

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2009

Open to Public Inspection

Form 990

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Header section A-M containing organization name (ALBUQUERQUE COMMUNITY FOUNDATION), EIN (85-0295444), address, and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership counts, and financial data for Prior Year and Current Year.

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.

Signature of officer R. RANDALL ROYSTER, EXECUTIVE DIRECTOR, dated 05/20/2010.

Preparer's information for PULAKOS CPAS, PC, dated 5/20/10, with phone number (505) 338-1500.

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: ADMINISTERING A PERMANENT COMMUNITY ENDOWMENT FROM WHICH DISTRIBUTIONS ARE USED TO PROVIDE GRANTS TO NON-PROFIT ORGANIZATIONS TO ADDRESS THE SOCIAL, CULTURAL AND EDUCATIONAL NEEDS OF THE ALBUQUERQUE METROPOLITAN AREA.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 895,685. including grants of \$ 721,141.) (Revenue \$) HEALTH AND HUMAN SERVICE GRANTS TO PROVIDE SUPPORT FOR DIRECT SERVICES TO PEOPLE IN NEED AND FOR THE PROMOTION OF HEALTH AND WELL-BEING. GRANTS BENEFITING CHILDREN WITH AN EMPHASIS ON PROGRAMS FOR ABUSED AND NEGLECTED CHILDREN AND PREVENTION AND EDUCATION PROJECTS. 98 DIFFERENT NONPROFIT ORGANIZATIONS RECEIVED GRANTS.

4b (Code:) (Expenses \$ 605,481. including grants of \$ 487,489.) (Revenue \$) ARTS AND CULTURE GRANTS ARE GIVEN TO SUPPORT ARTS EDUCATION, FACILITATE THE STABILITY OF ARTS ORGANIZATIONS, TO ENCOURAGE THE PRESERVATION OF THE COMMUNITY'S CULTURAL HERITAGE AND TO RECOGNIZE ARTISTIC ACHIEVEMENT. 43 DIFFERENT NONPROFIT ORGANIZATIONS RECEIVED GRANTS.

4c (Code:) (Expenses \$ 193,209. including grants of \$ 155,558.) (Revenue \$) SCHOLARSHIPS AND FINANCIAL AID AWARDS ALLOWING STUDENTS TO CONTINUE THEIR EDUCATION OR FURTHER THEIR CAREER. 140 STUDENTS RECEIVED GRANTS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,373,596. including grants of \$ 1,105,919.) (Revenue \$ 30,763.)

4e Total program service expenses \$ 3,067,971.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 13		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
	4a		
b	If "Yes," enter the name of the foreign country: CAYMAN ISLANDS See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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 in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
			20
1b	Enter the number of voting members that are independent		
			20
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	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 in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does 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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NM**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CASSIDY GRANTHAM - 505-883-6240**
3301 MENAUL BLVD. NE SUITE 2,, ALBUQUERQUE,, NM 87107

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KIM NUNLEY, CPA TRUSTEE	1.00	X					0.	0.	0.	
RON J. RIVERA, CPA TREASURER	1.00	X		X			0.	0.	0.	
VICTOR J. CHAVEZ PRESIDENT	1.00	X		X			0.	0.	0.	
JAMES N. KING TRUSTEE	1.00	X					0.	0.	0.	
BARRY W. RAMO, MD TRUSTEE	1.00	X					0.	0.	0.	
JOHN P. SALAZAR, ESQ. TRUSTEE	1.00	X					0.	0.	0.	
JEFFRY E. STERBA TRUSTEE	1.00	X					0.	0.	0.	
GEORGE STANFIELD TRUSTEE	1.00	X					0.	0.	0.	
MARK L. GORHAM TRUSTEE	1.00	X					0.	0.	0.	
BEVERLY MCMILLAN TRUSTEE	1.00	X					0.	0.	0.	
BETH M. MOISE TRUSTEE	1.00	X					0.	0.	0.	
SUSANNE B. BROWN TRUSTEE	1.00	X					0.	0.	0.	
RICK JOHNSON TRUSTEE	1.00	X					0.	0.	0.	
E. LARRY LUJAN TRUSTEE	1.00	X					0.	0.	0.	
DIANE HARRISON OGAWA PRESIDENT-ELECT	1.00	X		X			0.	0.	0.	
KAREN BARD TRUSTEE	1.00	X					0.	0.	0.	
NESTOR ROMERO TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN YEAROUT TRUSTEE	1.00	X					0.	0.	0.	
JENNIFER THOMAS TRUSTEE	1.00	X					0.	0.	0.	
JULIA B. BOWDICH SECRETARY	1.00			X			0.	0.	0.	
R. RANDALL ROYSTER EXECUTIVE DIRECTOR	40.00			X			138,213.	0.	19,590.	
1b Total							138,213.	0.	19,590.	

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

	Yes	No
3 Did the organization list any former officer, director or 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 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.

(A) Name and business address	(B) Description of services	(C) Compensation
HAMMOND ASSOCIATES, 101 SOUTH HANLEY RD, THIRD FLOOR, ST. LOUIS, MO 63105-3406	INVESTMENT CONSULTANT	101,500.

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

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	68,509.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3805783.			
	g Noncash contributions included in lines 1a-1f: \$		217,760.			
	h Total. Add lines 1a-1f		3,874,292.			
	Program Service Revenue	2 a MANAGEMENT FEES	Business Code			
		523000	30,763.	30,763.		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		30,763.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		554,249.		554,249.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		<1170211.>	<1170211.>		
	8 a Gross income from fundraising events (not including \$ 68,509. of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events			<20,747.>		<20,747.>	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities		15,015.	15,015.		
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.			3,283,361.	<1124433.>	0. 533,502.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,470,107.	2,470,107.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	157,803.	28,405.	112,040.	17,358.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	331,735.	167,498.	127,250.	36,987.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,256.	6,312.	4,232.	2,712.
9 Other employee benefits	26,278.	12,828.	12,454.	996.
10 Payroll taxes	33,927.	12,764.	18,403.	2,760.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	22,074.		22,074.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	112,909.		112,909.	
g Other	124,290.	97,581.	21,404.	5,305.
12 Advertising and promotion	33,142.	26,666.	1,913.	4,563.
13 Office expenses	60,937.	24,717.	30,576.	5,644.
14 Information technology				
15 Royalties				
16 Occupancy	38,255.	15,704.	18,286.	4,265.
17 Travel	14,934.	11,547.	2,746.	641.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,400.	11,253.	2,147.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,923.	12,710.	13,957.	3,256.
23 Insurance	16,317.	684.	15,633.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EVENT EXPENSES	57,535.	57,535.		
b EVALUATION	50,323.	50,323.		
c DONOR RELATIONS	40,458.	39,817.		641.
d COMPUTER SYSTEMS	17,925.	8,075.	7,987.	1,863.
e RENTALS	3,362.	1,380.	1,607.	375.
f All other expenses	20,124.	12,065.	7,510.	549.
25 Total functional expenses. Add lines 1 through 24f	3,689,014.	3,067,971.	533,128.	87,915.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	284,680.	1	379,681.	
	2 Savings and temporary cash investments	475,362.	2	706,261.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	732,865.	4	24,583.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net	292,247.	7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	9,313.	9	14,257.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 351,324.			
	b Less: accumulated depreciation	10b 144,645.	225,323.	10c	206,679.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	35,957,042.	12	42,867,426.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	68,290.	15	650,649.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	38,045,122.	16	44,849,536.		
Liabilities	17 Accounts payable and accrued expenses	46,396.	17	120,067.	
	18 Grants payable	48,425.	18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	94,821.	26	120,067.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	37,950,301.	27	17,088,847.	
	28 Temporarily restricted net assets		28	27,640,622.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	37,950,301.	33	44,729,469.	
34 Total liabilities and net assets/fund balances	38,045,122.	34	44,849,536.		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

COPY

SCHEDULE A
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4154953.	8008517.	4225731.	2506803.	3874292.	22770296.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4154953.	8008517.	4225731.	2506803.	3874292.	22770296.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5727951.
6 Public support. Subtract line 5 from line 4.						17042345.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4154953.	8008517.	4225731.	2506803.	3874292.	22770296.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1497893.	1991462.	2394061.	671,846.	554,249.	7109511.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						29879807.
12 Gross receipts from related activities, etc. (see instructions)					12	294,956.
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	57.04	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	54.60	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	52	26
2 Aggregate contributions to (during year)	289,982.	238,515.
3 Aggregate grants from (during year)	1,068,279.	278,066.
4 Aggregate value at end of year	15,242,395.	1,563,916.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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 are a 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 programs
- e Other _____

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

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 organization answered "Yes" to 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 XIV 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? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	36360416.	51348307.			
b Contributions	2,921,824.	1,097,920.			
c Net investment earnings, gains, and losses	6,504,435.	<13469813.>			
d Grants or scholarships	2,012,739.	2,313,484.			
e Other expenditures for facilities and programs	119,364.	69,992.			
f Administrative expenses	405,293.	232,522.			
g End of year balance	43249279.	36360416.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 36.63 %
- b Permanent endowment %
- c Term endowment 63.37 %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		91,024.	24,279.	66,745.
d Equipment		88,800.	75,579.	13,221.
e Other		171,500.	44,787.	126,713.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				206,679.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes rows for Financial derivatives, Closely-held equity interests, Other, and a Total row.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Includes a Total row at the bottom.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Includes a Total row at the bottom.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Includes a row for Federal income taxes and a Total row.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

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

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

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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))
		CONCOURS DU SOLEIL		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	105,260.		105,260.
	2	Less: Charitable contributions	68,509.		68,509.
	3	Gross income (line 1 minus line 2)	36,751.		36,751.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	57,535.		57,535.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(57,535)
	11	Net income summary. Combine line 3, column (d), and line 10			<20,784.>

Part III Gaming. Complete if the organization answered "Yes" to 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		15,015.
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 checked="" type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column (d), and line 7				15,015.

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>NM</u>		
a Is the organization licensed to operate gaming activities in each of these states?	9a	X
b If "No," explain: <u>A RAFFLE TICKET DRAWING DOES NOT REQUIRE A LICENSE IN THE STATE OF NEW MEXICO.</u>		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	X
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?	12	X

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- 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?

15a	Yes	No
------------	-----	----

15a	Yes	No
		X

- 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?

17a	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 ► \$ _____

17a	Yes	No
		X

**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.**

OMB No. 1545-0047

2009

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR ARTS, INC. P.O. BOX 4679 ALBUQUERQUE, NM 87196	85-0334831	501(C)(3)	20,000.	0.			ARTS/CULTURE
ESCUELA DEL SOL MONTESSORI SCHOOL 1114 7TH ST. NW ALBUQUERQUE, NM 87102	23-7088029	501(C)(3)	40,000.	0.			ARTS/CULTURE
WORKING CLASSROOM, INC. 207 GOLD SW ALBUQUERQUE, NM 87102	85-0280287	501(C)(3)	17,500.	0.			ARTS/CULTURE
ALBUQUERQUE YOUTH SYMPHONY PROGRAM P.O. BOX 30961 ALBUQUERQUE, NM 87190-0961	85-0421180	501(C)(3)	10,300.	0.			ARTS/CULTURE
ART IN THE SCHOOL, INC. P.O. BOX 3416 ALBUQUERQUE, NM 87190-3416	85-0375839	501(C)(3)	30,000.	0.			ARTS/CULTURE
NEW MEXICO MUSEUM OF NATURAL HISTORY FOUNDATION - P.O. BOX 7010 - ALBUQUERQUE, NM 87194-7010	85-0257595	501(C)(3)	19,388.	0.			ARTS/CULTURE

- 2** Enter total number of section 501(c)(3) and government organizations ▶ **92.**
- 3** Enter total number of other organizations ▶ **10.**

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

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, 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 HAS BEEN SPENT AND THE GRANT COMPLETED WITHIN THE FIRST SIX MONTHS, ONLY ONE REPORT IS NECESSARY. REPORTS MAY BE SENT VIA EMAIL. REPORTS INCLUDE A FINANCIAL ACCOUNTING AND A NARRATIVE. THE FINAL REPORT IS DUE NO LATER THAN 14 MONTHS FROM THE BEGINNING OF THE GRANT DATE.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOOL FOR ADVANCED RESEARCH ON THE HUMAN EXPERIENCE - P.O. BOX 2188 - SANTA FE, NM 87504-2188	85-0125045	501(C)(3)	7,500.	0.			ARTS/CULTURE
APS EDUCATION FOUNDATION 6400 UPTOWN BLVD. NE STE 610E ALBUQUERQUE, NM 87110	85-0434438	PUBLIC ED	9,074.	0.			ARTS/CULTURE
UNM FOUNDATION 700 LOMAS NE STE 108 ALBUQUERQUE, NM 87131-3196	86-1160073	501(C)(3)	6,000.	0.			DISEASE/DISORDERS
NEW MEXICO SYMPHONY ORCHESTRA P.O. BOX 30208 ALBUQUERQUE, NM 87190	85-0110386	501(C)(3)	188,454.	0.			ARTS/CULTURE
NEW MEXICO BIOPARK SOCIETY 903 TENTH ST. SW ALBUQUERQUE, NM 87102	23-7087964	501(C)(3)	34,242.	0.			ARTS/CULTURE
DANFORTH MUSEUM OF ART 123 UNION AVENUE FRAMINGHAM, MA 1702	04-2526917	501(C)(3)	7,000.	0.			ARTS/CULTURE
516 ARTS 516 CENTRAL SW ALBUQUERQUE, NM 87102	20-8540744	501(C)(3)	30,000.	0.			ARTS/CULTURE
NATIONAL INSTITUTE OF FLAMENCO 214 GOLD STREET SW ALBUQUERQUE, NM 87102	85-0332879	501(C)(3)	35,000.	0.			ARTS/CULTURE

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL DANCE INSTITUTE OF NEW MEXICO - 1140 ALTO STREET - SANTA FE, NM 87501	85-0431846	501(C)(3)	57,500.	0.			ARTS/CULTURE
CHRISTINA KENT DAY NURSERY 423 3RD STREET SW ALBUQUERQUE, NM 87102	85-0105594	501(C)(3)	22,803.	0.			CHILDREN/YOUTH
PB&J FAMILY SERVICES, INC. 1101 LOPEZ RD., SW ALBUQUERQUE, NM 87105	85-0231566	501(C)(3)	19,500.	0.			HUMAN SERVICES
BOY SCOUTS OF AMERICA GREAT SOUTHWEST COUNCIL 5841 OFFICE BLVD. NE - ALBUQUERQUE, NM 87109	85-0102305	501(C)(3)	19,700.	0.			CHILDREN/YOUTH
TAOS COUNTY ECONOMIC DEVELOPMENT CORP. - P.O. BOX 1389 - TAOS, NM 87571	85-0355163	501(C)(3)	25,000.	0.			CHILDREN/YOUTH
CATHOLIC CHARITIES 2010 BRIDGE SW ALBUQUERQUE, NM 87105	85-0110070	501(C)(3)	14,000.	0.			CHILDREN/YOUTH
ALL FAITHS RECEIVING HOME 1709 MOON NE ALBUQUERQUE, NM 87112	85-0165284	501(C)(3)	10,857.	0.			CHILDREN/YOUTH
ISTEC, INC. PROGRAM DEVEOPMENT UNM MSC02-1600 ALBUQUERQUE, NM 87131-0001	26-2486467	PROGRAM	10,000.	0.			CHILDREN/YOUTH

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBUQUERQUE PUBLIC SCHOOLS 6400 UPTOWN BLVD. NE STE 610E ALBUQUERQUE, NM 87125	85-0434438	PUBLIC ED	17,500.	0.			EDUCATION
DIRECT ACTION FOR YOUTH FOUNDATION P.O. BOX 1071 PLACITAS, NM 87043-1071	85-0446992	501(C)(3)	9,000.	0.			EDUCATION
ALBUQUERQUE ACADEMY 6400 WYOMING BLVD. NE ALBUQUERQUE, NM 87109-3899	85-0129165	501(C)(3)	35,000.	0.			EDUCATION
BOSQUE SCHOOL 4000 LEARNING RD. NW ALBUQUERQUE, NM 87120	85-0420092	501(C)(3)	20,950.	0.			EDUCATION
EXPLORA SCIENCE CENTER 1701 MOUNTAIN RD. NW ALBUQUERQUE, NM 87104	85-0442062	501(C)(3)	7,850.	0.			EDUCATION
ACCION NEW MEXICO 20 FIRST PLAZA CTR NW STE 417 ALBUQUERQUE, NM 87102-3352	85-0417347	501(C)(3)	18,980.	0.			JOBS/EMPLOYMENT
THE FRACTAL FOUNDATION 2917 CAMPUS BLVD. NE ALBUQUERQUE, NM 87106	13-4252553	501(C)(3)	6,450.	0.			EDUCATION
NEW MEXICO CENTER ON LAW & POVERTY, INC. - 720 VASSAR DR. NE - ALBUQUERQUE, NM 87106	85-0437960	501(C)(3)	17,500.	0.			EDUCATION

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANA DE ALBUQUERQUE P.O. BOX 430 ALBUQUERQUE, NM 87103-0430	06-1835784	501(C)(3)	7,863.	0.			EDUCATION
KALAMAZOO COLLEGE 1200 ACADEMY STREET KALAMAZOO, MI 49006	38-1358014	501(C)(3)	5,000.	0.			EDUCATION
ARMAND HAMMER UNITED WORLD COLLEGE P.O. BOX 248 MONTEZUMA, NM 87731	85-0297355	501(C)(3)	20,000.	0.			EDUCATION
SANTA ROSA LIBRARY MOISE MEMORIAL LIBRARY 208 5TH ST. SANTA ROSA, NM 88435		GOV'T	18,478.	0.			EDUCATION
NEW MEXICO MILITARY INSTITUTE FOUNDATION, INC. - 101 WEST COLLEGE BLVD. - ROSWELL, NM 88201	85-6010718	501(C)(3) SU	44,875.	0.			EDUCATION
UNM FOUNDATION 700 LOMAS NE STE 108 ALBUQUERQUE, NM 87131-3196	85-0275408	PUBLIC ED	37,500.	0.			EDUCATION
MANZANO DAY SCHOOL 1801 CENTRAL NW ALBUQUERQUE, NM 87104	85-0127993	501(C)(3)	35,416.	0.			EDUCATION
SOCIETY FOR THE PRESERVATION OF AMERICAN INDIAN CULTURE - 134 TRIBAL RD 6 - BOSQUE FARMS, NM 87068	63-0798619	501(C)(3)	6,515.	0.			EDUCATION

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
**▶ Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAMS COLLEGE 75 PARK ST. WILLIAMSTOWN, MA 1267	04-2104847	501(C)(3)	10,000.	0.			EDUCATION
LOCALOGY HC81 BOX 611 QUESTA, NM 87556	26-2078285	PROGRAM	10,000.	0.			EDUCATION
RIO GRANDE COMMUNITY FARM 6804 FOURTH ST. NW #114 ALBUQUERQUE, NM 87107	74-2833329	501(C)(3)	9,750.	0.			PRESERVATION
ASSISTANCE LEAGUE OF ALBUQUERQUE P.O. BOX 35910 ALBUQUERQUE, NM 87176	85-6009968	501(C)(3)	7,500.	0.			HEALTH/HUMAN
ANGEL FLIGHT WEST 3161 DONALD DOUGLAS LOOP SOUTH SANTA MONICA, CA 90405-3210	95-3956297	501(C)(3)	10,000.	0.			HEALTH/HUMAN SER
PLANNED PARENTHOOD OF NEW MEXICO 719 SAN MATEO NE ALBUQUERQUE, NM 87108-1434	85-0197745	501(C)(3)	10,500.	0.			HEALTH/HUMAN SER
NEW MEXICO AIDS SERVICES 625 TRUMAN NE ALBUQUERQUE, NM 87110-6472	85-0335085	501(C)(3)	10,000.	0.			HEALTH/HUMAN SER
PRESBYTERIAN EAR INSTITUTE 415 CEDAR ST. SE ALBUQUERQUE, NM 87106-3927	85-0373591	501(C)(3)	6,000.	0.			HEALTH

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S CANCER FUND OF NEW MEXICO - 112 14TH ST. SW - ALBUQUERQUE, NM 87102	23-7116828	501(C)(3)	20,000.	0.			HEALTH
ALBUQUERQUE HEALTH CARE FOR THE HOMELESS - P.O. BOX 25445 - ALBUQUERQUE, NM 87125-0445	85-0368993	501(C)(3)	16,412.	0.			HEALTH
NEW MEXICO FOUNDATION FOR OSTEOPATHIC EDUCATION - P.O. BOX 53098 - ALBUQUERQUE, NM 87153-3098	85-0402214	501(C)(3)	8,053.	0.			HEALTH
THE STOREHOUSE 106 BROADWAY SE ALBUQUERQUE, NM 87102	85-0241340	501(C)(3)	17,500.	0.			HUMAN SERVICES
S.A.F.E. HOUSE P.O. BOX 25363 ALBUQUERQUE, NM 87125-0363	85-0247473	501(C)(3)	5,000.	0.			HUMAN SERVICES
RIO GRANDE FOOD PROJECT P.O. BOX 66498 ALBUQUERQUE, NM 87193	20-1667103	501(C)(3)	7,500.	0.			HUMAN SERVICES
SAMARITAN COUNSELING CENTER 1101 MEDICAL ARTS AVE. NE #3 ALBUQUERQUE, NM 87102	85-0342072	501(C)(3)	44,328.	0.			MENTAL HEALTH
JEWISH FAMILY SERVICE OF NEW MEXICO - 5520 WYOMING NE STE 200 - ALBUQUERQUE, NM 87109	85-0346550	501(C)(3)	9,602.	0.			HUMAN SERVICES

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICE OF METROWEST, INC. - 475 FRANKLIN ST. STE. 101 - FRAMINGHAM, MA 10702-6265	04-2730898	501(C)(3)	5,000.	0.			HUMAN SERVICES
ARCA, INC. 11300 LOMAS BLVD. NE ALBUQUERQUE, NM 87112	85-6005755	501(C)(3)	6,141.	0.			HUMAN SERVICES
ENLACE COMUNITARIO P.O. BOX 8919 ALBUQUERQUE, NM 87198	85-0473384	501(C)(3)	10,000.	0.			HUMAN SERVICES
CROSSROADS FOR WOMEN 805 TIJERAS NW ALBUQUERQUE, NM 87102	85-0448641	501(C)(3)	7,500.	0.			HUMAN SERVICES
ROADRUNNER FOOD BANK 2645 BAYLOR SE ALBUQUERQUE, NM 87106	85-0278525	501(C)(3)	166,108.	0.			HUMAN SERVICES
ALBUQUERQUE MEALS ON WHEELS P.O. BOX 92614 ALBUQUERQUE, NM 87199-2614	85-0307043	501(C)(3)	7,500.	0.			HUMAN SERVICES
WOMEN'S HOUSING COALITION 3005 SAN PEDRO NE ALBUQUERQUE, NM 87110	85-0369830	501(C)(3)	10,000.	0.			HUMAN SERVICES
SILVER HORIZONS NEW MEXICO, INC. P.O. BOX 6879 ALBUQUERQUE, NM 87197-6879	85-0279898	501(C)(3)	6,673.	0.			HUMAN SERVICES

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBUQUERQUE LITTLE THEATRE 224 SAN PASQUALE SW ALBUQUERQUE, NM 87104	85-0109473	501(C)(3)	10,000.	0.			ARTS/CULTURE
KESHET DANCE COMPANY 214 COAL SW ALBUQUERQUE, NM 87102	85-0436623	501(C)(3)	10,000.	0.			ARTS/CULTURE
OPERA SOUTHWEST P.O. BOX 27671 ALBUQUERQUE, NM 87125	23-7314812	501(C)(3)	20,350.	0.			ARTS/CULTURE
SANTA FE OPERA P.O. BOX 2408 SANTA FE, NM 87504-2408	85-0131810	501(C)(3)	5,000.	0.			ARTS/CULTURE
HAWKS ALOFT P.O. BOX 10028 ALBUQUERQUE, NM 87184	85-0418661	501(C)(3)	5,000.	0.			ANIMAL WELFARE
ANIMAL HUMANE NEW MEXICO 615 VIRGINIA ST. SE ALBUQUERQUE, NM 87108	85-0207652	501(C)(3)	20,000.	0.			ANIMAL WELFARE
CANCER SERVICES OF NM P.O. BOX 51735 ALBUQUERQUE, NM 87181	85-0481885	501(C)(3)	5,000.	0.			DISEASE/DISORDERS
NEW MEXICO LIONS EYE FOUNDATION OPERATION KIDSIGHT TAOS, NM 87571	85-0426483	501(C)(3)	9,000.	0.			DISEASE/DISORDERS

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

Schedule I-1 (Form 990) 2009

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE LIVING THROUGH CANCER 3401 CANDELARIA NE ALBUQUERQUE, NM 87107	85-0324330	501(C)(3)	10,000.	0.			DISEASE/DISORDERS
AMY BIEHL HIGH SCHOOL FOUNDATION 123 4TH STREET SW ALBUQUERQUE, NM 87102	85-0483977	PUBLIC ED	6,000.	0.			EDUCATION
EAST MOUNTAIN HIGH SCHOOL P.O. BOX 340 SANDIA PARK, NM 87047	85-0467418	PUBLIC ED	5,000.	0.			EDUCATION
RIO GRANDE SCHOOL 715 CAMINO CABRA SANTA FE, NM 87505	85-0263326	501(C)(3)	10,000.	0.			EDUCATION
SOUTH VALLEY ACADEMY 3426 BLAKE ROAD SW ALBUQUERQUE, NM 87105		PUBLIC ED	5,000.	0.			EDUCATION
NEW MEXICO SOLAR ENERGY ASSOCIATION - 1009 BRADBURY SE #35 - ALBUQUERQUE, NM 87106	85-0241821	501(C)(3)	5,800.	0.			ENVIRONMENTAL PROTECTION
NEW MEXICO WILDERNESS ALLIANCE P.O. BOX 25464 ALBUQUERQUE, NM 87125	85-0457916	501(C)(3)	5,000.	0.			ENVIRONMENTAL PROTECTION
LOCALOGY HC81 BOX 611 QUESTA, NM 87556	26-2078285	501(C)(3)	30,000.	0.			ENVIRONMENTAL PROTECTION

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MEXICO DENTAL FOUNDATION P.O. BOX 16854 ALBUQUERQUE, NM 87191	74-3146433	501(C)(3)	10,000.	0.			HEALTH
NEW MEXICO LIONS EYE FOUNDATION 414 CAMINO DE LA PLACITA SANTA FE, NM 87571	85-0426483	501(C)(3)	7,500.	0.			HEALTH
JEWISH COMMUNITY HOUSING FOR THE ELDERLY - 30 WALLINGFORD ROAD - BRIGHTON, MA 02135	04-2607197	501(C)(3)	5,000.	0.			HOUSING/SHELTER
ST. MARTIN'S HOSPITALITY CENTER P.O. BOX 27258 ALBUQUERQUE, NM 87125	85-0338552	501(C)(3)	25,000.	0.			HOUSING/SHELTER
CLOUD DANCERS THERAPEUTIC HORSEMANSHIP PROGRAM, INC. - P.O. BOX 14058 - ALBUQUERQUE, NM 87191-4058	85-0332760	501(C)(3)	5,370.	0.			HUMAN SERVICES
GOOD SHEPHERD CENTER, INC. P.O. BOX 749 ALBUQUERQUE, NM 87103-0430	85-0213561	501(C)(3)	9,370.	0.			HUMAN SERVICES
GOODWILL INDUSTRIES OF NM 5000 SAN MATEO NE ALBUQUERQUE, NM 87109	85-0107916	501(C)(3)	7,500.	0.			HUMAN SERVICES
MARTINEZTOWN HOUSE 808 EDITH NE ALBUQUERQUE, NM 87102	23-7002858	501(C)(3)	15,500.	0.			HUMAN SERVICES

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
**▶ Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

**Employer identification number
85-0295444**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SER DE NEW MEXICO 1931 SAN MATEO NE ALBUQUERQUE, NM 87110	85-0435630	501(C)(3)	7,372.	0.			HUMAN SERVICES
YOUTH DEVELOPMENT, INC. P.O. BOX 25046 ALBUQUERQUE, NM 87125	85-0246036	501(C)(3)	15,574.	0.			HUMAN SERVICES
INTERNATIONAL FOCUS-ESPERANZA DE JOAQUIN - 3939 SIMMS SE - ALBUQUERQUE, NM 87108	31-1696743	COMMUNITY	10,000.	0.			INTERNATIONAL FOCUS
VALENCIA COUNSELING SERVICES, INC. P.O. BOX 518 LOS LUNAS, NM 87031	85-0294695	501(C)(3)	9,405.	0.			MENTAL HEALTH
NEW MEXICO COMMUNITY FOUNDATION 343 E. ALAMEDA SANTA FE, NM 87501	85-0311210	501(C)(3)	6,400.	0.			PHILANTHROPY
SANTA FE COMMUNITY FOUNDATION P.O. BOX 1827 SANTA FE, NM 87504-2188	85-0303044	501(C)(3)	5,917.	0.			PHILANTHROPY
UNITED WAY OF CENTRAL NEW MEXICO 2340 ALAMO AVE. SE ALBUQUERQUE, NM 87106	85-0277138	501(C)(3)	30,000.	0.			PHILANTHROPY
FARM TO TABLE, INC. 3900 PASEO DEL SOL SANTA FE, NM 87507	85-0438238	501(C)(3)	50,000.	0.			PUBLIC POLICY

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBUQUERQUE METROPOLITAN CRIME STOPPERS, INC. - P.O. BOX 35207 - ALBUQUERQUE, NM 87176	85-0267353	501(C)(3)	11,652.	0.			PUBLIC SAFETY
WINGS MINISTRY 2270 D WYOMING NE #130 ALBUQUERQUE, NM 87112	85-0473126	501(C)(3)	10,000.	0.			RELIGION
NEW MEXICO CONFERENCE OF CHURCHES P.O. BOX 606 BERNALILLO, NM 87004	23-7048906	501(C)(3)	20,558.	0.			RELIGION
OUR LADY OF THE MOST HOLY ROSARY 5415 FORTUNA ROAD NW ALBUQUERQUE, NM 87105		RELIGIOUS	7,500.	0.			RELIGION
TIBETAN CENTER NEW MEXICO P.O. BOX 65974 ALBUQUERQUE, NM 87193	85-0481541	501(C)(3)	8,500.	0.			RELIGION
CIBOLA COUNTY EDUCATION FOUNDATION P.O. BOX 8 GRANTS, NM 87020	85-0410209	501(C)(3)	11,711.	0.			SINGLE ORG SUPPORT
CNM FOUNDATION 525 BUENA VISTA SE ALBUQUERQUE, NM 87106	85-0338623	501(C)(3)	266,700.	0.			SINGLE ORG SUPPORT
UNM FOUNDATION 700 LOMAS NE STE 108 ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	29,344.	0.			SINGLE ORG SUPPORT

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

Schedule I-1 (Form 990) 2009

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Part I Questions Regarding Compensation

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

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

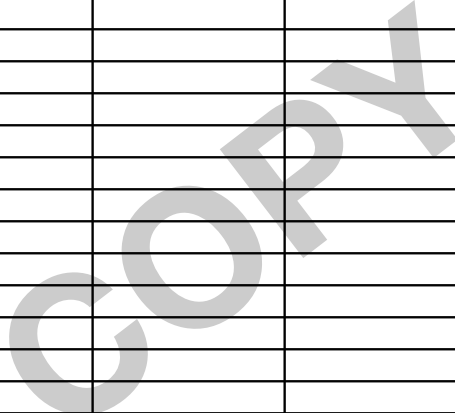
Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
R. RANDALL ROYSTER	(i)	138,213.			11,200.	8,390.	157,803.	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	1	217,760	VALUE AT CONTRIBUTION
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 IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GRANTS TO NON-PROFIT ORGANIZATIONS TO ADDRESS THE SOCIAL, CULTURAL AND
EDUCATIONAL NEEDS OF THE ALBUQUERQUE METROPOLITAN AREA.

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

EDUCATIONAL GRANTS TO SUPPORT A WIDE RANGE OF ACTIVITIES FROM EARLY
CHILDHOOD THROUGH ADULT PROGRAMS INCLUDING SPECIAL EDUCATION,
VOCATIONAL AND CAREER TRAINING, AND CLASSROOM INNOVATION. 122 NONPROFIT
ORGANIZATIONS RECEIVED GRANTS.

EXPENSES \$ 1287762. INCLUDING GRANTS OF \$ 1036812. REVENUE \$ 30763.

ENVIRONMENTAL AND HISTORIC PRESERVATION GRANTS TO HELP PRESERVE
HISTORIC RESOURCES, CONSERVE THE NATURAL LAND, PROTECT WILDLIFE AND
PROVIDE ENVIRONMENTAL EDUCATION. 10 NONPROFIT ORGANIZATIONS RECEIVED
GRANTS.

EXPENSES \$ 85834. INCLUDING GRANTS OF \$ 69107. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS POSTED TO THE
FOUNDATIONS WEBSITE ON THE BOARD PAGE WHICH REQUIRES A PASSWORD. THEN AN
E-MAIL IS SENT TO ALL BOARD MEMBERS NOTIFYING THEM THE THE FORM 990 IS
AVAILABLE FOR REVIEW. THE FORM 990 IS VOTED ON AT THE BOARD MEETING. THE
FINANCE DIRECTOR, EXECUTIVE DIRECTOR AND AUDIT COMMITTEE CHAIR ALL REVIEW
THE FORM 990 PRIOR TO IT BEING POSTED ON THE WEBSITE. ANY CHANGES TO THE
990, OR IF THE 990 GETS AMENDED AT A LATER DATE, THE REVISED FORM 990 WILL
BE RESUBMITTED TO THE BOARD EITHER AT A BOARD MEETING OR VIA E-MAIL FOR
BOARD APPROVAL.

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

Schedule O (Form 990) 2009

932211
02-03-10

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

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 FINANCE DIRECTOR, EXECUTIVE DIRECTOR AND FINANCE COMMITTEE CHAIR ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15A: A SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE OF THE FOUNDATION DETERMINES THE SALARY OF THE EXECUTIVE DIRECTOR. THE SUBCOMMITTEE REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND COMPARES THAT TO THE ESSENTIAL RESPONSIBILITIES OF THE POSITION AS OUTLINED IN THE "EXECUTIVE DIRECTOR POSITION DESCRIPTION". THE SUBCOMMITTEE CONSIDERS MARKET RATE INCREASES AS WELL AS COST OF LIVING ADJUSTMENTS IN DETERMINING ANY COMPENSATION ADJUSTMENTS.

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 FINANCE DIRECTOR AND THE EXECUTIVE DIRECTOR. CONTACT INFORMATION FOR ALL EMPLOYEES IS LOCATED ON THE FOUNDATION'S WEBSITE.

THE FINANCE COMMITTEE MAINTAINS THE SAME RESPONSIBILITIES FOR OVERSIGHT OF THE AUDIT AND SELECTION OF INDEPENDANT ACCOUNTANTS.

FORM 990, SCHEDULE D, PAGE 2, PART V

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

ENDOWMENT FUNDS

THE ENDOWMENT FUND ACTIVITY FOR 2008 WAS RESTATED IN 2009 DUE TO A
CORRECTION OF ENDOWMENT FUND CLASSIFICATION.

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

(A) NAME OF PERSON: R. RANDALL ROYSTER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF EXECUTIVE DIRECTOR

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION PURCHASED FURNITURE
FROM A COMPANY WHICH IS OWNED BY THE EXECUTIVE DIRECTOR'S WIFE. THE
ORGANIZATION PURCHASED FURNITURE TOTALING \$8,497 AT A DISCOUNTED PRICE.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

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

(a) Name, address, and EIN 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 - 85-0295444 P O BOX 36960 ALBUQUERQUE, NM 87176	TO HOLD DONATED ASSETS	NEW MEXICO	2,364.	14,300.	

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(d) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to other organization(s)	1b	
c Gift, grant, or capital contribution from other organization(s)	1c	
d Loans or loan guarantees to or for other organization(s)	1d	
e Loans or loan guarantees by other organization(s)	1e	
f Sale of assets to other organization(s)	1f	
g Purchase of assets from other organization(s)	1g	
h Exchange of assets	1h	
i Lease of facilities, equipment, or other assets to other organization(s)	1i	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	
n Sharing of paid employees	1n	
o Reimbursement paid to other organization for expenses	1o	
p Reimbursement paid by other organization for expenses	1p	
q Other transfer of cash or property to other organization(s)	1q	
r Other transfer of cash or property from other organization(s)	1r	



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 other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

