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INTERNAL REVENUE SERVICE

991

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 07/01, 2008, and ending A For the 2008 calendar year, or tax year beginning <u>06/30,**20**09</u> Employer Identification number C Name of organization ALBUQUERQUE ACADEMY FOR BOYS TRUST #1 Picaso B Check if applicable use IRS Address Doing Business As 85-6008015 onnt or Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number type (800)357 - 7094BANK OF AMERICA, NA, PO BOX 831041 Specifi City or town, state or country, and ZIP + 4 O Instruc Amended G Gross receipts \$ TX 75283-1043 17,006,321 H(a) is this a group return for F Name and address of principal officer H(b) Are all affiliates included? ≊ If "No," attach a list (see instructions) 4947(a)(1) or 527 Tax-exempt status 501(c) ((insert no) 18<u>x</u> Website ► N/A H(c) Group exemption number Type of organization Corporation X Trust L Year of formation 1959 M State of legal domicile NM POSTIMARK POSTIMARK Ince Summary Briefly describe the organization's mission or most significant activities PROVIDE DISTRIBUTIONS TO THE ALBUQUERQUE ACADEMY FOR OPERATION OF A SECONDARY EDUCATIONAL Governance COLLEGE PREPARATORY SCHOOL if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) ಹ Number of independent voting members of the governing body (Part VI, line 1b) 4 1 Total number of employees (Part V, line 2a) NONE Total number of volunteers (estimate if necessary) 6 NONE 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7 a NONE b Net unrelated business taxable income from Form 990-T, line 34 . . . **Prior Year Current Year** Contribution and grants (Part VIII, line 1h) NONE NONE Program service revenue (Part VIII, line 2g) 9 NON NONE 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,898,706 2,695,450 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NONE NONE Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,898,706 2,695,450. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,031,059 1,418,822 Benefits paid to or for members (Part IX, column (A), line 4) NON <u>NONE</u> 15 Salaries, other compensation, employee benefits (Part X column (A) 16a Professional fundraising fees (Part IX, column (A) line 11e 124,865 101,027. NON NONE b Total fundraising expenses, Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines \$\frac{1}{2} \frac{1}{4} P Rif-241 2010 48,191. 509,475 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,665,399 1,568,040. Revenue less expenses Subtract line 18 from line 12 6,233,307 1,127,410 Assets or Balances **Beginning of Year** End of Year Total assets (Part X, line 16) 26,873,604 28,030,051 21 Total liabilities (Part X, line 26) NON NONE 22 Net assets or fund balances Subtract line 21 from line 20 604 030,051 Part II Signature Block perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge ie, coffect, and completer Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Bank of America, N.A Sign ignature of office Here CORPORATE KUSTEE Type or print name and title Date Check if Preparer's identifying number (see instructions) Preparer's self-Paid signature employed Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 **EIN** 13-5565207 Phone no 210 PARK AVE., SUITE 2850 OKLAHOMA CITY 405-239-641 May the IRS discuss this return with the preparer shown above? (See instructions) Yes No Form 990 (2008) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

JSA 8E1010 2 000

Pa	art III	Statement of Program Service Accomplishments (see instructions)										
1	THIS TE	describe the organization's mission RUST WAS CREATED AND SHALL OPERATE EXCLUSIVELY FOR EDUCATIONAL PURPOSES IN SUPPORT OF THE AI										
		MY, AN EDUCATIONAL ORGANIZATION DESCRIBED IN SECTION 501(C)(3), IN THE FULFILLMENT OF ITS PURPOSE	CONDUCTED									
	WITHIN	THE EXEMPTION PROVISIONS OF THE STATUTE	 									
	_											
2		e organization undertake any significant program services during the year which were not listed on	lv. 🗀									
	the pric	or Form 990 or 990-EZ?	Yes X No									
2		e organization cease conducting, or make significant changes in how it conducts, any program										
3			Yes X No									
	If "Yes.	," describe these changes on Schedule O	ונאם אונס									
4		be the exempt purpose achievements for each of the organization's three largest program services by expenses	j									
		n 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gran	its and									
	allocati	tions to others, the total expenses, and revenue, if any, for each program service reported.										
4 a) (Expenses \$1,418,822 including grants of \$1,418,822.) (Revenue \$)									
		SUPPORT THE ALBUQUERQUE ACADEMY'S PURPOSE OF THE										
		DEMIC, CREATIVE, MORAL AND PHYSICAL DEVELOPMENT OF	 									
		STUDENTS. THE ALBUQUERQUE ACADEMY INSTILLS IN EVERY STUDENT										
		A POSITIVE SET OF VALUES, A MORAL, INTELLECTUAL, AND										
		ATIVE DISCIPLINE. OVER 1,000 STUDENTS ENROLLED IN GRADES THROUGH TWELVE.										
	JIA	TIRCOGII IWELVE.										
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)									
												
		· · · · · · · · · · · · · · · · · · ·										
			-									
4 c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)									
	-											
												
		 	 									
4d	Other p	program services. (Describe in Schedule O)										
	(Expens											
	Total p	program service expenses ▶\$ 1,418,822. (Must equal Part IX, Line 25, column (B))										
JSA 8E10	20 1 000	F	form 990 (2008)									

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		Х
3.	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			.,
5	Schedule C, Part II Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		X
5	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	3		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	0.1 . 1 . 0 . 0 . 1 .	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
_	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11		Х
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1	.	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18 19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18		<u>X</u>
20	Did the organization report more than \$15,000 on Part VIII, line 9a / II Yes, complete Schedule 3, Part III	19 20		<u> </u>
21	Did the organization operate one of more hospitals. If res, complete schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			X
	Schodula	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K If "No," go to question 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	╷╶┤	7	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	, [ĺ	
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		_X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	. <u>. </u>		
ISA	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>X</u>
JSA BE 1021	1 000	Form :	990 ((2008)

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Part IV . Checklist of Required Schedules (continued) Yes No `During the tax year, did any person who is a current or former officer, director, trustee, or key employee a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b Х c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34

Form **990** (2008)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns Enter -0- if not applicable] !		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	!		ŀ
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	}		
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	∙4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1
	and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\dots \dots$	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			l
	Prohibited Tax Shelter Transaction?	5c		<u> </u>
	Did the organization solicit any contributions that were not tax deductible?	6a		Х
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			l
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- <u>-</u> -		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?.	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	,		.,
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	70		- ~
	benefit contract?	7e 7f		X
	and a game and a series of a s	7g	×	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	, <u>, a</u>		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h	х	ı
8	required?			
0	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	.		ı
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	.	i	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	, [
11	Section 501(c)(12) organizations. Enter	.		
	Gross income from members or shareholders	. [
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · ·	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		F	990	/2009

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body			
þ	Enter the number of voting members that are independent 1			İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	•		١
2	any other officer, director, trustee, or key employee?			X
3		•		۱.,
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a		x
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			<u> </u>
	the year by the following			
а	The governing body?	8a		_x
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Secu	on B. Policies		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	110
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
-		12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
-	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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			
а	The organization's CEO, Executive Director, or top management official?	15a		х
b	Other officers or key employees of the organization?	15b	Х	
	Describe the process in Schedule O. (see instructions)			
16a				
		16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
04	the organization's exempt status with respect to such arrangements?	16b		
<u>Sect</u> 17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NM, ▼▼			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	onk()		
	available for public inspection. Indicate how you make these available. Check all that apply.	Orny)		
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	е		
	organization ▶BANK OF AMERICA, NA P.O. BOX 831041; DALLAS, TX 75283-1041			
	800-357-7094			

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average	(C) Position (check all that apply)					nlv)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	or director			Key employee			compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CARL M. ALONGI CO-TRUSTEE	15.	Х						NONE	NONE	NONI
BANK OF AMERICA, N.A. TRUSTEE	40.		x					101,027.	NONE	
										1
									-	
			_							

Form 990 (2008)

Section A. Onicers, Directors, Th	131003, 110	<u>,, </u>	· pic	,,,,,	٠,,	ana i	9	nest compensat	ca Linpio	, 000 (0	01101100	,u,	
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average		ion (that ap		Reportable	Report			timate	
	hours per	유급	Ins	Officer	S S	eng	Former	compensation	compens			nount o	of
	week	2 2	2	g	ě	P in	∄	from	from rel			other	
	,	8 5	ğ	,	륯	e g		the organization	organiza (W-2/1099			pensat om the	
		Individual trustee or director	Institutional trustee		Key employee	ă		(W-2/1099-MISC)	(***2/1055	-1411007		anızatı	
		stee	먋		"	ĕ		(** 2. 1000 *********************************				relate	
			ee			Highest compensated employee					orga	nızatıd	ons
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1b Total							•	101,027.		NONE			NON
2 Total number of individuals (including those	e in 1a) w	/ho r	ecei	ved	m	ore t	han		ortable co	mpens	ation f	rom	the
organization ► NONE								•,,				-	
							-					Yes	No
												163	100
3 Did the organization list any former offic											ļ <u>-</u>	-	
employee on line 1a? If "Yes," complete Sched	lie J for suc	on ina	ivia	ıaı	• •		• •	• • • • • • • • •			3		X
4 For any individual listed on line 1a, is the	sum of	repor	tabl	e c	om	pensa	tior	n and other comp	pensation	from			ļ
the organization and related organizations	greater th	an \$	150	,00	02	If "Y	es, "	complete Schedi	ıle J for	such			
ındıvıdual											4		X
5 Did any person listed on line 1a receive	e or accr	ue co	amo	ens	atio	n fro	m	any unrelated o	rganization	for			
services rendered to the organization? If "Yes,"											5		×
Section B. Independent Contractors										 			
1 Complete this table for your five highest	component	od in	don	000	lont	conf		tors that recover	l more th	an \$10	0.000	of.	
compensation from the organization.	compensar	eu m	uep	CIIU	ieiii	COIII	lac	dois that received	1 111016 (11	ан фіо	0,000	UI	
<u>-</u>							1	<u> </u>					
(A)								(B)		_	(C)		
Name and business add	ress						╄	Description of ser	vices		ompens	sation	
NONE							Ц_		_				
							\perp						
							Π						
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							1						
2 Total number of independent contractors (i	ncluding th	1060	ın 1	1) 14	/h o	reco	IVA.	d more than \$10	000 15				
	•	1036	1	, v	0	1606	1450	a more man plu	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
tomponousion nom the organization	ONE												

art VIII	Statement of Reven	tement of Revenue			85-6008015		
•	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a b c d e f	Federated campaigns	<u>1a</u>	NONE NONE				
ь	Membership dues		NONE				1
С	Fundraising events		NONE				
	Related organizations		NONE		İ		
e	Government grants (contribu	utions) 1e	NON E				
	All other contributions, gifts, gran	•					ì
]	and similar amounts not included	1	NONE NONE				
9	Noncash contributions included	ın lınes 1a-1f \$_	NONE				{
_	Total. Add lines 1a-1f			NONE			
ł			Business Code				
2 a							
b							
С							
d	<u> </u>						.
e							
f	All other program service rev	venue					
	Total. Add lines 2a-2f			NONE			
3	Investment income (includin	ng dividends, int	erest, and				
	other similar amounts)		▶	1,178,175.			1,178,175.
4	Income from investment of t	tax-exempt bond	d proceeds ▶	NONE			
5	Royalties			NONE			
		(ı) Real	(II) Personal				
6 a	Gross Rents						
b	Less rental expenses						
С	Rental income or (loss)	L					
	Net rental income or (loss).		<u> </u>	NONE			
7 a	Gross amount from sales of	(ı) Securities	(II) Other				
	assets other than inventory	15,828,14	6.				↓
	Less cost or other basis						
	and sales expenses	14,310,87	1.				
	Gain or (loss)	_1,517,27	5.				· · ·
	Net gain or (loss)			1,517,275.			1,517,275.
		undraising		•			
	events (not including \$						
	of contributions reported on	line 1c)					
	See Part IV, line 18	•	a				
	Less direct expenses		1				
i	Net income or (loss) from fu			NONE			
i	Gross income from gaming a						,
	See Part IV, line 19		a		i		· '
1	Less direct expenses						1
	Net income or (loss) from ga			NONE			
1	Gross sales of invent	-				· · · · · · · · · · · · · · · · · · ·	
	returns and allowances		a				
4	Less cost of goods sold		I				
	Net income or (loss) from sa			NONE			
	Miscellaneous Reven		Business Code				
11a							ļ -
b							
C .	All other revenue						
1	All other revenue			NONE			<u> </u>
	Total. Add lines 11a-11d .		-	NUNE			
	Total Revenue. Add lines 1h			3 (05 450			2 605 450
	9c, 10c, and 11e		· · · · · · •	2,695,450.	<u> </u>		2,695,450. Form 990 (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the U.S. See Part IV, line 21	1,418,822.	1,418,822.								
2	Grants and other assistance to individuals in										
	the U.S. See Part IV, line 22	NONE									
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	U.S. See Part IV, lines 15 and 16	NONE									
4	Benefits paid to or for members	NONE									
5	Compensation of current officers, directors,										
	trustees, and key employees	101,027.	NONE	101,027.							
6	Compensation not included above, to disqualified	;									
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	NONE									
7	Other salaries and wages	NONE									
8	Pension plan contributions (include section 401										
	(k) and section 403(b) employer contributions)	NONE	-								
9	Other employee benefits	NONE									
	Payroll taxes	NONE			· · · · · · · · · · · · · · · · · · ·						
11	Fees for services (non-employees)			,							
	Management	NONE		-							
	Legal	NONE	NONE	4 000							
	Accounting	4,000.	NONE	4,000.							
	Lobbying	NONE NONE			·						
	Professional fundraising services See Part IV, line 17 Investment management fees	NONE									
	_	NONE			· -· -						
-	Advertising and promotion	NONE									
13	Office expenses	NONE	-								
	Information technology	NONE									
15		NONE									
16	Occupancy	NONE		-							
17	Travel	NONE									
18	Payments of travel or entertainment expenses				· ·						
	for any federal, state, or local public officials	NONE									
19	Conferences, conventions, and meetings	NONE									
20	Interest	NONE									
21	Payments to affiliates	NONE									
22	Depreciation, depletion, and amortization	NONE									
23	Insurance	NONE									
24	Other expenses Itemize expenses not										
	covered above (Expenses grouped together										
	and labeled miscellaneous may not exceed										
	5% of total expenses shown on line 25 below)										
а	OTHER_INVESTMENT_EXPENSES	44,191.	NONE	44,191.							
þ		·									
C		· · · · · · · · · · · · · · · · · · ·									
d											
e	All other constants										
	All other expenses	1 560 040	NONE	140 212							
	Total functional expenses. Add lines 1 through 24f	1,568,040.	1,418,822.	149,218.							
40	Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization										
	reported in column (B) joint costs from a										
	combined educational campaign and fundraising solicitation										
JSA		L			- 000						

řě	ITL A	· Balance Sheet					
	•		(A) Beginning of year			B) of yea	r
	1	Cash - non-interest-bearing	311,177.	1	15,	297,	922
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L		5	ı		
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II			ı		
		of Schedule L		6	l		
s	7	Notes and loans receivable, net		7			
set	8	Inventories for sales or use		8			
Assets	9	Prepaid expenses and deferred charges		9			
-	_	Land, buildings, and equipment cost basis 10a	.	-			
		Less accumulated depreciation. Complete					
	0			40-			
		Part VI of Schedule D		10c			
	11	Investments - publicly traded securities	26,562,427.	11	12,	732 <u>,</u>	<u> 129</u>
	12	Investments - other securities See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14			
	15	Other assets. See Part IV, line 11		15			
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	26,873,604.	16	28,	030,	051
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
Š	21	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	·				
ģ		highest compensated employees, and disqualified persons. Complete Part II					
Ë		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	•	23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25		26			
es		Organizations that follow SFAS 117, check here ▶ 💢 and complete lines 27 through 29, and lines 33 and 34.					
alances	27	Unrestricted net assets	17,319,054.	27	18.	475,	501
100	28	Temporarily restricted net assets	1,73137031.	28		1.01	<u> </u>
d B	29	Permanently restricted net assets	9,554,550.	29	<u> </u>	554,	550
or Fund		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.	7/334/330.			5531	<u> </u>
	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
As	32	Retained earnings, endowment, accumulated income, or other funds	· · · -	32			
Net	33	Total net assets or fund balances	26 072 604	33		030	O F 1
Z	34	Total liabilities and net assets/fund balances	26,873,604.			030 <u>,</u>	
Da	rt XI	Financial Statements and Reporting	26,873,604.	34	28,0	030,	031
Га		Financial Statements and Reporting	_			V	NI.
1		ounting method used to prepare the Form 990 💢 Cash 🔲 Accrual 🔲 Other				Yes	No
2a		e the organization's financial statements compiled or reviewed by an independent account					Х
b	Were	e the organization's financial statements audited by an independent accountant?			2b		Х
C	If "Ye	es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	for oversight of the			1	
	audıt	, review, or compilation of its financial statements and selection of an independent accou	ntant?		· · 2c		
3a	As a	result of a federal award, was the organization required to undergo an audit or audits as s	et forth in				
	the S	Single Audit Act and OMB Circular A-133?			За	<u> </u>	х
b	If "Ye	es," did the organization undergo the required audit or audits?		<u></u>	3b		
							_

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number ALBUQUERQUE ACADEMY FOR BOYS TRUST #1 85-6008015 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally Integrated Type II d X Type III - Other e x By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? 11a(I) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes No Yes Yes ALBUQUERQUE 85-0129165 02 X Х х 1,418,822 **ACADEMY**

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

Schedule A (Form 990 or 990-EZ) 2008

Total

1,418,822.

Pai	(Complete only if you ched				o)(1)(A)(iv) and	170(b)(1)(A)(vi)
Sec	tìon A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			_			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						<u> </u>
5	The portion of total contributions by each		[
	person (other than a governmental unit or		1				
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						1
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			<u> </u>			1
	tion B. Total Support		4, 2225	T () 2222	1	1 () 0000	
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<u></u>		1	,	1
12	Gross receipts from related activities, etc. (\$	See instructions)				12	
13	First five years. If the Form 990 is for the	organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a 501(c)(3)		_
	organization, check this box and stop here						▶ │ │
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2008 (li	ne 6, column (f	f) divided by line	: 11, column (f))			%
15	Public support percentage from 2007	Schedule A, Pa	art IV-A, line 26f			15	%
16a	33 1/3% support test - 2008. If the o	rganization did	not check the b	oox on line 13, a	and line 14 is 33	1/3% or more	, check this box
	and stop here. The organization qualif	•					
b	33 1/3% support test - 2007. If the o	-					
	box and stop here. The organization q	ualifies as a pi	ublicly supported	dorganization .			▶ ∟
17a	10%-facts-and-circumstances test - 2	_					
	is 10% or more, and if the organization						
	in Part IV how the organization meets			•	•		' 1 1
	organization						
Ь	10%-facts-and-circumstances test - 2	_					d line
	15 is 10% or more, and if the organiza			-		-	
	Explain in Part IV how the organization				•	•	
4.0	supported organization						
18	Private foundation. If the organization						
	instructions	 .					🟲 📖

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

Sec	tion A. Public Support						
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received (Do not include						
	any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the				!		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
þ	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						
Sec	tion B. Total Support			,	,	· · · · · · · · · · · · · · · · · · ·	
C	alendar year (or fıscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less				İ		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12) [ł	L	
14	First five years. If the Form 990 is for	-					
	organization, check this box and stop here		_		· · · · · · · ·		<u></u>
	tion C. Computation of Public Sup					1	
15	Public support percentage for 2008 (line 8,					15	
16	Public support percentage from 2007 Sche					16	
	tion D. Computation of Investmer						
17	Investment income percentage for 2008 (lin			i3, column (f))		17	
18	Investment income percentage from 2007 \$		• •			18	<u>%</u>
19a	33 1/3% support tests - 2008. If the org						I line
	17 is not more than 33 1/3 %, check this box						▶ ⊔
b	33 1/3% support tests - 2007. If the orga						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	not check a box o	in line 14. 19a. oi	r 19b. check this b	oox and see instruc	tions	▶

	(Form 990 or 990-EZ) 2008		85-60)08015	Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; or P	. Complete this part to art III, line 12. Provide a	provide the explana ny other additional inf	ation required by Part II, Iin ormation. (see instructions)	ie 10,
					-
					-
			· 		
					-
			·		
	~				
					-
			· 		
			· 		
		· • • • • • • • • • • • • • • • • • • •	·		
		·		·	
				·	
					
	-			·	
					

SCHEDULE D (Form 990)

Supplemental Financial Statements

20**08**

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Nam	of the organization		Employer identification number
ALE	BUQUERQUE ACADEMY FOR BOYS TRUST #1		85-6008015
Pa	Organizations Maintaining Donor Adv the organization answered "Yes" to Fo	rised Funds or Other Similar Funds orm 990, Part IV, line 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		··-
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	dvisors in writing that the assets held in d	onor advised
	funds are the organization's property, subject to the	=	
6	Did the organization inform all grantees, donors, a		
	used only for charitable purposes and not for the b	penefit of the donor or donor advisor or oth	ner
	ımpermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete	f the organization answered "Yes" to F	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., recre	eation or pleasure) Preservation (of an historically importantly land area
	Protection of natural habitat	Preservation of	of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qu	alified conservation contribution in the fori	m of a conservation easement
	on the last day of the tax year		
			Held at the End of the Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in (c		
3	Number of conservation easements modified, tran	isferred, released, extinguished, or termin	ated by the organization during
	the taxable year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy regard		
	enforcement of the conservation easements it hold		
6	Staff or volunteer hours devoted to monitoring, ins		
7 8	Amount of expenses incurred in monitoring, inspections each conservation easement reported on lin		
0	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports		
3	balance sheet, and include, if applicable, the text of		•
	the organization's accounting for conservation eas		iai statements that describes
Pai	t III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF,	AS 116, not to report in its revenue staten	nent and balance sheet works of
	If the organization elected, as permitted under SF, art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f		
b	If the organization elected, as permitted under SF	AS 116, to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held fo provide the following amounts relating to these item	r public exhibition, education, or research	in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line		> ¢
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, hi		
4	following amounts required to be reported under S	•	ioi ililaliciai galli, provide the
а	Revenues included in Form 990, Part VIII, line 1.		▶ \$
b	Assets included in Form 990, Part X		
ror F	rivacy Act and Paperwork Reduction Act Notice, see the instruc	tions for Form 990.	Schedule D (Form 990) 2008

Pa	rt III . Organizations Maintain	ing Collec	tions of	f Art, Histo	rical	Treasure	s, or	Oth	er Similar	Assets (continue	ed)
3	Using the organization's accession	n and other	records,	check any	of the	following	that a	are a	significant i	use of its	collection	
	items (check all that apply)											
а	Public exhibition			d		Loan or ex	kchan	ige pi	rograms			
b	Scholarly research			e	_	Other				. ,		
С	Preservation for future g		_									
4	Provide a description of the organ	ızatıon's col	lections a	and explain	how t	they furthe	r the	orga	nization's e	xempt pur	pose in	
	Part XIV.											
5	During the year, did the organization									_		
	assets to be sold to raise funds ra										Yes	No.
Pai	Trust, Escrow and Cust Part IV, line 9, or report							ansv	vered "Yes	" to Form	1 990,	
1 a	Is the organization an agent, truste	ee, custodia	n or othe	er intermedia	ary fo	r contribut	ions (or oth	ner assets n	ot		
	included on Form 990, Part X?								. .	[Yes	☐ No
b	If "Yes," explain the arrangement is	n Part XIV a	ind comp	lete the foll	owing	table						
										Amount		
С	5 5						-					
d	Additions during the year						_	Ĺ				
е	Distributions during the year											
	Ending balance											
	Did the organization include an an		rm 990,	Part X, line	217					[Yes	No
	If "Yes," explain the arrangement in			1.		\			D 1011	40		
Pai	tV Endowment Funds. Cor	, 									T	
4-	Decimals of wear belones	(a) Curren		(b) Prior ye	ar	(c) Two ye	ears ba	ick	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	9,55	4,550									
	Contributions										ļ	-
٦	Investment earnings or losses	-	<u>_</u>								<u> </u>	
u	Grants or scholarships Other expenditures for facilities .		-+		-							
-	and programs							ı				
	Administrative expenses			•••								
	End of year balance											
9 2	Provide the estimated percentage		4,550.	noo hold oo				!				
a	Board designated or quasi-endowr	-	enu bala	%								
b	Permanent endowment ▶ 100.0			′0								
c	Term endowment ▶	%										
	Are there endowment funds not in		ssion of t	he organiza	tion t	hat ara hal	ld and	d adn	ninistered fo	r the		
	organization by	ine posses	131011 01 11	ne organiza	iuon u	nat are ner	ia and	a aun	ininstered to	i tile	٦	Yes No
	(i) unrelated organizations										3a(i)	X
	(ii) related organizations										3a(ii)	
b	If "Yes" to 3a(II), are the related org										3b	X
4	Describe in Part XIV the intended in			•								
Par	t VI Investments - Land, Bui						rt X.	line	10.			
	Description of investment		(a) Cost or	r other basis	(b)	Cost or other			Depreciation	(0	d) Book val	ue
4 -	Land		(111462	zanont)		(UIII EI)	\dashv			ļ		
1a	Land	<u> </u>					\dashv			1	-	
b	Buildings	l l				 -		-				
c d	Equipment)							<u> </u>	 		
	Other					-				 		
Tota	I. Add lines 1a-1e. (Column (d) show	ıld equal Ec	rm 000 I	Part Y colu	mn /P	l) line 10/a	<u></u>			-	-	
- J.a	in 7.00 mies 1a-16. (Column (d) shot	na oqual 1-0	<u> 330, F</u>	arra, colui	10	y, 11110 10(C	<i>,,</i> .	<u></u>	<u> </u>			

Schedule D (Form 990) 2008

Part VII	. Investments - Other Securities. Se	ee Form 990, Part X, Iin	e 12.	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	alue
Financial de	rivatives and other financial products			
	d equity interests			
				_ _
		 		
		-		
T-4-1 (O-1)	(h) should see (5 are 000 First V and (Filter 40)			
	n (b) should equal Form 990, Part X, col (B) line 12)	• 5 000 D-+ V lin	. 40	
Part VIII				
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market v	alue
				
		-		
		-		
Total /Colum	n (b) should equal Form 990, Part X, col (B) line 13)			
		V line 15		
Part IX	Other Assets. See Form 990, Part			
		(a) Description		(b) Book value
Total (Colum	n (b) should equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. See Form 990, Pa			
are A	(a) Description of liability	(b) Amount		
Federal inco		(b) / unount		
- Cucrar inco	me taxes			
		<u> </u>		
Total, (Colum	n (b) should equal Form 990, Part X, col (B) line 25)			
	. , . ,	<u> </u>		

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

Schedule D (Form 990) 2008

Schedu	lle D (Form 990) 2008 85-6008015			Page 4
Part				· · · · · · · · · · · · · · · · · · ·
1	Total revenue (Form 990, Part VIII, column (A), line 12)	. 1		
2 .	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities		1	
6	Investment expenses	6	1	
7	Prior period adjustments	7	+	
8	Other (Describe in Part XIV)	. 8		
	Other (Describe in Part XIV)	. 8	+	<u> </u>
9	Total adjustments (net). Add lines 4-8	. 9	+	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			
Part				
1	Total revenue, gains, and other support per audited financial statements	$\cdots \}$	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments			
þ	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b	\Box	4 c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe		ırn	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities 2a			
b			ł	
c	Prior year adjustments Losses reported on Form 990, Part IX, line 25 2b 2c	$\overline{}$		
d		\dashv		
	Add loss 2s through 2d	\neg	20	
		• • •	2e	<u>.</u>
3		• • • }	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	\dashv	ļ	
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b	}	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	<u> l</u>	5	
Part				
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part I\	/, lines	1b
	o, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b			
SEE_	PAGE 5			
_ 				
- -				
		- -		
_ 				

Schedule D (Form 990) 2008

SCHEDULEI (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

20 08 ·

Open to Public Inspection

► Attach to Form 990.

Schedule I (Form 990) 2008 ž STUDENT DEVELOPMENT (h) Purpose of grant or assistance NONE | X Yes Employer Identification number Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 85-6008015 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance 1,418,822 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of other organizations Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable 501 (C) (3) General Information on Grants and Assistance 85-0129165 (p) EIN ALBUQUERQUE ACADEMY FOR BOYS TRUST #1 6400 WYOMING BLVD NE, ALBUQUERQUE, NM 87109 1 (a) Name and address of organization or government ALBUQUERQUE ACADEMY Name of the organization Part II Part

Page 2

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this		part to provide the information required in Part I, line 2,	ormation required	d in Part I, line 2, and an	and any other additional information.
SCHEDULE I: SUPPLEMENTAL INFORMATION	NO	 			
PART I. LINE 2: PROCEDURES FOR MONITORING USE OF GRANT	<u>ITORING US</u>	E_OE_GRANT_E	- <u>F</u> ŪNDS		
THE TRUSTEES OF ALBUQUERQUE ACADEMY FOR		BOXS TRUST #1_ARE_ACTIVELY	E_ACTIVELY_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
INVOLVED IN WORKING CLOSELY WITH OFFICERS AND TRUSTEES OF THE ALBUQUERQUE	<u>FFICERS AN</u>	<u>ID_TRUSTEES_O</u>	<u>e_the_alibuo</u> u	IERQUE	
ACADEMY WITH RESPECT TO THE SCHOOL'S FINANCIAL OPERATIONS, INCLUDING BUT	'S_FINANCI	<u>AL OPERATION</u>	<u>NIGNTONI</u>	BUT	
NOT LIMITED TO THEIR INVESTMENT POLICIES, AND DEVELOPING AND IMPLEMENTING	<u>LICIES, AN</u>	<u>id developing</u>	<u>. AND_ IMPLEM</u> E	NIING	
THE INVESTMENT STRATEGY OF THE TRUST.	<u></u>				
	 	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1		
	 	; 	1 1 1 1 1 1 1 1 1 1		
					Schedule I (Form 990) 2008

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization	Employer identification number
ALBUQUERQUE ACADEMY FOR BOYS TRUST #1	85-6008015
GENERAL STATEMENT 1	
PART VI, SECTION A, QUESTION 8	
BANK OF AMERICA, NA IS THE CORPORATE CO-TRUSTEE OF ALBUQUERQUE AC	ADEMY
FOR BOYS TRUST #1 ALONG WITH THE INDIVIDUAL CO-TRUSTEE CARL ALONG	T MR
	±:
ALONGI ALSO SITS ON THE ALBUQUERQUE ACADEMY'S BOARD OF TRUSTEES A	<u>S</u>
WICE CUATE ALL DOADS MESENTAGE OF THE TRUCK ARE HELD IN CONTINCE	TON MITTU
VICE-CHAIRALL_BOARD_MEETINGS_OF_THE_TRUST_ARE_HELD_IN_CONJUNCT	ION WITH
MEMBERS OF THE ACADEMY'S BOARD OF TRUSTEES AND MINUTES ARE DOCUME	NTED.
	_

Schedule O (Form 990) 2008	Pag	<u>e z</u>
Name of the organization ALBUQUERQUE ACADEMY FOR BOYS TRUST #1	Employer Identification number 85-6008015	
		_
GENERAL STATEMENT 2		
PART_VI, SECTION A, QUESTION 10		
THE TRUST ENGAGES A PAID PREPARER EXPERIENCED IN THE PREPARATION	OF FORM	·
990 TO PREPARE THE FORM UNDER THE DIRECT SUPERVISION OF THE CORPO	<u>RATE</u>	. _ _
TRUSTEE. A DRAFT FORM 990 IS PROVIDED TO AN OFFICER OF THE BANK	<u>FOR</u>	
REVIEW. A FINAL FORM 990 IS PROVIDED TO THE INDIVIDUAL CO-TRUSTE	E_FOR	
REVIEW PRIOR TO FILING.		
		
-		
		
- 		
		
	_	

Schedule O (Form 990) 2008	P	age Z
Name of the organization ALBUQUERQUE ACADEMY FOR BOYS TRUST #1	Employer identification number 85-6008015	
CONTRACT CONTRACTOR 2		
GENERAL STATEMENT 3		
PART_VI, SECTION_B, QUESTIONS 12 THROUGH 14		
BANK OF AMERICA, NA, AS CORPORATE TRUSTEE FOR ALBUQUERQUE ACADEMY	FOR	
BOYS TRUST #1, HAS A WRITTEN CONFLICT OF INTEREST POLICY, WHISTLE	BLOWER	
POLICY, AND DOCUMENT RETENTION AND DESTRUCTION POLICY. ANNUAL STA	ATEMENTS	
OF COMPLIANCE TO THE POLICY BY ALL CORPORATE TRUST EMPLOYEES ARE S	SIGNED	
AND DOCUMENTED.		
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		·- <u>-</u> -
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Name of the organization	Employer identification number
ALBUQUERQUE ACADEMY FOR BOYS TRUST #1	85-6008015
GENERAL STATEMENT 4	
PART VI, SECTION B, QUESTION 15	
BANK OF AMERICA, NA IS THE ONLY PAID TRUSTEE AND IS PAID IN ACC	CORDANCE
WITH A PUBLISHED FEE SCHEDULE.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

Schedule O (Form 990) 2008		Page Z
Name of the organization ALBUQUERQUE ACADEMY FOR BOYS TRUST #1	Employer identification number 85-6008015	
. GENERAL STATEMENT 5		
PART VI, SECTION C, QUESTION 19		
ALBUQUERQUE ACADEMY FOR BOYS TRUST #1, AND BANK OF AMERICA, NA AS		
CORPORATE TRUSTEE, MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTE		
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ		
REQUIRED BY FEDERAL AND STATE LAW.		
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### SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

Open to Public Inspection .

> ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions.

2008

OMB No 1545-0047

(F) Direct controling entity (F)
Direct controlling
entity Schedule R (Form 990) 2008 Employer identification number N/A N/A 85-6008015 (if section 501(c)(3)) (E) End-of-year assets PF 8 (D) Exempt Code section (D) Total income 501 (C) (3) 501 (C) (3) (C) Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) ΣΝ ΣN (B) Primary activity (B) Primary activity INVESTMENT SCHOOL 85-6014105__ 85-0129165 ALBUQUERQUE, NM 87109 75283-1041 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Identification of Related Tax-Exempt Organizations ΤX (A) Name, address, and EIN of related organization (A)
Name, address, and EIN of disregarded entity DALLAS, ALBUQUERQUE ACADEMY FOR BOYS TRUST #2 ALBUQUERQUE ACADEMY FOR BOYS TRUST #1 Identification of Disregarded Entities BOA TAX SVCS, PO BOX 831041 6400 WYOMING BLVD NE ALBUQUERQUE ACADEMY Name of the organization Part II Partl

Identification of Related Organizations Taxable as a Partnership Part III

(A) Name, address, and EIN of related organization	(B) Primary activity		(D) Direct controlling	(E) Predominant	(F) Share of total income	(G) Share of end-of-year	(H)	(I) Code V-UBI	(3) General or
		(state or foreign country)		investment, unrelated)					partner?
		,,					Yes No	6	Yes No
		-					<u></u>		
		-							
						I	$\left  {} \right $		

Identification of Related Organizations Taxable as a Corporation or Trust Part IV

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entry (C corp. S corp. or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
	ii						

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Schedule R (Form 990) 2008

## Part V Transactions With Related Organizations

Schedule R (Form 990) 2009

# Part VI Unrelated Organizations Taxable as a Partnership

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

(A) (B) (C) (D) Name, address, and EIN of entity Primary activity Legal domicale Are all pai	(B) Primary activity	(C) Legal domicile	(D) Are all partners	(E) Share of	(F) Disproportionate	1	(G) Code V-UBI	(H) General	ज ज
		(state or foreign country)	501(c)(3)		allocatro		of Schedule K-1	partner?	ة م 2 رة
			Yes No		Yes	No	(Form 1065)	Yes No	운
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			-						1
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			-	_					
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						S	Schedule R (Form 990) 2008	990) 20	808