEVELOPMENT REAL ESTATE FUND I, L - ORDINARY BUSINESS INCOME (LOSS)	-10,827.
AUDAX PRIVATE EQUITY FUND VII-A, LP - OTHER INCOME (LOSS)	-143,562.
AUDAX PRIVATE EQUITY FUND VI-B, LP - INTEREST INCOME	465.
AUDAX PRIVATE EQUITY FUND VI-B, LP - OTHER INCOME (LOSS)	-186.
AUDAX PRIVATE EQUITY FUND V-B, LP - INTEREST INCOME	2,504.
AUDAX PRIVATE EQUITY FUND V-B, LP - OTHER INCOME (LOSS)	-3,020.

BLACKSTONE CAPITAL PARTNERS VII AIV 2 (D) LP - INTEREST INCOME	230.
BLACKSTONE CAPITAL PARTNERS VII AIV 2 (D) LP - OTHER INCOME (LOSS)	-13.
BLACKSTONE CAPITAL PARTNERS (CAYMAN) VII LP - DIVIDEND INCOME	3.
BLACKSTONE CAPITAL PARTNERS (CAYMAN) VII LP - OTHER PORTFOLIO INCOME (LOSS)	1.
BLACKSTONE CAPITAL PARTNERS (CAYMAN) VII LP - OTHER INCOME (LOSS)	-2.
PANTHEON ACCESS (US), LP - INVESTOR SERIES 16 - ORDINARY BUSINESS INCOME (LOSS)	-1,072.
PANTHEON ACCESS (US), LP - INVESTOR SERIES 16 - OTHER NET RENTAL INCOME (LOSS)	9,011.
PANTHEON ACCESS (US), LP - INVESTOR SERIES 16 - INTEREST INCOME	499.
PANTHEON ACCESS (US), LP - INVESTOR SERIES 16 - DIVIDEND INCOME	12.
PANTHEON ACCESS (US), LP - INVESTOR SERIES 16 - OTHER PORTFOLIO INCOME (LOSS)	31.
PANTHEON ACCESS (US), LP - INVESTOR SERIES 16 - OTHER INCOME (LOSS)	-1,149.
TIFF PRIVATE EQUITY PARTNERS 2007, LLC - ORDINARY BUSINESS INCOME (LOSS)	474.
TIFF PRIVATE EQUITY PARTNERS 2007, LLC - OTHER INCOME (LOSS)	-16.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ORDINARY BUSINESS INCOME (LOSS)	80.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - NET RENTAL REAL ESTATE INCOME	-416.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - OTHER INCOME (LOSS)	131.
TIFF PRIVATE EQUITY PARTNERS 2010, LLC - ORDINARY BUSINESS INCOME (LOSS)	96.
TIFF PRIVATE EQUITY PARTNERS 2010, LLC - NET RENTAL REAL ESTATE INCOME	1.
TIFF PRIVATE EQUITY PARTNERS 2010, LLC - OTHER INCOME (LOSS)	-893.
VERGE I II COMBINED, LIMITE PARTNERSHIP - ORDINARY BUSINESS INCOME (LOSS)	1,835.
GI PARTNERS FUND VI-A LP - OTHER INCOME (LOSS)	-5,933.
ABQID FUND I LP - ORDINARY BUSINESS INCOME (LOSS)	-4,408.
ABQID SIDECAR FUND I LP - ORDINARY BUSINESS INCOME (LOSS)	-5,446.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	456,173.

FORM 990-T (A) OTHER INCOME STATEMENT 5

DESCRIPTION	AMOUNT
RECOVERIES OF TAX BENEFIT ITEMS - BLACKSTONE CAPITAL PARTNERS VII NQ LP	1.
TOTAL TO SCHEDULE A, PART I, LINE 12	1.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 6

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	10,009.
ALLOCABLE INVESTMENT MANAGEMENT FEES	18,816.
TOTAL TO SCHEDULE A, PART II, LINE 14	28,825.

FORM 990-T (A) POST 2017 NOL SCHEDULE STATEMENT 7

PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
28,713.	28,713.	0.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 8

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/22	28,713.	0.	28,713.	28,713.
NOL CARRYOVER AVAILABLE THIS YEAR			28,713.	28,713.

SCH A (990-T)

SCHEDULE A NOL DETAIL

STATEMENT 9

TAXABLE INCOME FROM ALL ENTITIES	456,580.
THIS ENTITIES PORTION OF TAXABLE INCOME	456,580.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	456,580.
80% INCOME LIMITATION	365,264.
POST-2017 AVAILABLE	28,713.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	28,713.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2023**

Name <b>ALBUQUERQUE COMMUNITY FOUNDATION</b>	Employer identification number <b>85-0295444</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>8,516.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>8,516.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>22,050.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>2,264.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>24,314.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>8,516.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>24,314.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>32,830.</b>

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

Form **8949**

Department of the Treasury  
Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.  
Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **12A**

Name(s) shown on return

Social security number or  
taxpayer identification no.  
**85-0295444**

**ALBUQUERQUE COMMUNITY FOUNDATION**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)		
						(f) Code(s)	(g) Amount of adjustment			
	BLACKSTONE CAPITAL PARTNERS VII NQ LP							2,905.	C	
	BLACKSTONE CAPITAL PARTNERS VII Q LP							5,610.	C	
	PANTHEON ACCESS (US), LP - INVESTOR SERI							1.	C	
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) .....									8,516.	

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**Social security number or taxpayer identification no.**

**ALBUQUERQUE COMMUNITY FOUNDATION**

**85-0295444**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)		
						(f) Code(s)	(g) Amount of adjustment			
	BLACKSTONE CAPITAL PARTNERS VII Q LP COMMONFUND CAPITAL INTERNATIONAL PARTNER COMMONFUND CAPITAL PRIVATE EQUITY PARTNE PANTHEON ACCESS (US), LP - INVESTOR SERI TIFF PRIVATE EQUITY PARTNERS 2010, LLC							-34. 80. -12. 21,882. 134.	C C C C C	
<b>2</b>	<b>Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) .....								22,050.	

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

Identifying number

**ALBUQUERQUE COMMUNITY FOUNDATION**

**85-0295444**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a**  
**1b**  
**1c**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SEE STATEMENT 10</b>						

- 3** Gain, if any, from Form 4684, line 39 .....
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....
- 6** Gain, if any, from line 32, from other than casualty or theft .....
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....

**3**  
**4**  
**5**  
**6**  
**7** **2,264.**

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions .....
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....

**8**  
**9** **2,264.**

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	12	13	14	15	16	17

- 11** Loss, if any, from line 7 .....
- 12** Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13** Gain, if any, from line 31 .....
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17** Combine lines 10 through 16 .....

**11** ( )  
**12**  
**13**  
**14**  
**15**  
**16**  
**17**

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....

**18a**  
**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2023)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>			
		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20	Gross sales price ( <b>Note:</b> See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	<b>If section 1245 property:</b>		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the <b>smaller</b> of line 24 or 25a	25b	
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the <b>smaller</b> of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	<b>If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the <b>smaller</b> of line 24 or 27b	27c	
28	<b>If section 1254 property:</b>		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the <b>smaller</b> of line 24 or 28a	28b	
29	<b>If section 1255 property:</b>		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b	

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 10

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
BLACKSTONE CAPITAL PARTNERS VII NQ LP						-171.
BLACKSTONE CAPITAL PARTNERS VII Q LP						3.
TIFF PRIVATE EQUITY PARTNERS 2006, LP						17.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNE						48.
TITAN DEVELOPMENT REAL ESTATE FUND I, L						86.
PANTHEON ACCESS (US), LP - INVESTOR SERI						3,323.
TIFF PRIVATE EQUITY PARTNERS 2007, LLC						-1,481.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC						387.
TIFF PRIVATE EQUITY PARTNERS 2010, LLC						52.
TOTAL TO 4797, PART I, LINE 2						2,264.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2023**

Name <b>ALBUQUERQUE COMMUNITY FOUNDATION</b>	Employer identification number <b>85-0295444</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>8,516.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>8,516.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>22,050.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>2,264.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>24,314.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>8,516.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>24,314.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>32,830.</b>

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

Form **8949**

Department of the Treasury  
Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.  
Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **12A**

Name(s) shown on return

Social security number or  
taxpayer identification no.  
**85-0295444**

**ALBUQUERQUE COMMUNITY FOUNDATION**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	BLACKSTONE CAPITAL PARTNERS VII NQ LP							2,905.
	BLACKSTONE CAPITAL PARTNERS VII Q LP							5,610.
	PANTHEON ACCESS (US), LP - INVESTOR SERI							1.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if <b>Box A</b> above is checked), line 2 (if <b>Box B</b> above is checked), or line 3 (if <b>Box C</b> above is checked) .....								8,516.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

ALBUQUERQUE COMMUNITY FOUNDATION

85-0295444

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
[X] (F) Long-term transactions not reported to you on Form 1099-B

Table with 7 main columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Includes rows for BLACKSTONE CAPITAL PARTNERS VII Q LP, COMMONFUND CAPITAL INTERNATIONAL PARTNER, COMMONFUND CAPITAL PRIVATE EQUITY PARTNE, PANTHEON ACCESS (US), LP - INVESTOR SERI TIFF PRIVATE EQUITY PARTNERS 2010, LLC, and a Totals row with a value of 22,050.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

Identifying number

**ALBUQUERQUE COMMUNITY FOUNDATION**

**85-0295444**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a**

**1b**

**1c**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SEE STATEMENT 11</b>						

- 3** Gain, if any, from Form 4684, line 39 .....
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....
- 6** Gain, if any, from line 32, from other than casualty or theft .....
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....

**3**

**4**

**5**

**6**

**7**

**2,264.**

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions .....
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....

**8**

**9**

**2,264.**

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	12	13	14	15	16	17

- 11** Loss, if any, from line 7 .....
- 12** Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13** Gain, if any, from line 31 .....
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17** Combine lines 10 through 16 .....

**11**

**12**

**13**

**14**

**15**

**16**

**17**

( )

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....

**18a**

**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2023)



**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
<b>A</b>			
<b>B</b>			
<b>C</b>			
<b>D</b>			
<b>These columns relate to the properties on lines 19A through 19D.</b>			
		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20	Gross sales price ( <b>Note:</b> See line 1a before completing.)	<b>20</b>	
21	Cost or other basis plus expense of sale	<b>21</b>	
22	Depreciation (or depletion) allowed or allowable	<b>22</b>	
23	Adjusted basis. Subtract line 22 from line 21	<b>23</b>	
24	Total gain. Subtract line 23 from line 20	<b>24</b>	
<b>25 If section 1245 property:</b>			
a	Depreciation allowed or allowable from line 22	<b>25a</b>	
b	Enter the <b>smaller</b> of line 24 or 25a	<b>25b</b>	
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	<b>26a</b>	
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	<b>26b</b>	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	<b>26c</b>	
d	Additional depreciation after 1969 and before 1976	<b>26d</b>	
e	Enter the <b>smaller</b> of line 26c or 26d	<b>26e</b>	
f	Section 291 amount (corporations only)	<b>26f</b>	
g	Add lines 26b, 26e, and 26f	<b>26g</b>	
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	<b>27a</b>	
b	Line 27a multiplied by applicable percentage	<b>27b</b>	
c	Enter the <b>smaller</b> of line 24 or 27b	<b>27c</b>	
<b>28 If section 1254 property:</b>			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	<b>28a</b>	
b	Enter the <b>smaller</b> of line 24 or 28a	<b>28b</b>	
<b>29 If section 1255 property:</b>			
a	Applicable percentage of payments excluded from income under section 126. See instructions	<b>29a</b>	
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	<b>29b</b>	

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	<b>30</b>	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	<b>31</b>	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	<b>32</b>	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	<b>33</b>	
34	Recomputed depreciation. See instructions	<b>34</b>	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	<b>35</b>	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 11

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
BLACKSTONE CAPITAL PARTNERS VII NQ LP						-171.
BLACKSTONE CAPITAL PARTNERS VII Q LP						3.
TIFF PRIVATE EQUITY PARTNERS 2006, LP						17.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNE						48.
TITAN DEVELOPMENT REAL ESTATE FUND I, L						86.
PANTHEON ACCESS (US), LP - INVESTOR SERI						3,323.
TIFF PRIVATE EQUITY PARTNERS 2007, LLC						-1,481.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC						387.
TIFF PRIVATE EQUITY PARTNERS 2010, LLC						52.
TOTAL TO 4797, PART I, LINE 2						2,264.