

PUBLIC DISCLOSURE COPY

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

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

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

**Part I - Identification**

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

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

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

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

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

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

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

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

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **24** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

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

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

Form **8868** (Rev. 1-2025)

**MAIL TO: INTERNAL REVENUE SERVICE  
MAIL STOP 6054  
1973 N RULON WHITE BLVD.  
OGDEN, UT 84201-0045**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: ALBUQUERQUE COMMUNITY FOUNDATION
D Employer identification number: 85-0295444
E Telephone number: 505-883-6240
G Gross receipts \$: 24,611,958.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.ABQCF.ORG
K Form of organization:
L Year of formation: 1981
M State of legal domicile: NM

Part I Summary
Table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expense breakdown, and net assets.

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, PRESIDENT & CEO
Date
Preparer's name: PAMELA ALEXANDERSON
Preparer's signature: PAMELA ALEXANDERSON
Date: 11/11/25
PTIN: P01218925
Firm's name: BAKER TILLY ADVISORY GROUP, LP
Firm's EIN: 39-0859910
Firm's address: 6565 AMERICAS PARKWAY NE STE 600 ALBUQUERQUE, NM 87110
Phone no. 505-878-7200

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 3,112,601. including grants of \$ 2,799,803. ) (Revenue \$ 226,121. ) HEALTH CARE - GRANTS TO SUPPORT ACCESS TO QUALITY HEALTH CARE, INCLUDING MENTAL HEALTH AND DENTAL CARE, FOR UNINSURED, UNDERINSURED AND MEDICALLY UNDERSERVED ADULTS, CHILDREN AND THE ELDERLY. HUMAN SERVICES - GRANTS TO SUPPORT PROGRAMS PROVIDING DIRECT ASSISTANCE FOR VULNERABLE POPULATIONS INCLUDING AT-RISK CHILDREN/YOUTH; AID FOR PEOPLE IN TRANSITION OR WHO ARE HOMELESS TO BECOME SELF-SUFFICIENT; AND NURTURING FAMILIES WITH AN EMPHASIS ON THE BASIC NEEDS OF FOOD AND SHELTER. 256 DIFFERENT NON-PROFIT ORGANIZATIONS RECEIVED GRANTS DURING THE YEAR.

4b (Code: ) (Expenses \$ 1,399,790. including grants of \$ 1,261,308. ) (Revenue \$ 101,691. ) ARTS AND CULTURE GRANTS ARE GIVEN TO SUPPORT ARTS EDUCATION, FACILITATE THE STABILITY OF ARTS ORGANIZATIONS, ENCOURAGE THE PRESERVATION OF THE COMMUNITY'S CULTURAL HERITAGE, AND RECOGNIZE ARTISTIC ACHIEVEMENT. 55 DIFFERENT NON-PROFIT ORGANIZATIONS RECEIVED GRANTS DURING THE YEAR.

4c (Code: ) (Expenses \$ 4,962,430. including grants of \$ 4,295,375. ) (Revenue \$ 360,506. ) EDUCATIONAL GRANTS TO SUPPORT A WIDE RANGE OF ACTIVITIES FROM EARLY CHILDHOOD THROUGH ADULT PROGRAMS INCLUDING SPECIAL EDUCATION, VOCATIONAL AND CAREER TRAINING, AND CLASSROOM INNOVATION. ENVIRONMENTAL AND HISTORIC PRESERVATION GRANTS FOCUS ON THE ENVIRONMENTAL AND AGRICULTURAL ECONOMY AND THE PRESERVATION OF HISTORIC LANDMARKS, ATTRACTIONS, BUILDINGS, AND VENUES. ECONOMIC AND WORKFORCE DEVELOPMENT GRANTS SUPPORT INTENTIONAL, INVENTIVE EFFORTS TO ENSURE A STRONG LOCAL ECONOMY BY PROMOTING SOCIAL, ECONOMIC, AND ENVIRONMENTAL GROWTH FOR ENTREPRENEURS AND THE STATE'S WORKFORCE. 238 NON-PROFIT ORGANIZATIONS RECEIVED GRANTS DURING THE YEAR.

4d Other program services (Describe on Schedule O.) (Expenses \$ 190,281. including grants of \$ 170,974. ) (Revenue \$ 13,823. )

4e Total program service expenses 9,665,102.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and excess benefit transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 24; 1b Enter the number of voting members included on line 1a... 24; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) R. RANDALL ROYSTER PRESIDENT & CEO	42.00 8.00			X			239,154.	0.	50,937.	
(2) MARISA MAGALLANEZ COO	42.00 8.00			X			140,714.	0.	12,490.	
(3) NICHOLAS WILLIAMS CFO	42.00 8.00			X			132,551.	0.	6,978.	
(4) JOSE VIRAMONTES CHAIR	5.00 0.00	X		X			0.	0.	0.	
(5) DEBBIE HARMS TREASURER	3.00 0.00	X		X			0.	0.	0.	
(6) LORI WALDON SECRETARY	3.00 0.00	X		X			0.	0.	0.	
(7) EMILY ALLEN CHAIR-ELECT	3.00 0.00	X		X			0.	0.	0.	
(8) MARCUS MIMS PAST CHAIR	3.00 2.00	X		X			0.	0.	0.	
(9) DR. ABINASH ACHREKAR TRUSTEE	2.00 0.00	X					0.	0.	0.	
(10) TOM ANTRAM TRUSTEE	1.00 0.00	X					0.	0.	0.	
(11) BOB BOWMAN TRUSTEE	2.00 0.00	X					0.	0.	0.	
(12) BRIAN COLON TRUSTEE	2.00 2.00	X					0.	0.	0.	
(13) TOM DAULTON TRUSTEE	2.00 0.00	X					0.	0.	0.	
(14) MICHELLE DEARHOLT TRUSTEE	1.00 0.00	X					0.	0.	0.	
(15) SANJAY ENGINEER TRUSTEE	1.00 0.00	X					0.	0.	0.	
(16) KATIE ESQUIBEL TRUSTEE	1.00 0.00	X					0.	0.	0.	
(17) MONIQUE FRAGUA TRUSTEE	1.00 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JASON GALLOWAY TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) REBECCA HARRINGTON TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) MERIAH HEREDIA-GRIEGO TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) ARELLANA BARELA LEVENSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) PAUL MONDRAGON TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) ANNE SAPON TRUSTEE	2.00 0.00	X						0.	0.	0.
(24) CHARLOTTE SCHOENMANN TRUSTEE	2.00 0.00	X						0.	0.	0.
(25) BECKY TEAGUE TRUSTEE	2.00 0.00	X						0.	0.	0.
(26) SARA TRAUB TRUSTEE	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								512,419.	0.	70,405.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								512,419.	0.	70,405.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RVK, INC. PO BOX 84354, SEATTLE, WA 98124	INVESTMENT CONSULTANT	118,910.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	5,000.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	14,478,005.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,278,742.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		14,483,005.				
Program Service Revenue	<b>2 a</b>	ADMINISTRATIVE FEES	<b>Business Code</b>	523000	702,141.	702,141.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			702,141.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			2,590,045.		168,522.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					2421523.	
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other				
					6,836,767.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	3,825,999.				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	3,010,768.				
	<b>d</b>	Net gain or (loss) .....			3,010,768.		3010768.	
<b>8 a</b>	Gross income from fundraising events (not including \$ 5,000. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		0.				
				0.				
				0.				
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....			0.				
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....						
<b>12</b>	<b>Total revenue.</b> See instructions .....			20,785,959.	702,141.	168,522.	5432291.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	8,211,598.	8,211,598.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	315,862.	315,862.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	582,824.	153,836.	338,603.	90,385.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,047,705.	276,541.	608,685.	162,479.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,541.	18,946.	41,585.	11,010.
<b>9</b> Other employee benefits .....	75,567.	20,000.	43,877.	11,690.
<b>10</b> Payroll taxes .....	114,313.	31,407.	65,800.	17,106.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	131,596.	131,596.		
<b>b</b> Legal .....	7,561.		7,561.	
<b>c</b> Accounting .....	235,349.		235,349.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	297,683.		297,683.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	32,517.		32,517.	
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	209,890.	54,639.	132,403.	22,848.
<b>14</b> Information technology .....	139,017.	36,793.	80,719.	21,505.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	68,492.	18,127.	39,770.	10,595.
<b>17</b> Travel .....	34,360.	20,464.	10,973.	2,923.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	30,180.		30,180.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	68,590.	18,153.	39,826.	10,611.
<b>23</b> Insurance .....	73,082.		73,082.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FISCAL SPONSORSHIP EXPE</b>	207,221.	207,221.		
<b>b</b> <b>DONOR RELATIONS</b>	190,654.	139,524.	13,866.	37,264.
<b>c</b> <b>MEMBERSHIP DUES AND FEE</b>	21,013.	5,561.	12,201.	3,251.
<b>d</b> <b>TRAINING AND DEVELOPMEN</b>	14,666.	3,881.	8,516.	2,269.
<b>e</b> All other expenses .....	953.	953.		
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	12,182,234.	9,665,102.	2,113,196.	403,936.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,166,398.	<b>1</b>	405,507.
	<b>2</b> Savings and temporary cash investments .....	3,394,253.	<b>2</b>	7,640,396.
	<b>3</b> Pledges and grants receivable, net .....	693,553.	<b>3</b>	1,134,079.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	184,312.	<b>7</b>	181,849.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	36,586.	<b>9</b>	96,417.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,789,447.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 992,951.	1,688,901.	<b>10c</b> 1,796,496.
	<b>11</b> Investments - publicly traded securities .....	51,794,517.	<b>11</b>	63,864,297.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	83,517,038.	<b>12</b>	78,591,098.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	2,171,149.	<b>13</b>	4,018,953.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,837,231.	<b>15</b>	2,906,938.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	150,483,938.	<b>16</b>	160,636,030.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	62,729.	<b>17</b>	88,284.
	<b>18</b> Grants payable .....	1,276,235.	<b>18</b>	193,626.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	26,327,180.	<b>25</b>	31,661,374.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	27,666,144.	<b>26</b>	31,943,284.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	64,557,579.	<b>27</b>	68,175,143.
	<b>28</b> Net assets with donor restrictions .....	58,260,215.	<b>28</b>	60,517,603.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	122,817,794.	<b>32</b>	128,692,746.
<b>33</b> Total liabilities and net assets/fund balances .....	150,483,938.	<b>33</b>	160,636,030.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,785,959.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,182,234.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,603,725.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	122,817,794.
5	Net unrealized gains (losses) on investments	5	3,496,831.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-6,225,604.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	128,692,746.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2024)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10900014.	9418555.	10564140.	9668765.	14483005.	55034479.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10900014.	9418555.	10564140.	9668765.	14483005.	55034479.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						5542567.
<b>6 Public support.</b> Subtract line 5 from line 4.						49491912.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	10900014.	9418555.	10564140.	9668765.	14483005.	55034479.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1678101.	2599392.	2705259.	1450095.	2421523.	10854370.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	723.	326,334.		384,180.	72,668.	783,905.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						66672754.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,355,122.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	74.23 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	67.87 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>684,296.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>370,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>352,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>327,537.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>305,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	STOCK _____ _____ _____	\$ 327,537.	12/17/24
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

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

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**ALBUQUERQUE COMMUNITY FOUNDATION**

Employer identification number

**85-0295444**

**Part I**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	139	16
2 Aggregate value of contributions to (during year) .....	3,348,146.	134,035.
3 Aggregate value of grants from (during year) .....	3,852,574.	127,275.
4 Aggregate value at end of year .....	52,152,959.	1,549,719.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II**

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	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, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

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

Yes  No

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

**Part III**

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) (Rev. 12-2024)

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	128,730,315.	116,428,485.	121,717,964.	98,076,732.	85,645,599.
<b>b</b> Contributions	6,973,981.	18,217,183.	17,247,691.	11,816,050.	9,717,193.
<b>c</b> Net investment earnings, gains, and losses	7,976,905.	8,282,247.	-6,971,034.	18,058,635.	9,780,565.
<b>d</b> Grants or scholarships	6,368,580.	13,881,986.	14,636,255.	4,903,072.	5,834,093.
<b>e</b> Other expenditures for facilities and programs		315,614.	929,881.	1,330,381.	1,145,690.
<b>f</b> Administrative expenses	3,139,582.				86,842.
<b>g</b> End of year balance	134,173,039.	128,730,315.	116,428,485.	121,717,964.	98,076,732.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 40.0000 %
- b** Permanent endowment .0000 %
- c** Term endowment 60.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No       |
|---|-----|----------|
| <b>(i)</b> Unrelated organizations?   |     | <b>X</b> |
| <b>(ii)</b> Related organizations?  |     | <b>X</b> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |          |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings		2,536,714.	807,587.	1,729,127.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		220,565.	166,063.	54,502.
<b>e</b> Other		32,168.	19,301.	12,867.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,796,496.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) <b>FIXED INCOME</b>	18,186,758.	END-OF-YEAR MARKET VALUE
(B) <b>REAL ASSETS</b>	90,222.	END-OF-YEAR MARKET VALUE
(C) <b>ALTERNATIVE INVESTMENTS</b>		
(D) <b>VALUED AT NET ASSET VALUE</b>	60,044,117.	END-OF-YEAR MARKET VALUE
(E) <b>LAND</b>	270,001.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	78,591,098.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CHARITABLE REMAINDER TRUSTS</b>	2,231,774.
(3) <b>LIABILITY FOR ASSETS HELD FOR COMMUNITY ORGANIZATIONS</b>	29,429,600.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	31,661,374.

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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

THE FOUNDATION MAY GENERATE INCOME THROUGH CERTAIN ALTERNATIVE INVESTMENTS THAT MAY BE SUBJECT TO UNRELATED BUSINESS INCOME TAX. INCOME TAXES FROM SUCH ACTIVITIES ARE NOT SIGNIFICANT AND, ACCORDINGLY, NO PROVISION FOR INCOME TAX HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. ACF HOLDING, LLC AND HCGB, LLC ARE DISREGARDED ENTITIES FOR TAX PURPOSES; THEREFORE, NO PROVISION FOR INCOME TAXES ARE PROVIDED FOR IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

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

AS OF DECEMBER 31, 2024 AND 2023, THE FOUNDATION HAS NO UNCERTAIN TAX









**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
516 ARTS PO BOX 4570 ALBUQUERQUE, NM 87196	20-8540744	501(C)(3)	32,500.	0.			GENERAL SUPPORT
ABRAZOS FAMILY SUPPORT SERVICES PO BOX 788 BERNALILLO, NM 87004	85-0265449	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ACE LEADERSHIP HIGH SCHOOL 1240 BELLAMAH AVE. NW ALBUQUERQUE, NM 87104	90-0907480	501(C)(3)	19,981.	0.			GENERAL SUPPORT
ACLU OF NEW MEXICO FOUNDATION PO BOX 566 ALBUQUERQUE, NM 87103-0566	85-0275276	501(C)(3)	34,500.	0.			GENERAL SUPPORT
ADVOCATES FOR THE WEST, INC PO BOX 1612 BOISE, ID 83701	06-1654062	501(C)(3)	8,000.	0.			GENERAL SUPPORT
AFROMUNDO 2422 DORA AVENUE NW ALBUQUERQUE, NM 87104	47-0934273	501(C)(3)	14,037.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 235.

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

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBUQUERQUE ACADEMY 6400 WYOMING BLVD. NE ALBUQUERQUE, NM 87109-3899	85-0129165	501(C)(3)	10,500.	0.			GENERAL SUPPORT
ALBUQUERQUE ADULT LEARNING CENTER, INC. - 136 GIRARD BLVD NE - ALBUQUERQUE, NM 87106	27-1859295	501(C)(3)	31,900.	0.			GENERAL SUPPORT
ALBUQUERQUE HEALTH CARE FOR THE HOMELESS - PO BOX 25445 - ALBUQUERQUE, NM 87125-0445	85-0368993	501(C)(3)	54,021.	0.			GENERAL SUPPORT
ALBUQUERQUE MUSEUM FOUNDATION PO BOX 7006 ALBUQUERQUE, NM 87194	85-0201054	501(C)(3)	177,337.	0.			GENERAL SUPPORT
ALBUQUERQUE OASIS 3301 MENAUL BLVD NE ALBUQUERQUE, NM 87107	32-0081580	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ALBUQUERQUE PUBLIC SCHOOLS EDUCATION FOUNDATION - PO BOX 25704 - ALBUQUERQUE, NM 87125	85-0434438	501(C)(3)	28,669.	0.			GENERAL SUPPORT
ALBUQUERQUE REGIONAL ECONOMIC ALLIANCE - 201 THIRD STREET NW - ALBUQUERQUE, NM 87102	85-0157216	501(C)(3)	75,000.	0.			GENERAL SUPPORT
ALBUQUERQUE SIGN LANGUAGE ACADEMY 225 GRIEGOS RD NW ALBUQUERQUE, NM 87107	27-1007207	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ALBUQUERQUE YOUTH SYMPHONY PROGRAM PO BOX 30961 ALBUQUERQUE, NM 87190-0961	85-0421180	501(C)(3)	39,107.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL FAITHS 1709 MOON NE ALBUQUERQUE, NM 87112	85-0165284	501(C)(3)	57,070.	0.			GENERAL SUPPORT
ALMA PO BOX 12885 ALBUQUERQUE, NM 87195	47-4258780	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION PO BOX 21400 ALBUQUERQUE, NM 87154	13-3039601	501(C)(3)	30,000.	0.			GENERAL SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD ST - NEW YORK, NY 10004	13-6213516	501(C)(3)	6,000.	0.			GENERAL SUPPORT
AMIGOS BRAVOS PO BOX 238 TAOS, NM 87571	85-0363268	501(C)(3)	16,000.	0.			GENERAL SUPPORT
AMIKIDS NEW MEXICO, INC. 6208 MONTGOMERY BLVD, NE, SUITE C ALBUQUERQUE, NM 87109	85-2733933	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMNESTY INTERNATIONAL PO BOX 98233 WASHINGTON, DC 20090-8233	52-0851555	501(C)(3)	7,000.	0.			GENERAL SUPPORT
AMY BIEHL HIGH SCHOOL FOUNDATION 123 4TH ST. SW ALBUQUERQUE, NM 87102	85-0483977	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ANDERSON ABRUZZO INTERNATIONAL BALLOON MUSEUM FOUNDATION - 9201 BALLOON MUSEUM DR. NE - ALBUQUERQUE, NM 87113-2425	85-0323409	501(C)(3)	7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL HUMANE NEW MEXICO 615 VIRGINIA ST. SE ALBUQUERQUE, NM 87108	85-0207652	501(C)(3)	14,600.	0.			GENERAL SUPPORT
ANIMAL PROTECTION NEW MEXICO PO BOX 11395 ALBUQUERQUE, NM 87192	85-0283292	501(C)(3)	23,000.	0.			GENERAL SUPPORT
ARTS HUB 1214 AMADO ST NE ALBUQUERQUE, NM 87104	35-2827359	501(C)(3)	17,500.	0.			GENERAL SUPPORT
ASSISTANCE LEAGUE OF ALBUQUERQUE P.O BOX 35910 ALBUQUERQUE, NM 87176-5910	85-6009968	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BAPTIST MEMORIAL HEALTH CARE FOUNDATION - 350 N. HUMPHREYS BLVD. - MEMPHIS, TN 38120	58-1544781	501(C)(3)	17,000.	0.			GENERAL SUPPORT
BARELAS COMMUNITY COALITION 1309 4TH ST. SW ALBUQUERQUE, NM 87102	90-0506340	501(C)(3)	11,000.	0.			GENERAL SUPPORT
BARRETT FOUNDATION 10300 CONSTITUTION AVE. NE ALBUQUERQUE, NM 87112	85-0336208	501(C)(3)	35,968.	0.			GENERAL SUPPORT
BASEMENT FILMS, INC. PO BOX 9229 ALBUQUERQUE, NM 87119	85-0449258	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BEST BUDDIES NEW MEXICO 3507 WYOMING BLVD. NE ALBUQUERQUE, NM 87111	52-1614576	501(C)(3)	28,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF CENTRAL NEW MEXICO - 2501 YALE BLVD SE - ALBUQUERQUE, NM 87106	85-0271207	501(C)(3)	26,650.	0.			GENERAL SUPPORT
BOARD OF REGENTS - SOUTHWESTERN INDIAN POLYTECHNIC INSTITUTE - 9169 COORS BLVD NW - ALBUQUERQUE, NM 87120	85-0235298	501(C)(3)	13,575.	0.			GENERAL SUPPORT
CANCER SERVICES OF NEW MEXICO PO BOX 51735 ALBUQUERQUE, NM 87181-1735	85-0481885	501(C)(3)	8,713.	0.			GENERAL SUPPORT
CARRIE TINGLEY HOSPITAL FOUNDATION PO BOX 25424 ALBUQUERQUE, NM 87125	85-6012236	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CASA ESPERANZA, INC. 1005 YALE NE ALBUQUERQUE, NM 87106	85-0356946	501(C)(3)	17,000.	0.			GENERAL SUPPORT
CATHEDRAL CHURCH OF ST. JOHN PO BOX 1246 ALBUQUERQUE, NM 87103	85-0119046	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES 2010 BRIDGE BLVD SW ALBUQUERQUE, NM 87105	85-0110070	501(C)(3)	65,000.	0.			GENERAL SUPPORT
CHATTER ABQ PO BOX 7464 ALBUQUERQUE, NM 87194	47-0910372	501(C)(3)	15,993.	0.			GENERAL SUPPORT
CHILDREN'S CANCER FUND OF NEW MEXICO - 112 14TH ST. SW - ALBUQUERQUE, NM 87102	23-7116828	501(C)(3)	21,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLOUD DANCERS THERAPEUTIC HORSEMANSHIP - PO BOX 10489 - ALBUQUERQUE, NM 87184	85-0332760	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CNM FOUNDATION 525 BUENA VISTA SE ALBUQUERQUE, NM 87106	85-0338623	501(C)(3)	86,300.	0.			GENERAL SUPPORT
COACH MIKE PAPA BROWN MSA SCHOLARSHIP FUND - 8400 WILD DUNES RD NW - ALBUQUERQUE, NM 87120-3784	87-2104330	501(C)(3)	5,600.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION OF LINCOLN COUNTY - PO BOX 2750 - RUIDOSO, NM 88355	16-1740370	501(C)(3)	20,000.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION OF SOUTHERN NEW MEXICO - 2640 EL PASEO ROAD - LAS CRUCES, NM 88001	85-0455682	501(C)(3)	85,000.	0.			GENERAL SUPPORT
COMMUNITY WELLNESS COUNCIL PO BOX 52 BELEN, NM 87002	85-0431072	501(C)(3)	10,500.	0.			GENERAL SUPPORT
COTTONWOOD GULCH EXPEDITIONS 9223 4TH ST NW ALBUQUERQUE, NM 87114	43-6005587	501(C)(3)	21,953.	0.			GENERAL SUPPORT
COUNCIL ON FOUNDATIONS 1255 23RD STREET NW, SUITE 200 WASHINGTON, DC 20037	13-6068327	501(C)(3)	7,500.	0.			GENERAL SUPPORT
CUIDANDO LOS NINOS PO BOX 12786 ALBUQUERQUE, NM 87195	85-0366029	501(C)(3)	28,970.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTIVATING CODERS 4000 RUFFIN AVE SW ALBUQUERQUE, NM 87105	81-1235375	501(C)(3)	20,000.	0.			GENERAL SUPPORT
DEPARTMENT OF SENIOR AFFAIRS - CITY OF ALBUQUERQUE - 1 CIVIC PLAZA NW - ALBUQUERQUE, NM 87102	85-6000102	GOVERNMENT	7,235.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA 40 RECTOR STREET NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	23,627.	0.			GENERAL SUPPORT
DOMESTIC VIOLENCE RESOURCE CENTER, INC - 625 SLIVER SW - ALBUQUERQUE, NM 87102	85-0439226	501(C)(3)	15,360.	0.			GENERAL SUPPORT
DOWNTOWNABQ MAINSTREET PO BOX 27246 ALBUQUERQUE, NM 87125-7246	46-4750143	501(C)(3)	15,000.	0.			GENERAL SUPPORT
DUKE CITY REPERTORY THEATRE PO BOX 16437 ALBUQUERQUE, NM 87191	26-3402706	501(C)(3)	19,000.	0.			GENERAL SUPPORT
EAST CENTRAL MINISTRIES 123 VERMONT NE ALBUQUERQUE, NM 87108	37-1426703	501(C)(3)	31,750.	0.			GENERAL SUPPORT
EL CENTRO DE IGUALDAD Y DERECHOS 714 4TH ST. SW ALBUQUERQUE, NM 87102	26-4675255	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ENCUENTRO 907 4TH ST. SW ALBUQUERQUE, NM 87102	27-2016727	501(C)(3)	22,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENLACE COMUNITARIO 2425 ALAMO DR SE ALBUQUERQUE, NM 87106	85-0473384	501(C)(3)	22,500.	0.			GENERAL SUPPORT
ENVIRONMENT AMERICA RESEARCH AND POLICY CENTER - 1543 WAZEE STREET, SUITE 410 - DENVER, CO 80202	13-4339865	501(C)(3)	7,500.	0.			GENERAL SUPPORT
EQUALITY NEW MEXICO FOUNDATION PO BOX 27070 ALBUQUERQUE, NM 87125	85-0417115	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ETHOS LITERACY 400 GOLD AVE SW ALBUQUERQUE, NM 87102	41-2235848	501(C)(3)	13,000.	0.			GENERAL SUPPORT
EXPLORA SCIENCE CENTER & CHILDREN'S MUSEUM OF ALBUQUERQUE - 1701 MOUNTAIN RD NW - ALBUQUERQUE, NM 87104	85-0442062	501(C)(3)	43,250.	0.			GENERAL SUPPORT
FAITH ROOTS REPRODUCTIVE ACTION PO BOX 66433 ALBUQUERQUE, NM 87193	85-0391823	501(C)(3)	40,000.	0.			GENERAL SUPPORT
FAMILY CAREGIVER CENTER OF NEW MEXICO - PO BOX 36735 - ALBUQUERQUE, NM 87176	88-3846826	501(C)(3)	17,650.	0.			GENERAL SUPPORT
FAMILY PROMISE OF ALBUQUERQUE 1516 SAN PEDRO DRIVE NE ALBUQUERQUE, NM 87110	85-0472315	501(C)(3)	5,600.	0.			GENERAL SUPPORT
FATHERS NEW MEXICO (FISCALLY SPONSORED BY PARTNERSHIP FOR COMMUNITY ACTION) - PO BOX 22254 - SANTA FE, NM 87502	31-1815692	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLI SCI (FISCALLY SPONSORED BY FEDERATION OF AMERICAN SCIENTISTS) - 1112 16TH STREET NW SUITE 400 - WASHINGTON, DC 20036	23-7185827	501(C)(3)	13,575.	0.			GENERAL SUPPORT
FLOWER HILL INSTITUTE PO BOX 692 JEMEZ PUEBLO, NM 87024	81-4300335	501(C)(3)	19,000.	0.			GENERAL SUPPORT
FRIENDS FOR THE PUBLIC LIBRARY PO BOX 26657 ALBUQUERQUE, NM 87125-6657	23-7024173	501(C)(3)	7,250.	0.			GENERAL SUPPORT
FUTURE FOCUSED EDUCATION 200 BROADWAY NE ALBUQUERQUE, NM 87102	47-3717716	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GARDEN'S EDGE, INC. 980 CYPRESS RD. BOSQUE FARMS, NM 87068	26-0645372	501(C)(3)	5,500.	0.			GENERAL SUPPORT
GLOBAL CENTER FOR CULTURAL ENTREPRENEURSHIP DBA CREATIVE STARTUPS - 441 GREG AVE. #202 - SANTA FE, NM 87501	26-0718018	501(C)(3)	11,900.	0.			GENERAL SUPPORT
GRAND CANYON TRUST 2601 N FORT VALLEY RD FLAGSTAFF, AZ 86001	86-0512633	501(C)(3)	21,953.	0.			GENERAL SUPPORT
GREATER ALBUQUERQUE HABITAT FOR HUMANITY - 4900 MENAUL BLVD. NE - ALBUQUERQUE, NM 87110	85-0359138	501(C)(3)	13,588.	0.			GENERAL SUPPORT
GROUNDWORKS NEW MEXICO PO BOX 70126 ALBUQUERQUE, NM 87197	85-0437031	501(C)(3)	6,400.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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HARWOOD ART CENTER OF ESCUELA DEL SOL MONTESSORI - 1114 7TH ST. NW - ALBUQUERQUE, NM 87102	23-7088029	501(C)(3)	21,500.	0.			GENERAL SUPPORT
HAWIKKU PO BOX 340 ZUNI, NM 87327	99-3089463	501(C)(3)	50,000.	0.			GENERAL SUPPORT
HEALTH EQUITY ALLIANCE FOR LGBTQ NEW MEXICANS - 12408 MENAUL BLVD NE - ALBUQUERQUE, NM 87112	85-3381532	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HEART GALLERY OF NEW MEXICO FOUNDATION - 13170-B CENTRAL AVE. SE - ALBUQUERQUE, NM 87123	20-4468893	501(C)(3)	47,250.	0.			GENERAL SUPPORT
HERO'S PATH PALLIATIVE CARE 24502 E. EASTER PLACE AURORA, CO 80016	84-2906214	501(C)(3)	7,500.	0.			GENERAL SUPPORT
HIGH DESERT PLAYBACK 4801 LANG AVENUE NE SUITE 110 ALBUQUERQUE, NM 87109	85-0311210	501(C)(3)	5,485.	0.			GENERAL SUPPORT
HOMEWISSE 1301 SILER ROAD SANTA FE, NM 87507	85-0346325	501(C)(3)	40,000.	0.			GENERAL SUPPORT
HOPEWORKS PO BOX 27258 ALBUQUERQUE, NM 87125	85-0338552	501(C)(3)	20,750.	0.			GENERAL SUPPORT
HORIZONS ALBUQUERQUE PO BOX 6066 ALBUQUERQUE, NM 87197	81-2915448	501(C)(3)	78,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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IMAGINE NEW MEXICO PO BOX 6156 SANTA FE, NM 87502	99-1547472	501(C)(3)	8,982.	0.			GENERAL SUPPORT
IMMIGRANT AND REFUGEE RESOURCE VILLAGE OF ALBUQUERQUE (IRVA) - 120 MESILLA NE - ALBUQUERQUE, NM 87108	27-5024085	501(C)(3)	12,000.	0.			GENERAL SUPPORT
INDIAN PUEBLO CULTURAL CENTER 2401 TWELFTH ST. NW ALBUQUERQUE, NM 87104-2397	85-0232968	501(C)(3)	14,000.	0.			GENERAL SUPPORT
INDIGENOUS WOMEN RISING PO BOX 7475 ALBUQUERQUE, NM 87194	85-3336543	501(C)(3)	41,000.	0.			GENERAL SUPPORT
INSTITUTE FOR LOCAL SELF RELIANCE, INC. - 2720 EAST 22ND STREET - MINNEAPOLIS, MN 55406	23-7394104	501(C)(3)	16,000.	0.			GENERAL SUPPORT
INSTITUTE OF SOUTHERN JEWISH LIFE INC - PO BOX 16528 - JACKSON, MS 39236	64-0762027	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE PO BOX 6068 ALBERT LEA, MN 56007-9847	13-5660870	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JOY JUNCTION, INC. PO BOX 20550 ALBUQUERQUE, NM 87154	85-0360268	501(C)(3)	8,908.	0.			GENERAL SUPPORT
JUNE'S SENIOR CAT RESCUE INC. 4009 PARSIFAL ST NE ALBUQUERQUE, NM 87111-3377	45-5330043	501(C)(3)	21,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF NEW MEXICO 3002 LOUISIANA BLVD. NE ALBUQUERQUE, NM 87110	85-0416889	501(C)(3)	29,575.	0.			GENERAL SUPPORT
JUSTICE, ACCESS, SUPPORT AND SOLUTIONS FOR HEALTH - 1608 ISLETA BLVD SW - ALBUQUERQUE, NM 87105	42-1753563	501(C)(3)	10,000.	0.			GENERAL SUPPORT
KESHET DANCE COMPANY 4121 CUTLER AVE. NE ALBUQUERQUE, NM 87110	85-0436623	501(C)(3)	21,000.	0.			GENERAL SUPPORT
KUNM RADIO MSC06 3520 ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	18,890.	0.			GENERAL SUPPORT
KWH LAW CENTER FOR SOCIAL JUSTICE AND CHANGE - PO BOX 27724 - ALBUQUERQUE, NM 87125	84-2264002	501(C)(3)	7,500.	0.			GENERAL SUPPORT
LA COSECHA CSA 318 ISLETA BLVD SW STE 202 ALBUQUERQUE, NM 87105	82-4552728	501(C)(3)	25,000.	0.			GENERAL SUPPORT
LA PLAZITA INSTITUTE 831 ISLETA BLVD. SW ALBUQUERQUE, NM 87105	26-2486467	501(C)(3)	24,400.	0.			GENERAL SUPPORT
LENSIC PERFORMING ARTS CENTER 211 W SAN FRANCISCO ST SANTA FE, NM 87501	85-0448396	501(C)(3)	6,500.	0.			GENERAL SUPPORT
LIBROS FOR KIDS, INC. 2052 CALLE PAJARO AZUL NW ALBUQUERQUE, NM 87120	82-2152369	501(C)(3)	17,500.	0.			GENERAL SUPPORT

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LIFEQUEST USA, INC. 4020 EDITH BLVD. NE ALBUQUERQUE, NM 87107	26-4584308	501(C)(3)	7,500.	0.			GENERAL SUPPORT
M.I. LEWIS SOCIAL SERVICE CENTER 215 FM 517 RD E DICKINSON, TX 77539	74-6083306	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MANA DE ALBUQUERQUE PO BOX 25801 ALBUQUERQUE, NM 87125	06-1835784	501(C)(3)	5,970.	0.			GENERAL SUPPORT
MANDY'S FARM PO BOX 9346 ALBUQUERQUE, NM 87119	85-0436516	501(C)(3)	45,700.	0.			GENERAL SUPPORT
MANZANO MOUNTAIN ART COUNCIL PO BOX 534 MOUNTAINAIR, NM 87036	74-2826118	501(C)(3)	13,500.	0.			GENERAL SUPPORT
MARIPOSA FUND 9450 SW GEMINI DR. PMB 16009 BEAVERTON, OR 97008	85-0368743	501(C)(3)	40,000.	0.			GENERAL SUPPORT
MEALS ON WHEELS NEW MEXICO PO BOX 92614 ALBUQUERQUE, NM 87199-2614	85-0307043	501(C)(3)	11,250.	0.			GENERAL SUPPORT
MEHARRY MEDICAL COLLEGE 1005 DR. D.B. TODD JR. BLVD. NASHVILLE, TN 37208	62-0488046	501(C)(3)	21,953.	0.			GENERAL SUPPORT
MENAUL SCHOOL 301 MENAUL BLVD. NE ALBUQUERQUE, NM 87107	85-0218216	501(C)(3)	7,445.	0.			GENERAL SUPPORT

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MERCY CORPS 45 SW ANKENY STREET PORTLAND, OR 97204	91-1148123	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MESCALERO APACHE TRIBE, EMERGENCY OPERATIONS CENTER - P.O. BOX 227 - MESCALERO, NM 88340		TRIBAL GOVERNMENT	20,000.	0.			GENERAL SUPPORT
MOUNTAIN RESCUE ASPEN 37925 HIGHWAY 82 ASPEN, CO 81611-2501	84-6042237	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MUSEUM OF NEW MEXICO FOUNDATION PO BOX 2065 SANTA FE, NM 87504-2065	85-0202503	501(C)(3)	47,503.	0.			GENERAL SUPPORT
NACA-INSPIRED SCHOOLS NETWORK 2301 MOUNTAIN RD. NE ALBUQUERQUE, NM 87106	47-2981893	501(C)(3)	12,285.	0.			GENERAL SUPPORT
NATIONAL ATOMIC MUSEUM FOUNDATION 601 EUBANK BLVD. SE ALBUQUERQUE, NM 87123	85-0404628	501(C)(3)	7,850.	0.			GENERAL SUPPORT
NATIONAL DANCE INSTITUTE OF NEW MEXICO - 1140 ALTO STREET - SANTA FE, NM 87501	85-0431846	501(C)(3)	61,503.	0.			GENERAL SUPPORT
NATIONAL FISH AND WILDLIFE FOUNDATION - 1133 15TH STREET., NW - WASHINGTON, DC 20005	52-1384139	501(C)(3)	41,420.	0.			GENERAL SUPPORT
NATIONAL HISPANIC CULTURAL CENTER FOUNDATION - 1701 4TH ST. SW - ALBUQUERQUE, NM 87102-4518	85-0335056	501(C)(3)	21,000.	0.			GENERAL SUPPORT

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NATIONAL INSTITUTE OF FLAMENCO 1771 BELLAMAH AVE. NW SUITE A101 ALBUQUERQUE, NM 87104	85-0332879	501(C)(3)	15,500.	0.			GENERAL SUPPORT
NEW DAY YOUTH & FAMILY SERVICES 2305 RENARD PLACE SE ALBUQUERQUE, NM 87106	85-0245782	501(C)(3)	24,270.	0.			GENERAL SUPPORT
NEW MEXICO ACTIVITIES ASSOCIATION 6600 PALOMAS AVE. NE ALBUQUERQUE, NM 87109	85-6000704	501(C)(3)	8,500.	0.			GENERAL SUPPORT
NEW MEXICO APPLESEED 222 E MARCY ST SANTA FE, NM 87501-2021	20-4985257	501(C)(3)	8,000.	0.			GENERAL SUPPORT
NEW MEXICO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 1933 SAN MATEO BLVD. NE #258 - ALBUQUERQUE, NM 87110	51-0137970	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NEW MEXICO BIOPARK SOCIETY 903 TENTH ST. SW ALBUQUERQUE, NM 87102	23-7087964	501(C)(3)	72,909.	0.			GENERAL SUPPORT
NEW MEXICO CENTER ON LAW AND POVERTY - 301 EDITH BLVD NE - ALBUQUERQUE, NM 87102	85-0437960	501(C)(3)	20,350.	0.			GENERAL SUPPORT
NEW MEXICO COALITION TO END HOMELESSNESS - PO BOX 865 - SANTA FE, NM 87504	85-0482896	501(C)(3)	28,000.	0.			GENERAL SUPPORT
NEW MEXICO COMMUNITY CAPITAL 301 GOLD AVE SW ALBUQUERQUE, NM 87102	20-1798654	501(C)(3)	13,500.	0.			GENERAL SUPPORT

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NEW MEXICO COMMUNITY TRUST 624 TIJERAS AVE NW ALBUQUERQUE, NM 87102	85-4395064	501(C)(3)	21,000.	0.			GENERAL SUPPORT
NEW MEXICO DREAM CENTER 126 GENERAL CHENNAULT NE ALBUQUERQUE, NM 87123	81-2479184	501(C)(3)	16,250.	0.			GENERAL SUPPORT
NEW MEXICO ENVIRONMENTAL LAW CENTER - PO BOX 12931 - ALBUQUERQUE, NM 87195	85-0360664	501(C)(3)	27,500.	0.			GENERAL SUPPORT
NEW MEXICO FRIENDS OF FOSTER CHILDREN - PO BOX 25365 - ALBUQUERQUE, NM 87125	27-0363331	501(C)(3)	14,504.	0.			GENERAL SUPPORT
NEW MEXICO GAY MEN'S CHORUS PO BOX 3822 ALBUQUERQUE, NM 87190-3822	45-5301412	501(C)(3)	15,993.	0.			GENERAL SUPPORT
NEW MEXICO HOLOCAUST & INTOLERANCE MUSEUM - 616 CENTRAL AVE. SW - ALBUQUERQUE, NM 87102	85-0456900	501(C)(3)	8,537.	0.			GENERAL SUPPORT
NEW MEXICO IMMIGRANT LAW CENTER PO BOX 7040 ALBUQUERQUE, NM 87194-7040	27-3303237	501(C)(3)	41,500.	0.			GENERAL SUPPORT
NEW MEXICO JAZZ WORKSHOP 5500 LOMAS BLVD. NE ALBUQUERQUE, NM 87110-6545	85-0247988	501(C)(3)	19,015.	0.			GENERAL SUPPORT
NEW MEXICO KIDS MATTER INC. 2340 ALAMO SE ALBUQUERQUE, NM 87106	85-0424064	501(C)(3)	25,000.	0.			GENERAL SUPPORT

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NEW MEXICO LEGAL AID PO BOX 25486 ALBUQUERQUE, NM 87125-5486	85-0116950	501(C)(3)	40,000.	0.			GENERAL SUPPORT
NEW MEXICO LOCAL NEWS FUND 3239 CALLE DE DEBORAH NW ALBUQUERQUE, NM 87104	85-0303044	501(C)(3)	5,390.	0.			GENERAL SUPPORT
NEW MEXICO MILITARY INSTITUTE FOUNDATION, INC. - 101 WEST COLLEGE BLVD. - ROSWELL, NM 88201-5173	85-6010718	501(C)(3)	72,192.	0.			GENERAL SUPPORT
NEW MEXICO MUSEUM OF NATURAL HISTORY FOUNDATION - PO BOX 25446 - ALBUQUERQUE, NM 87125-5446	85-0257595	501(C)(3)	67,621.	0.			GENERAL SUPPORT
NEW MEXICO PBS 1130 UNIVERSITY BLVD. NE ALBUQUERQUE, NM 87102	85-0275408	501(C)(3)	57,735.	0.			GENERAL SUPPORT
NEW MEXICO PHILHARMONIC PO BOX 21428 ALBUQUERQUE, NM 87154	27-1148446	501(C)(3)	159,360.	0.			GENERAL SUPPORT
NEW MEXICO PHILHARMONIC FOUNDATION INC - P.O. BOX 16422 - ALBUQUERQUE, NM 87191	82-2109038	501(C)(3)	46,000.	0.			GENERAL SUPPORT
NEW MEXICO REENTRY CENTER P.O. BOX 27054 ALBUQUERQUE, NM 87101	85-0521509	501(C)(3)	11,000.	0.			GENERAL SUPPORT
NEW MEXICO STATE UNIVERSITY FOUNDATION, INC. - 1305 NORTH HORSESHOE DRIVE, DOVE HALL - LAS CRUCES, NM 88003	85-0170157	501(C)(3)	27,000.	0.			GENERAL SUPPORT

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NEW MEXICO SYMPHONIC CHORUS PO BOX 7900 ALBUQUERQUE, NM 87194	45-1261027	501(C)(3)	7,245.	0.			GENERAL SUPPORT
NEW MEXICO VOLUNTEERS FOR THE OUTDOORS - P.O. BOX 36246 - ALBUQUERQUE, NM 87176	85-0326421	501(C)(3)	11,000.	0.			GENERAL SUPPORT
NEW MEXICO WILDERNESS ALLIANCE PO BOX 25464 ALBUQUERQUE, NM 87125	85-0457916	501(C)(3)	38,422.	0.			GENERAL SUPPORT
NEW MEXICO WILDLIFE ASSOCIATION PO BOX 1359 EDGEWOOD, NM 87015	85-0402566	501(C)(3)	7,500.	0.			GENERAL SUPPORT
NEWMEXICOKIDSCAN PO BOX 27217 ALBUQUERQUE, NM 87125	27-3069592	501(C)(3)	25,000.	0.			GENERAL SUPPORT
NMCAN 211 12TH ST NM ALBUQUERQUE, NM 87102	85-0385103	501(C)(3)	16,750.	0.			GENERAL SUPPORT
OCEAN CONSERVANCY INC. 1300 19TH STREET, NW WASHINGTON, DC 20036	23-7245152	501(C)(3)	13,000.	0.			GENERAL SUPPORT
OFFCENTER COMMUNITIY ARTS PROJECT 808 PARK AVE. SW ALBUQUERQUE, NM 87102-3017	85-0480889	501(C)(3)	35,000.	0.			GENERAL SUPPORT
OLDER RAINBOW COMMUNITY OF ALBUQUERQUE (ORCA) - PO BOX 20421 - ALBUQUERQUE, NM 87154	85-0417115	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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OLE EDUCATION FUND 411 BALLAMAH AVE. NW ALBUQUERQUE, NM 87102	27-1275857	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ONE GENERATION (FISCALLY SPONSORED BY TIDES CENTER) - PO BOX 802 - CORRALES, NM 87048	94-3213100	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OPERA SOUTHWEST PO BOX 27671 ALBUQUERQUE, NM 87125-7671	23-7314812	501(C)(3)	78,168.	0.			GENERAL SUPPORT
OXFAM-AMERICA INC. 77 NORTH WASHINGTON STREET BOSTON, MA 02114	23-7069110	501(C)(3)	10,977.	0.			GENERAL SUPPORT
PARTNERSHIP FOR COMMUNITY ACTION 722 ISLETA BLVD SW ALBUQUERQUE, NM 87105	31-1815692	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PAWS AND STRIPES 617 TRUMAN STREET NE ALBUQUERQUE, NM 87110	27-2908352	501(C)(3)	17,000.	0.			GENERAL SUPPORT
PB&J FAMILY SERVICES, INC. 1101 LOPEZ RD., SW ALBUQUERQUE, NM 87105	85-0231566	501(C)(3)	56,630.	0.			GENERAL SUPPORT
PEGASUS LEGAL SERVICES FOR CHILDREN - 505 MARQUETTE NW - ALBUQUERQUE, NM 87102	46-0509986	501(C)(3)	18,000.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM STREET - NEW YORK, NY 10038	13-1644147	501(C)(3)	5,988.	0.			GENERAL SUPPORT

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PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS, INC. - PO BOX 732055 - DALLAS, TX 75373	84-0404253	501(C)(3)	264,389.	0.			GENERAL SUPPORT
PRESBYTERIAN EAR INSTITUTE 415 CEDAR ST. SE ALBUQUERQUE, NM 87106-3927	85-0373591	501(C)(3)	21,500.	0.			GENERAL SUPPORT
PRESBYTERIAN HEALTHCARE FOUNDATION PO BOX 26666 ALBUQUERQUE, NM 87125-6666	85-6016041	501(C)(3)	17,000.	0.			GENERAL SUPPORT
PUEBLO OF JEMEZ- EDUCATION DEPARTMENT - P.O. BOX 60 - JEMEZ PUEBLO, NM 87024	85-0213473	501(C)(3)	13,575.	0.			GENERAL SUPPORT
QUELAB 1511 CENTRAL AVE NE ALBUQUERQUE, NM 87106	45-4407795	501(C)(3)	10,000.	0.			GENERAL SUPPORT
R4 CREATING 1650A RIO RANCHO BLVD SE RIO RANCHO, NM 87124	81-1547684	501(C)(3)	15,500.	0.			GENERAL SUPPORT
READ "WRITE" ADULT LITERACY PROGRAM - P.O. BOX 902 - MORIARTY, NM 87035	85-0481507	501(C)(3)	16,500.	0.			GENERAL SUPPORT
REZDAWG RESCUE P.O. BOX 1609 MORIARTY, NM 87035	46-1412023	501(C)(3)	15,000.	0.			GENERAL SUPPORT
RIO GRANDE COMMUNITY DEVELOPMENT CORPORATION - 318 ISLETA BLVD SW - ALBUQUERQUE, NM 87105	85-0348445	501(C)(3)	5,608.	0.			GENERAL SUPPORT

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RIO GRANDE FOOD PROJECT PO BOX 7174 ALBUQUERQUE, NM 87194	20-1667103	501(C)(3)	44,485.	0.			GENERAL SUPPORT
RIO RANCHO CREATIVE CROSSROADS 5033 WHITE OWL WAY NE RIO RANCHO, NM 87144	46-2763023	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RIVER SOURCE (FISCALLY SPONSORED BY PARTNERS IN EDUCATION FOUNDATION) - 817 CALLE SARAGOSA - SANTA FE, NM 87505	85-0392417	501(C)(3)	11,000.	0.			GENERAL SUPPORT
ROADRUNNER FOOD BANK 5840 OFFICE BOULEVARD NE ALBUQUERQUE, NM 87109	85-0278525	501(C)(3)	130,199.	0.			GENERAL SUPPORT
ROSWELL ARTIST IN RESIDENCE FOUNDATION - 409 E COLLEGE BLVD - ROSWELL, NM 88201-7524	33-0999247	501(C)(3)	18,000.	0.			GENERAL SUPPORT
ROSWELL MUSEUM ART CENTER FOUNDATION - 400 N PENNSYLVANIA AVE - ROSWELL, NM 88201	85-0356617	501(C)(3)	101,000.	0.			GENERAL SUPPORT
ROTARY DEL NORTE FOUNDATION, INC. PO BOX 20010 ALBUQUERQUE, NM 87190	85-0384102	501(C)(3)	6,000.	0.			GENERAL SUPPORT
SANTA ROSA MOISE MEMORIAL LIBRARY MOISE MEMORIAL LIBRARY SANTA ROSA, NM 88435	85-6000172	501(C)(3)	12,000.	0.			GENERAL SUPPORT
SARANAM LLC 1028 EUBANK NE STE F ALBUQUERQUE, NM 87112	20-2036621	501(C)(3)	74,500.	0.			GENERAL SUPPORT

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SAVILA COLLABORATIVE CENTRO SAVILA ALBUQUERQUE, NM 87195	46-0667855	501(C)(3)	19,000.	0.			GENERAL SUPPORT
SCHOOL FOR ADVANCED RESEARCH ON THE HUMAN EXPERIENCE - PO BOX 2188 - SANTA FE, NM 87504-2188	85-0125045	501(C)(3)	57,609.	0.			GENERAL SUPPORT
SEQUOYAH EDUCATIONAL CENTER 535 SOUTH PASADENA AVE. PASADENA, CA 91105	95-2022023	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SHINE SCHOOL PARTNERSHIP 8100 WYOMING BLVD NE ALBUQUERQUE, NM 87113	81-2266285	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET OAKLAND, CA 94612	94-6069890	501(C)(3)	6,000.	0.			GENERAL SUPPORT
SILVER BULLET PRODUCTIONS 38 CALLE VENTOSO WEST SANTA FE, NM 87506	30-0275618	501(C)(3)	14,000.	0.			GENERAL SUPPORT
SILVER HORIZONS NEW MEXICO, INC. 3100-A SAN MATEO BLVD. NE ALBUQUERQUE, NM 87110	85-0279898	501(C)(3)	16,486.	0.			GENERAL SUPPORT
SITE SANTA FE 1606 PASEO DE PERALTA SANTA FE, NM 87501	85-0413922	501(C)(3)	27,500.	0.			GENERAL SUPPORT
SOCIAL & ENVIRONMENTAL ENTREPRENEURS INC. - 23564 CALABASAS ROAD - CALABASAS, CA 91302	95-4116679	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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SOCIETY FOR THE PRESERVATION OF AMERICAN INDIAN CULTURE - 134 TRIBAL RD 6 - BOSQUE FARMS, NM 87068-8135	63-0798619	501(C)(3)	5,376.	0.			GENERAL SUPPORT
SOUTHERN UTAH WILDERNESS ALLIANCE 425 EAST 100 SOUTH SALT LAKE CITY, UT 84111	94-2936961	501(C)(3)	26,953.	0.			GENERAL SUPPORT
SOUTHWEST CREATIONS COLLABORATIVE 722 ISLETA BLVD SW ALBUQUERQUE, NM 87105	85-0440047	501(C)(3)	40,750.	0.			GENERAL SUPPORT
SOUTHWEST LEARNING CENTERS, INC. P.O. BOX 8627 SANTA FE, NM 87504-8627	85-0225579	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SOUTHWEST ORGANIZING PROJECT 211 10TH ST. SW ALBUQUERQUE, NM 87102	85-0368743	501(C)(3)	14,650.	0.			GENERAL SUPPORT
SOUTHWEST RESEARCH AND INFORMATION CENTER - PO BOX 4524 - ALBUQUERQUE, NM 87196	23-7159949	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SOUTHWEST WOMEN'S LAW CENTER 128 QUINCY ST NE ALBUQUERQUE, NM 87108	20-2884027	501(C)(3)	59,250.	0.			GENERAL SUPPORT
SPECIAL OLYMPICS NEW MEXICO 6600 PALOMAS DR. NE ALBUQUERQUE, NM 87109-5655	85-0268084	501(C)(3)	13,000.	0.			GENERAL SUPPORT
ST. JOSEPH ON THE RIO GRANDE 5901 SAINT JOSEPH'S AVE NW ALBUQUERQUE, NM 87120	27-0528597	501(C)(3)	6,800.	0.			GENERAL SUPPORT

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ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	10,600.	0.			GENERAL SUPPORT
STEELBRIDGE MINISTRIES PO BOX 331 ALBUQUERQUE, NM 87103-0331	85-0208645	501(C)(3)	6,798.	0.			GENERAL SUPPORT
STRENGTHENING NATIONS INC 1800 RED ROCK DR GALLUP, NM 87301	84-2615248	501(C)(3)	6,000.	0.			GENERAL SUPPORT
STUDENTS CLOTHING BANK PO BOX 94735 ALBUQUERQUE, NM 87199	46-5765753	501(C)(3)	30,390.	0.			GENERAL SUPPORT
SUSAN'S LEGACY 11005 SPAIN NE, ST 22 ALBUQUERQUE, NM 87111	85-0462276	501(C)(3)	10,860.	0.			GENERAL SUPPORT
TALKING TALONS YOUTH LEADERSHIP PO BOX 8 CEDAR CREST, NM 87008	85-0384305	501(C)(3)	11,000.	0.			GENERAL SUPPORT
TENDERLOVE COMMUNITY CENTER PO BOX 65156 ALBUQUERQUE, NM 87193	45-4766711	501(C)(3)	31,900.	0.			GENERAL SUPPORT
THE CHILDREN'S HOUR INC. 2425 TEODORO RD. NW ALBUQUERQUE, NM 87107	83-1871581	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE GRIEF CENTER 4125 CARLISLE AVE. NE ALBUQUERQUE, NM 87107	85-0474099	501(C)(3)	41,750.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HORSE SHELTER 821 W. SAN MATEO RD. SANTA FE, NM 87505-4145	52-2214286	501(C)(3)	24,000.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY 1613 PASEO DE PERALTA STE 200 SANTA FE, NM 87501	53-0242652	501(C)(3)	50,103.	0.			GENERAL SUPPORT
THE NM QUEER AND TRANS+ PROVIDER NETWORK - 120 ALISO DR SE - ALBUQUERQUE, NM 87105	85-0311210	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE REGENTS OF THE UNIVERSITY OF NEW MEXICO - 1700 LOMAS BLVD. NE, SUITE 2200 - ALBUQUERQUE, NM 87131-0001	85-6000642	501(C)(3)	34,330.	0.			GENERAL SUPPORT
THE SEMILLA PROJECT PO BOX 37197 ALBUQUERQUE, NM 87176	86-3311049	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE VORTEX THEATRE 2900 CARLISLE NE ALBUQUERQUE, NM 87110	85-0263324	501(C)(3)	5,500.	0.			GENERAL SUPPORT
THINK NEW MEXICO 505 DON GASPAR AVE SANTA FE, NM 87505	31-1611995	501(C)(3)	19,500.	0.			GENERAL SUPPORT
THREE SISTERS KITCHEN 109 GOLD AVE. SW ALBUQUERQUE, NM 87102	82-4882255	501(C)(3)	170,000.	0.			GENERAL SUPPORT
THRIVE IN SOUTHERN NEW MEXICO 1601 EAST 10TH STREET ALAMOGORDO, NM 88310	85-0197559	501(C)(3)	75,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THURGOOD MARSHALL COLLEGE FUND, INC. - 901 F STREET NW, SUITE 700 - WASHINGTON, DC 20004	41-1750692	501(C)(3)	21,953.	0.			GENERAL SUPPORT
TOMORROW'S WOMEN 369 MONTEZUMA AVE. #566 SANTA FE, NM 87501	85-0366087	501(C)(3)	5,900.	0.			GENERAL SUPPORT
TRANSGENDER RESOURCE CENTER OF NEW MEXICO - 5600 DOMINGO RD. NE - ALBUQUERQUE, NM 87108	39-2076744	501(C)(3)	24,600.	0.			GENERAL SUPPORT
UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	5,500.	0.			GENERAL SUPPORT
UNITED VOICES FOR NEWCOMER RIGHTS 1207 MONROE CT. NE ALBUQUERQUE, NM 87110	85-0866980	501(C)(3)	20,000.	0.			GENERAL SUPPORT
UNITED WAY BRAZORIA COUNTY PO BOX 1959 ANGLETON, TX 77516	74-1362982	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNITED WAY OF NORTH CENTRAL NEW MEXICO - 2340 ALAMO AVE SE 2ND FLOOR - ALBUQUERQUE, NM 87106	85-0277138	501(C)(3)	107,500.	0.			GENERAL SUPPORT
UNIVERSITY OF NEW MEXICO ART MUSEUM - MSC04 2570 - ALBUQUERQUE, NM 87131	85-0275408	GOVERNMENT	7,310.	0.			GENERAL SUPPORT
UNM CONTRACT AND GRANT ACCOUNTING 1700 LOMAS BLVD. NE, SUITE 2100 ALBUQUERQUE, NM 87131	85-6000642	GOVERNMENT	40,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNM FOUNDATION 700 LOMAS BLVD. NE ALBUQUERQUE, NM 87102	85-0275408	501(C)(3)	663,352.	0.			GENERAL SUPPORT
UNM LOBO CLUB MSC04 2680 1 UNIV OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6018840	501(C)(3)	11,000.	0.			GENERAL SUPPORT
UNM SCHOOL OF LAW MSC 11-6070 ALBUQUERQUE, NM 87131-0001	85-0275408	GOVERNMENT	6,403.	0.			GENERAL SUPPORT
VALENCIA SHELTER SERVICES 445 CAMINO DEL REY SUITE E. LOS LUNAS, NM 87031	85-0370709	501(C)(3)	16,000.	0.			GENERAL SUPPORT
VETERANS INTEGRATION CENTERS 13032 CENTRAL AVE SE ALBUQUERQUE, NM 87123	55-0901604	501(C)(3)	25,000.	0.			GENERAL SUPPORT
VILLA THERESE CATHOLIC CLINIC 1779 HOPEWELL STREET SANTA FE, NM 87505	85-0229019	501(C)(3)	15,000.	0.			GENERAL SUPPORT
WATERMELON MOUNTAIN RANCH 1380 RIO RANCHO BLVD. RIO RANCHO, NM 87124	85-0480585	501(C)(3)	36,991.	0.			GENERAL SUPPORT
WESST 609 BROADWAY NE ALBUQUERQUE, NM 87102-2334	85-0367809	501(C)(3)	11,700.	0.			GENERAL SUPPORT
WESTERN ENVIRONMENTAL LAW CENTER 409 EAST PALACE AVE. #2 SANTA FE, NM 87501	93-1010269	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDLIFE FOR ALL PO DRAWER BB MESILLA, NM 88046-4628	85-0403860	501(C)(3)	12,000.	0.			GENERAL SUPPORT
WINGS FOR LIFE INTERNATIONAL 2015 WYOMING BLVD. NE ALBUQUERQUE, NM 87112	85-0473126	501(C)(3)	5,200.	0.			GENERAL SUPPORT
WOMEN IN LEADERSHIP 9711 PUCCINI TRL NW ALBUQUERQUE, NM 87114	92-1138829	501(C)(3)	12,000.	0.			GENERAL SUPPORT
WORKING CLASSROOM, INC. 423 ATLANTIC AVE. SW ALBUQUERQUE, NM 87102	85-0280287	501(C)(3)	42,000.	0.			GENERAL SUPPORT
YOUTH AGRICULTURAL COOPERATIVE (FISCALLY SPONSORED BY SWOP) - 9525 DONA ROWENA NE - ALBUQUERQUE, NM 87111	85-0368743	501(C)(3)	11,000.	0.			GENERAL SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS AND STUDENT AID/ASSITANCE	106	170,974.	0.		
EMPLOYEE ASSISTANCE	39	144,888.	0.		

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

**PART I, LINE 2:**

ALL NONPROFITS AND GOVERNMENT ENTITIES RECEIVING GRANTS THROUGH A COMPETITIVE PROCESS MUST PROVIDE REPORTS. FOUNDATION GRANTS ARE TYPICALLY FOR ONE YEAR. IF A DONOR HAS REQUESTED A NARRATIVE OR FINANCIAL REPORT AS INDICATED IN THE GRANT AGREEMENT OR BY LETTER, THOSE GUIDELINES MUST BE FOLLOWED. THE FINAL REPORT IS DUE NO LATER THAN 14 MONTHS FROM THE BEGINNING OF THE GRANT DATE.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>ALBUQUERQUE COMMUNITY FOUNDATION</b>	Employer identification number <b>85-0295444</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> 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 (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) R. RANDALL ROYSTER PRESIDENT & CEO	(i)	208,734.	30,420.	0.	35,945.	14,992.	290,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARISA MAGALLANEZ COO	(i)	130,460.	10,254.	0.	6,703.	5,787.	153,204.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 7:**

THE BOARD'S EXECUTIVE COMMITTEE APPROVED A 5.6% BONUS FOR ALL EMPLOYEES IN 2024. IN ADDITION, THE EXECUTIVE COMMITTEE APPROVED AN ADDITIONAL MERIT-BASED POOL.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	72	1,278,742	MARKET QUOTES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):  
NUMBER OF CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32B:  
ALL STOCKS DONATED ARE PLACED INTO A SEPARATE MERRILL LYNCH BROKERAGE ACCOUNT THEN SOLD. THE ORGANIZATION USES A REALTOR FOR THE SALE OF ANY DONATED REAL ESTATE.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

ALBUQUERQUE COMMUNITY FOUNDATION

Employer identification number

85-0295444

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

SCHOLARSHIPS AND FINANCIAL AID AWARDS ALLOWING STUDENTS TO CONTINUE  
THEIR EDUCATION OR FURTHER THEIR CAREERS. 106 STUDENTS RECEIVED GRANTS  
DURING THE YEAR.

EXPENSES \$ 190,281. INCLUDING GRANTS OF \$ 170,974. REVENUE \$ 13,823.

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

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

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

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

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

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

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

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

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

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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25



**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ACF HOLDINGS, LLC - 27-2805006 PO BOX 25266 ALBUQUERQUE, NM 87176	TO HOLD DONATED ASSETS	NEW MEXICO	0.	10,026.	ALBUQUERQUE COMMUNITY FOUNDATION
HISTORIC CHAMPION GROCERY BUILDING, LLC - 27-2804817, 622-624 TIJERAS AVE NW, ALBUQUERQUE, NM 87102	TO HOLD DONATED BUILDING	NEW MEXICO	0.	1,331,528.	ALBUQUERQUE COMMUNITY FOUNDATION

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

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

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

Schedule R (Form 990) (Rev. 1-2025)



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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NEW MEXICO COMMUNITY TRUST	O	360,848.	FMV
(2) NEW MEXICO COMMUNITY TRUST	Q	63,062.	FMV
(3)			
(4)			
(5)			
(6)			





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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

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

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

**Part I - Identification**

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

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

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

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

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

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

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

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

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **24** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

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

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

Form **8868** (Rev. 1-2025)

**MAIL TO: INTERNAL REVENUE SERVICE  
MAIL STOP 6054  
1973 N RULON WHITE BLVD.  
OGDEN, UT 84201-0045**

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

2024

For calendar year 2024 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

Department of the Treasury Internal Revenue Service

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

Form header section A-F containing organization name (ALBUQUERQUE COMMUNITY FOUNDATION), EIN (85-0295444), and other identifying information.

Form header section G-L containing organization type (501(c) corporation), filing status, and contact information (NICHOLAS WILLIAMS, CPA).

Part I: Total Unrelated Business Taxable Income table with 11 rows showing calculations from 81,742 to 72,668.

Part II: Tax Computation table with 7 rows showing tax amounts from 15,260 to 15,260.

Part III: Tax and Payments table with 4 main rows and sub-rows (1a-1d, 3a-3e) showing credits and total tax of 10,346.

<b>Part III Tax and Payments</b> <i>(continued)</i>			
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	<b>5</b>	0.
<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>	
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>	
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>	
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>	
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>	
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>	
<b>j</b>	Other (see instructions) .....	<b>6j</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....	<b>8</b>	596.
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>	10,942.
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b> <b>Refunded</b> .....	<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
<b>1</b>	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....		X
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ ..... Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$ .....		
	\$ .....		
	\$ .....		
	\$ .....		
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	PAMELA ALEXANDERSON	PAMELA ALEXANDERSON	11/11/25	PTIN P01218925
	Firm's name	Firm's EIN		
	BAKER TILLY ADVISORY GROUP, LP		39-0859910	
Firm's address			Phone no.	
6565 AMERICAS PARKWAY NE STE 600 ALBUQUERQUE, NM 87110			505-878-7200	

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

FORM 990-T	OTHER CREDITS	STATEMENT 1
DESCRIPTION		AMOUNT
FOREIGN TAX CREDIT (1118 ATTACHED)		4,914.
TOTAL TO FORM 990-T, PAGE 1, PART III, LINE 1B		4,914.

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
GRANTS TO ORGANIZATIONS	N/A	8,211,598. 2.
CHARITABLE CONTRIBUTIONS - BLACKSTONE CAPITAL PARTNERS VII NQ LP	N/A	14.
CHARITABLE CONTRIBUTIONS - COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, L	N/A	1.
TOTAL TO FORM 990-T, PART I, LINE 4		8,211,615.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

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

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2019  
 FOR TAX YEAR 2020  
 FOR TAX YEAR 2021  
 FOR TAX YEAR 2022  
 FOR TAX YEAR 2023 7,032,517

TOTAL CARRYOVER 7,032,517  
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 8,211,615

TOTAL CONTRIBUTIONS AVAILABLE 15,244,132  
 TAXABLE INCOME LIMITATION AS ADJUSTED 8,074

EXCESS CONTRIBUTIONS 15,236,058  
 EXCESS 100% CONTRIBUTIONS 0  
 TOTAL EXCESS CONTRIBUTIONS 15,236,058

ALLOWABLE CONTRIBUTIONS DEDUCTION 8,074

TOTAL CONTRIBUTION DEDUCTION 8,074

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

Department of the Treasury  
Internal Revenue Service

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

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

1  
OMB No. 1545-0047

**2024**

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

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

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

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b> 824.		824.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b> -1,886.		-1,886.
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 4</b>	<b>5</b> 169,584.		169,584.
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 168,522.		168,522.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		7,719.
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement). See instructions	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		44,055.
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b>
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 5</b>	<b>14</b>		35,006.
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>		86,780.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		81,742.
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>		0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		81,742.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

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

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

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

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

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

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

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

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

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

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

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

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

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

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

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

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

**Part IX Advertising Income**

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

- A
- B
- C
- D

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

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

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

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 .....				
5 Readership costs .....				
6 Circulation income .....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 .....				0.

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 .....			0.

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

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FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 4

DESCRIPTION	NET INCOME OR (LOSS)
BLACKSTONE CAPITAL PARTNERS VII NQ LP - ORDINARY BUSINESS INCOME (LOSS)	19,683.
BLACKSTONE CAPITAL PARTNERS VII NQ LP - INTEREST INCOME	81.
BLACKSTONE CAPITAL PARTNERS VII NQ LP - OTHER INCOME (LOSS)	-1,420.
BLACKSTONE CAPITAL PARTNERS VII Q LP - ORDINARY BUSINESS INCOME (LOSS)	2,940.
BLACKSTONE CAPITAL PARTNERS VII Q LP - INTEREST INCOME	7.
BLACKSTONE CAPITAL PARTNERS VII Q LP - DIVIDEND INCOME	3.
BLACKSTONE CAPITAL PARTNERS VII Q LP - ROYALTIES	338.
BLACKSTONE CAPITAL PARTNERS VII Q LP - OTHER INCOME (LOSS)	-587.
COMMONFUND CAPITAL VENTURE PARTNERS VIII, LP - OTHER INCOME (LOSS)	9.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VII, LP - INTEREST INCOME	249.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VII, LP - OTHER INCOME (LOSS)	-37.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOM	1,006.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE	-73.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME	33.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - OTHER INCOME (LOSS)	-31.
COMMONFUND CAPITAL VENTURE PARTNERS IX, LP - OTHER INCOME (LOSS)	-5.
QUANTUM ENERGY PARTNERS VI LP - ORDINARY BUSINESS INCOME (LOSS)	14,854.
TITAN DEVELOPMENT REAL ESTATE FUND I, L - ORDINARY BUSINESS INCOME (LOSS)	-1,003.
TITAN DEVELOPMENT REAL ESTATE FUND I, L - OTHER PORTFOLIO INCOME (LOSS)	9,953.
AUDAX PRIVATE EQUITY FUND VII-A, LP - DIVIDEND INCOME	605.
AUDAX PRIVATE EQUITY FUND VII-A, LP - OTHER INCOME (LOSS)	-6,177.
AUDAX PRIVATE EQUITY FUND VI-B, LP - INTEREST INCOME	517.
AUDAX PRIVATE EQUITY FUND VI-B, LP - OTHER INCOME (LOSS)	-346.
AUDAX PRIVATE EQUITY FUND V-B, LP - INTEREST INCOME	4,721.
AUDAX PRIVATE EQUITY FUND V-B, LP - OTHER INCOME (LOSS)	-1,629.
BLACKSTONE CAPITAL PARTNERS VII AIV 2 (D) LP - INTEREST INCOME	376.
BLACKSTONE CAPITAL PARTNERS VII AIV 2 (D) LP - OTHER INCOME (LOSS)	-10.
BLACKSTONE CAPITAL PARTNERS (CAYMAN) VII LP - INTEREST INCOME	1.
BLACKSTONE CAPITAL PARTNERS (CAYMAN) VII LP - DIVIDEND INCOME	864.
BLACKSTONE CAPITAL PARTNERS (CAYMAN) VII LP - OTHER PORTFOLIO INCOME (LOSS)	122.
BLACKSTONE CAPITAL PARTNERS (CAYMAN) VII LP - OTHER INCOME (LOSS)	-31.

ALBUQUERQUE COMMUNITY FOUNDATION

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PANTHEON ACCESS (US), LP - INVESTOR SERIES 16 - ORDINARY BUSINESS INCOME (LO	-4,303.
PANTHEON ACCESS (US), LP - INVESTOR SERIES 16 - OTHER NET RENTAL INCOME (LOS	9,757.
PANTHEON ACCESS (US), LP - INVESTOR SERIES 16 - INTEREST INCOME	1,287.
PANTHEON ACCESS (US), LP - INVESTOR SERIES 16 - DIVIDEND INCOME	9.
PANTHEON ACCESS (US), LP - INVESTOR SERIES 16 - OTHER PORTFOLIO INCOME (LOSS	-54.
PANTHEON ACCESS (US), LP - INVESTOR SERIES 16 - OTHER INCOME (LOSS)	-138.
TIFF PRIVATE EQUITY PARTNERS 2007, LLC - ORDINARY BUSINESS INCOME (LOSS)	-698.
TIFF PRIVATE EQUITY PARTNERS 2007, LLC - OTHER INCOME (LOSS)	459.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ORDINARY BUSINESS INCOME (LOSS)	-588.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - NET RENTAL REAL ESTATE INCOME	-341.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - OTHER INCOME (LOSS)	-1.
TIFF PRIVATE EQUITY PARTNERS 2010, LLC - ORDINARY BUSINESS INCOME (LOSS)	309.
TIFF PRIVATE EQUITY PARTNERS 2010, LLC - ROYALTIES	12.
TIFF PRIVATE EQUITY PARTNERS 2010, LLC - OTHER INCOME (LOSS)	-5.
VERGE I II COMBINED, LIMITE PARTNERSHIP - ORDINARY BUSINESS INCOME (LOSS)	-383.
GI PARTNERS FUND VI-A LP - OTHER INCOME (LOSS)	-2,391.
ABQID FUND I LP - ORDINARY BUSINESS INCOME (LOSS)	-102.
BLACKSTONE CAPITAL PARTNERS VII LP - INTEREST INCOME	1.
BLACKSTONE CAPITAL PARTNERS VII LP - OTHER INCOME (LOSS)	104.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - INTEREST INCOME	1.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER INCOME (LOSS)	-1.
HERCULES SELLER PARTNERSHIP, LP - ORDINARY BUSINESS INCOME (LOSS)	121,637.
	<hr/>
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	169,584.
	<hr/> <hr/>

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>
TAX PREPARATION FEES	12,205.
ALLOCABLE INVESTMENT MANAGEMENT FEES	22,801.
	<hr/>
TOTAL TO SCHEDULE A, PART II, LINE 14	35,006.
	<hr/> <hr/>

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2024**

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>1,580.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>1,580.</b>

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>-756.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>-756.</b>

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

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>824.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>824.</b>

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





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

Attach to your tax return.

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

Name(s) shown on return

Identifying number

**ALBUQUERQUE COMMUNITY FOUNDATION**

**85-0295444**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a**

**1b**

**1c**

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SEE STATEMENT 6</b>						

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

**3**

**4**

**5**

**6**

**7**

**-1,886.**

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

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

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

**8**

**9**

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

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

11	12	13	14	15	16	17

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

**11**

**12**

**13**

**14**

**15**

**16**

**17**

**( 1,886.)**

**-1,886.**

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

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

**18a**

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....

**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2024)

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

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

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

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

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

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



**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2024**

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>1,580.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>1,580.</b>

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>-756.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>-756.</b>

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

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>824.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>824.</b>

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





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

Attach to your tax return.

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

Name(s) shown on return

Identifying number

**ALBUQUERQUE COMMUNITY FOUNDATION**

**85-0295444**

**1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....

**1a**

**b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....

**1b**

**c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1c**

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SEE STATEMENT 7</b>						

**3** Gain, if any, from Form 4684, line 39 .....

**3**

**4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....

**4**

**5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....

**5**

**6** Gain, if any, from line 32, from other than casualty or theft .....

**6**

**7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....

**7**

**-1,886.**

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

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

**8** Nonrecaptured net section 1231 losses from prior years. See instructions .....

**8**

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

**9**

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

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



**11** Loss, if any, from line 7 .....

**11**

**( 1,886.)**

**12** Gain, if any, from line 7 or amount from line 8, if applicable .....

**12**

**13** Gain, if any, from line 31 .....

**13**

**14** Net gain or (loss) from Form 4684, lines 31 and 38a .....

**14**

**15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....

**15**

**16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....

**16**

**17** Combine lines 10 through 16 .....

**17**

**-1,886.**

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

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

**18a**

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....

**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2024)

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

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

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

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

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

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



Electronic Filing PDF Attachment

**Foreign Tax Credit - Corporations**

Attach to the corporation's tax return.  
 Go to [www.irs.gov/Form1118](http://www.irs.gov/Form1118) for instructions and the latest information.  
 For calendar year 2024, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

Use a separate Form 1118 for each applicable category of income (see instructions).

- a Separate Category (Enter code - see instructions.) GEN
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)
- c If code 901k is entered on line a, enter the country code for the treaty country (see instructions)

**Schedule A Income or (Loss) Before Adjustments** (Report all amounts in U.S. dollars. See **Specific Instructions.**)

A	1. EIN or Reference ID Number (see instructions)*	2. Foreign Country or U.S. Possession (enter two-letter code - use a separate line for each) (see instructions)	3. Inclusions Under Sections 951(a)(1) and 951A (see instructions)		4. Dividends (see instructions)	5. Interest
			(a) Exclude Gross-Up	(b) Gross-Up (section 78)		
			<b>Totals</b> (add lines A through C)			

A	6. Gross Rents, Royalties, and License Fees	7. Sales	8. Gross Income From Performance of Service	9. Currency Gain	10. Currency Gain Code (see instructions)	11. Other (attach schedule)	<b>STMT 12.</b> Total (add columns 3(a) through 9 and 11)
<b>A</b>						23,402.	23,402.
<b>B</b>							
<b>C</b>							
<b>Tot</b>						23,402.	23,402.

A	13. Allocable Deductions						
	(a) Dividends Received Deduction (see instructions)	(b) Deduction Allowed Under Section 250(a)(1)(A) - Foreign Derived Intangible Income	(c) Deduction Allowed Under Section 250(a)(1)(B) - Global Intangible Low-Taxed Income	Rental, Royalty, and Licensing Expenses		(f) Expenses Allocable to Sales Income	(g) Expenses Allocable to Gross Income From Performance of Services
				(d) Depreciation, Depletion, and Amortization	(e) Other Allocable Expenses		
<b>A</b>							
<b>B</b>							
<b>C</b>							
<b>Tot</b>							

13. Allocable Deductions (continued)				14. Apportioned Share of Deductions (enter amount from applicable line of Schedule H, Part I, column (b); Part II, column (f); and Part III, column (g))	15. Net Operating Loss Deduction	16. Total Deductions (add columns 13(k) through 15)	17. Total Income or (Loss) Before Adjustments (subtract column 16 from column 12)
(h) Currency Loss	(i) Currency Loss Code (see instructions)	(j) Other Allocable Deductions (attach schedule) (see instructions)	(k) Total Allocable Deductions (add columns 13(a) through 13(h) and 13(i))				
<b>A</b>							23,402.
<b>B</b>							
<b>C</b>							
<b>Tot</b>							23,402.

\* For section 863(b) income, NOLs, income from RICs, high-taxed income, section 951A, and reattribution of income by reason of disregarded payments, use a single line (see instructions). Also, for reporting branches that are QBUs, use a separate line for each such branch.

For Paperwork Reduction Act Notice, see the Instructions.

**Schedule B Foreign Tax Credit** (Report all foreign tax amounts in U.S. dollars.)

**Part I - Foreign Taxes Paid, Accrued, and Deemed Paid** (see instructions)

1. Credit Is Claimed for Taxes (check one): <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Accrued Date Paid Date Accrued		2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used) Tax Withheld at Source on:				
		(a) Dividends	(b) Distributions of Previously Taxed Earnings and Profits	(c) Branch Remittances	(d) Interest	(e) Rents, Royalties, and License Fees
<b>A</b>	12/31/24					
<b>B</b>						
<b>C</b>						
<b>Totals</b> (add lines A through C) ...						

2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used) (continued) Other Foreign Taxes Paid or Accrued on:				3. Tax Deemed Paid (see instructions)
(g) Sales	(h) Services Income	(i) Other	(j) Total Foreign Taxes Paid or Accrued (add columns 2(a) through 2(i))	
<b>A</b>		121.	121.	
<b>B</b>				
<b>C</b>				
<b>Tot</b>		121.	121.	

**Part II - Separate Foreign Tax Credit** (Complete a separate Part II for each applicable category of income.)

<b>1a</b> Total foreign taxes paid or accrued (total from Part I, column 2(j))	121.	
<b>1b</b> Foreign taxes paid or accrued by the corporation during prior tax years that were suspended due to the rules of section 909 and for which the related income is taken into account by the corporation during the current tax year (see instructions)		
<b>2</b> Total taxes deemed paid (total from Part I, column 3)		
<b>3</b> Reductions of taxes paid, accrued, or deemed paid (enter total from Schedule G, Part I)	( )	
<b>4</b> Taxes reclassified under high-tax knockout		
<b>5</b> Enter the sum of any carryover of foreign taxes (from Schedule K, line 3, column (xiv), and from Schedule I, Part III, line 3) plus any carrybacks to the current tax year	43,189.	
<b>6</b> Total foreign taxes (combine lines 1a through 5)		43,310.
<b>7</b> Enter the amount from the applicable column of Schedule J, Part I, line 11 (see instructions). If Schedule J is not required to be completed, enter the result from the "Totals" line of column 17 of the applicable Schedule A		23,402.
<b>8a</b> Total taxable income from all sources (enter taxable income from the corporation's tax return)	72,668.	
<b>8b</b> Adjustments to line 8a (see instructions)		
<b>8c</b> Subtract line 8b from line 8a		72,668.
<b>9</b> Divide line 7 by line 8c. Enter the resulting fraction as a decimal (see instructions). If line 7 is greater than line 8c, enter 1		.322040
<b>10</b> Total U.S. income tax against which credit is allowed (regular tax liability (see section 26(b)) minus any American Samoa economic development credit)		15,260.
<b>11</b> Multiply line 9 by line 10		4,914.
<b>12</b> Increase in limitation (section 960(c))		
<b>13</b> Credit limitation (add lines 11 and 12) (see instructions)		4,914.
<b>14</b> Separate foreign tax credit (enter the smaller of line 6 or line 13). Enter here and on the appropriate line of Part III		4,914.



**SCHEDULE K  
(Form 1118)**

**Foreign Tax Carryover Reconciliation Schedule**

(Rev. December 2018)

For calendar year 2024, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
▶ Attach to Form 1118.

▶ Go to [www.irs.gov/Form1118](http://www.irs.gov/Form1118) for instructions and the latest information.

Name of corporation

ALBUQUERQUE COMMUNITY FOUNDATION

Employer Identification number  
85-0295444

Use a separate Schedule K (Form 1118) for each category of income (see instructions).

- a Separate Category (enter code - see instructions) \_\_\_\_\_ ▶ GEN
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) \_\_\_\_\_ ▶ \_\_\_\_\_
- c If code RBT is entered on line a, enter the country code for the treaty country (see instructions) \_\_\_\_\_ ▶ \_\_\_\_\_

Foreign Tax Carryover Reconciliation	(i) 10th Preceding Tax Year	(ii) 9th Preceding Tax Year	(iii) 8th Preceding Tax Year	(iv) 7th Preceding Tax Year	(v) 6th Preceding Tax Year	(vi) 5th Preceding Tax Year	(vii) Subtotal (add columns (i) through (vi))
<b>1</b> Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule K (see instrs.))							
<b>2</b> Adjustments to line 1 (enter description - see instructions):							
<b>a</b> Carryback adjustment (see instructions)							
<b>b</b> Adjustments for section 905(c) redeterminations (see instructions)							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>							
<b>g</b>							
<b>3</b> Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2)							
<b>4</b> Foreign tax carryover used in current tax year (enter as a negative number)							
<b>5</b> Foreign tax carryover expired unused in current tax year (enter as a negative number)							
<b>6</b> Foreign tax carryover generated in current tax year							
<b>7</b> Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
<b>8</b> Foreign tax carryover to the following tax year. Combine lines 3 through 7.	- 0 -						

For Paperwork Reduction Act Notice, see the instructions for Form 1118.

Schedule K (Form 1118) (Rev. 12-2018)

Foreign Tax Carryover Reconciliation (continued)	(viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1)	(ix) 4th Preceding Tax Year	(x) 3rd Preceding Tax Year	(xi) 2nd Preceding Tax Year	(xii) 1st Preceding Tax Year	(xiii) Current Tax Year	(xiv) Totals (add columns (viii) through (xiii))
<b>1</b> Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule K (see instrs.))		10,563.		32,626.			43,189.
<b>2</b> Adjustments to line 1 (enter description - see instructions):							
<b>a</b> Carryback adjustment (See instructions)							
<b>b</b> Adjustments for section 905(c) redeterminations (see instructions)							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>							
<b>g</b>							
<b>3</b> Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1118, Schedule B, Part II, line 5.		10,563.		32,626.			43,189.
<b>4</b> Foreign tax carryover used in current tax year (enter as a negative number)		-4,793.					-4,793.
<b>5</b> Foreign tax carryover expired unused in current tax year (enter as a negative number)							
<b>6</b> Foreign tax carryover generated in current tax year							
<b>7</b> Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
<b>8</b> Foreign tax carryover to the following tax year. Combine lines 3 through 7.		5,770.		32,626.		0.	38,396.

Schedule K (Form 1118) (Rev. 12-2018)

