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Form 990  Department of the Treasury Internal Revenue Service	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) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization ALBUQUERQUE MUSEUM FOUNDATION INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 7006 City or town, state or country, and ZIP + 4 ALBUQUERQUE, NM 87194	D Employer identification number 85-0201054 E Telephone number (505) 842-0111 G Gross receipts \$ 7,542,544
	F Name and address of principal officer KATHY SPORING PO BOX 1968 MAC Q2129-052 ALBUQUERQUE, NM 87103	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527	
	J Website: ▶ WWW.ALBUQUERQUEMUSEUM.ORG	
	K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	
L Year of formation 1961		M State of legal domicile NM

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O ALBUQUERQUE MUSEUM FOUNDATION'S MISSION IS TO PROVIDE FUNDING, VOLUNTEER SUPPORT AND SOME ADMINISTRATIVE UNDERWRITING IN SUPPORT OF THE ALBUQUERQUE MUSEUM OF ART & HISTORY AS THE MAJOR PROVIDER OF EDUCATIONAL FUNDING, AMF OPERATES THE MAGIC BUS PROGRAM WHICH PROVIDES TRANSPORTATION, CURRICULUM, AND DOCENT SERVICES TO THE MUSEUM AND CASA SAN YSIDRO FOR 9,600 SCHOOL CHILDREN ANNUALLY THE MUSEUM CHILDREN'S ART SCHOOL, THE DOCENT TRAINING, CERTAIN EXHIBITION UNDERWRITING, ADVERTISING, ACQUISITIONS AND COMMUNITY PROGRAMMING RECEIVE FUNDING FROM AMF AMF OPERATES THE MEMBERSHIP AND PLANNED GIVING PROGRAMS FOR THE MUSEUM, WHICH INVOLVES PROVIDING MEMBERSHIP BENEFITS AND SERVICES TO ASSIST IN PROVIDING SUPPORT FOR THE MUSEUM, AMF ORGANIZES A MAJOR ANNUAL FUNDRAISING EVENT-MINIATURES & MORE ART EXHIBITION AND SALE																		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																		
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>47</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>45</td></tr><tr><td>5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>5</td><td>18</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>220</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>7b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	47	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	45	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	18	6 Total number of volunteers (estimate if necessary)	6	220	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	3 Number of voting members of the governing body (Part VI, line 1a)	3	47																
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	45																
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	18																
	6 Total number of volunteers (estimate if necessary)	6	220																
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0																
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0																
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year																
9 Program service revenue (Part VIII, line 2g)	2,381,578	1,619,126																	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0																	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	314,131	640,386																	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	258,418	391,990																	
	2,954,127	2,651,502																	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0																
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0																
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	480,129	596,367																
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0																
	b Total fundraising expenses (Part IX, column (D), line 25) ▶131,613																		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	684,946	723,883																
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,165,075	1,320,250																
	19 Revenue less expenses Subtract line 18 from line 12	1,789,052	1,331,252																
Net Assets or Fund Balances		Beginning of Current Year	End of Year																
	20 Total assets (Part X, line 16)	14,323,495	16,327,684																
	21 Total liabilities (Part X, line 26)	167,396	271,615																
	22 Net assets or fund balances Subtract line 21 from line 20	14,156,099	16,056,069																

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

Sign Here	 ***** Signature of officer	2012-03-01 Date			
	 KATHY SPORING PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name STEPHANIE CATASCA	Preparer's signature STEPHANIE CATASCA	Date	Check if self-employed ☐	PTIN
	Firm's name ▶ ATKINSON & CO LTD				Firm's EIN ▶
	Firm's address ▶ PO BOX 25246 ALBUQUERQUE, NM 87125				Phone no ▶ (505) 843-6492

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐ ☒

1

Briefly describe the organization’s mission

ALBUQUERQUE MUSEUM FOUNDATION'S MISSION IS TO PROVIDE FUNDING, VOLUNTEER SUPPORT AND SOME ADMINISTRATIVE UNDERWRITING IN SUPPORT OF THE ALBUQUERQUE MUSEUM OF ART & HISTORY AS THE PRIMARY PROVIDER OF EDUCATIONAL FUNDING, AMF OPERATES THE MAGIC BUS PROGRAM WHICH PROVIDES TRANSPORTATION, CURRICULUM, AND DOCENT SERVICES TO THE MUSEUM AND CASA SAN YSIDRO FOR 9,600 SCHOOL CHILDREN ANNUALLY THE MUSEUM CHILDREN'S ART SCHOOL, THE DOCENT TRAINING, CERTAIN EXHIBITION UNDERWRITING, ADVERTISING, ACQUISITIONS AND COMMUNITY PROGRAMMING RECEIVE FUNDING FROM AMF AMF OPERATES THE MEMBERSHIP AND PLANNED GIVING PROGRAMS FOR THE MUSEUM, WHICH INVOLVES PROVIDING MEMBERSHIP BENEFITS AND SERVICES TO ASSIST IN PROVIDING SUPPORT FOR THE MUSEUM, AMF ORGANIZES A MAJOR ANNUAL FUNDRAISING EVENT-MINIATURES & MORE ART EXHIBITION AND SALE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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 ☐ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 751,900 including grants of \$) (Revenue \$)

THIS FUNDING TO THE MUSEUM PROVIDED DISCRETIONARY EXHIBITION SUPPORT, IN ORDER TO ASSIST THE MUSEUM IN BRINGING WORLD-CLASS EXHIBITIONS TO NEW MEXICO IN FY 2011 THE FOUNDATION SUPPORTED THE INSTALLATION OF A NEW LIGHT ON TIFFANY, CLARA DRISCOLL AND THE TIFFANY GIRLS WHICH WAS A GROUND BREAKING EXHIBITION EXPLORING THE TURN OF THE 20TH CENTURY NEW YORK WOMEN WHO CREATED MANY OF TIFFANY STUDIOS' CELEBRATED DECORATIVE OBJECTS FUNDS WERE SPENT IN THE AREAS OF DELIVERY COSTS, EXHIBITION BUILD OUT, AND OTHER COSTS ASSOCIATED WITH EXHIBITION DISPLAY AND FUNDS FOR PROMOTION AND ADVERTISING

4b

(Code) (Expenses \$ 147,805 including grants of \$) (Revenue \$)

THIS FUNDING INCLUDED EXPENSES ASSOCIATED WITH MEMBERSHIP SUPPORT, SUCH AS OPENINGS, MAILINGS, NEWSLETTERS, ANNUAL REPORT, AND MEMBERSHIP BENEFITS MEMBERSHIP IS AT APPROXIMATELY 2,359 HOUSEHOLDS IN ADDITION, THESE EXPENSES REPRESENT SOME OF THE ADMINISTRATIVE SUPPORT GIVEN TO THE MUSEUM, AS WELL AS EXPENSES ASSOCIATED WITH THE PRODUCTION OF EVENTS TO BENEFIT THE MUSEUM THE FOUNDATION FUNDS THE VOLUNTEER DOCENT PROGRAM, SO THAT THEY HAVE REGULAR AND QUALITY TRAINING THE MUSEUM ART SCHOOL PROVIDES ART EDUCATION TO PRE-SCHOOL AND SCHOOL AGE CHILDREN, AND THE FOUNDATION PROVIDES ALL THE FUNDING FOR INSTRUCTORS, MATERIALS AND ASSISTS IN PROMOTION THROUGHOUT THE YEAR THE MUSEUM OFFERS FREE PUBLIC EDUCATIONAL PROGRAMMING SUCH AS FAMILY DAYS AND GALLERY EDUCATIONAL SUPPORT WHICH THE FOUNDATION UNDERWRITES

4c

(Code) (Expenses \$ 172,464 including grants of \$) (Revenue \$)

THE MUSEUM GALLERY STORE IS AN AMENITY PROVIDED TO THE VISITORS OF THE MUSEUM, WHICH TOTALED 124,848 LAST YEAR THE GALLERY STORE PROVIDES EDUCATIONAL MATERIALS, ARTWORK, HOUSEHOLD WARES, JEWELRY, ART BOOKS AND POSTCARDS, WHICH MUSEUM VISITORS MAY PURCHASE IN ADDITION, THE GALLERY STORE OFFERS ITEMS FOR PURCHASE WHICH REFLECT THE EXHIBITIONS ON DISPLAY AT THE MUSEUM, IN ORDER TO INCREASE VISITOR AND PATRON ENJOYMENT AND EXPERIENCE OF THE MUSEUM LOCAL ARTISTS ARE ALSO SHOWCASED AND SUPPORTED AT THE GALLERY STORE, PROVIDING THEM WITH THE OPPORTUNITY TO SELL THEIR WORKS TO TOURISTS, MEMBERS AND OTHER VISITORS TO THE MUSEUM

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 1,072,169

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	Yes
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	25		
		1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	18		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No
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			No
	b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year.			7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12.			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders.			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b		
c Enter the amount of reserves on hand.			13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a47		
b	Enter the number of voting members included in line 1a, above, who are independent	1b45		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		No
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?	16a		No
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 the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed NM
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. SHANNON WONG 207 GRIEGOS RD NE ALBUQUERQUE, NM 87107 (505) 842-0111

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

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

Form **990** (2010)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	174,979	0	44,075

2 Total number of individuals (including but not limited to those I
\$100,000 in reportable compensation from the organization) 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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>	4	No
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>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues	1b	302,759		
	c	Fundraising events	1c	24,500		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,291,867		
	g	Noncash contributions included in lines 1a-1f \$		22,483		
	h	Total. Add lines 1a-1f		1,619,126		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		237,641	
4		Income from investment of tax-exempt bond proceeds . . .				
5		Royalties				
6a		Gross Rents	(i) Real	(ii) Personal		
b		Less rental expenses	203,250			
c		Rental income or (loss)	117,394			
d		Net rental income or (loss)	85,856			85,856
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses	4,889,941			
c		Gain or (loss)	4,487,196			
d		Net gain or (loss)	402,745			402,745
8a		Gross income from fundraising events (not including \$ 39,887 of contributions reported on line 1c) See Part IV, line 18				
b		Less direct expenses	a	294,273		
c		Net income or (loss) from fundraising events . . .	b	175,158		
9a		Gross income from gaming activities See Part IV, line 19				
b		Less direct expenses				
c		Net income or (loss) from gaming activities . . .				
10a		Gross sales of inventory, less returns and allowances				
b		Less cost of goods sold	a	298,313		
c		Net income or (loss) from sales of inventory . . .	b	111,294		
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See Instructions		2,651,502	187,019	0	845,357

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	219,054	164,934	36,080	18,040
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	281,222	196,122	35,298	49,802
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	43,287	29,339	8,636	5,312
10	Payroll taxes	52,804	42,775	5,126	4,903
a	Fees for services (non-employees) Management				
b	Legal	28,638	28,271	367	
c	Accounting	17,294	11,343	3,286	2,665
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	31,017	31,017		
12	Advertising and promotion	107,560	107,560		
13	Office expenses	97,995	54,732	9,520	33,743
14	Information technology	31,839	25,084	3,480	3,275
15	Royalties				
16	Occupancy	18,772	13,551	2,770	2,451
17	Travel	1,850	1,850		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,938	41,749	5,189	
23	Insurance	17,657	11,426	1,716	4,515
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EXHIBITIONS	151,833	151,833		
b	EDUCATION	72,814	72,814		
c	EVENTS	44,159	44,159		
d	RESTRICTED EXPENDITURES	13,992	13,992		
e	STAFF TRAINING	13,863	8,518		5,345
f	All other expenses	27,662	21,100	5,000	1,562
25	Total functional expenses. Add lines 1 through 24f	1,320,250	1,072,169	116,468	131,613
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			527,092	1	590,737
	2	Savings and temporary cash investments			206,416	2	138,820
	3	Pledges and grants receivable, net			76,038	3	0
	4	Accounts receivable, net			10,665	4	7,856
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees <i>Complete Part II of Schedule L</i>				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) <i>Schedule L</i>				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			28,898	8	39,256
	9	Prepaid expenses and deferred charges			10,197	9	30,080
	10a	Land, buildings, and equipment <i>cost or other basis Complete Part VI of Schedule D</i>	10a	2,224,431			
	b	Less accumulated depreciation	10b	398,102	1,834,379	10c	1,826,329
	11	Investments—publicly traded securities			5,936,473	11	8,038,585
	12	Investments—other securities <i>See Part IV, line 11</i>			658,775	12	590,489
	13	Investments—program-related <i>See Part IV, line 11</i>				13	
	14	Intangible assets				14	
	15	Other assets <i>See Part IV, line 11</i>			5,034,562	15	5,065,532
	16	Total assets. Add lines 1 through 15 (must equal line 34)			14,323,495	16	16,327,684
Liabilities	17	Accounts payable and accrued expenses			84,184	17	199,118
	18	Grants payable				18	
	19	Deferred revenue			79,438	19	72,497
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability <i>Complete Part IV of Schedule D</i>				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>				22	
	23	Secured mortgages and notes payable to unrelated third parties			3,774	23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities <i>Complete Part X of Schedule D</i>				25	
	26	Total liabilities. Add lines 17 through 25			167,396	26	271,615
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			4,220,763	27	4,569,436
	28	Temporarily restricted net assets			1,315,172	28	2,087,117
	29	Permanently restricted net assets			8,620,164	29	9,399,516
		Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			14,156,099	33	16,056,069
	34	Total liabilities and net assets/fund balances			14,323,495	34	16,327,684

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,651,502
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,320,250
3	Revenue less expenses Subtract line 2 from line 1	3	1,331,252
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,156,099
5	Other changes in net assets or fund balances (explain in Schedule O)	5	568,718
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16,056,069

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization ALBUQUERQUE MUSEUM FOUNDATION INC	Employer identification number 85-0201054
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Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	977,619	1,119,076	730,204	2,381,578	1,619,126	6,827,603
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	719,815	657,889	520,880	526,420	592,586	3,017,590
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,697,434	1,776,965	1,251,084	2,907,998	2,211,712	9,845,193
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	22,000	5,680	11,630	8,903	75,820	124,033
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	22,000	5,680	11,630	8,903	75,820	124,033
8 Public Support (Subtract line 7c from line 6)						9,721,160

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	1,697,434	1,776,965	1,251,084	2,907,998	2,211,712	9,845,193
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	453,584	386,172	307,866	348,785	226,891	1,723,298
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	453,584	386,172	307,866	348,785	226,891	1,723,298
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)	1,022					1,022
13 Total support (Add lines 9, 10c, 11 and 12)	2,152,040	2,163,137	1,558,950	3,256,783	2,438,603	11,569,513
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	84.020 %	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	89.830 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	14.900 %	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	9.690 %	
19a 33 1/3% support tests—2010. 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—2009. 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

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization ALBUQUERQUE MUSEUM FOUNDATION INC	Employer identification number 85-0201054
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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	☐ Yes ☐ No

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically importantly land area ☐ Preservation of a certified historic structure
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
4	Number of states where property subject to conservation easement is located ▶ _____
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i)	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
(ii)	Assets included in Form 990, Part X ▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
b	Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒ Public exhibition

b

☐ Scholarly research

c

☒ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	6,651,664	4,979,609	6,029,098		
b Contributions	1,038,720	1,524,416	36,480		
c Investment earnings or losses	1,284,266	474,106	-741,080		
d Grants or scholarships					
e Other expenditures for facilities and programs	283,179	263,108	290,086		
f Administrative expenses	73,577	63,359	54,803		
g End of year balance	8,617,894	6,651,664	4,979,609		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 16 000 %

b

Permanent endowment ▶ 64 000 %

c

Term endowment ▶ 20 000 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

No

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		648,000		648,000
b Buildings		1,331,728	222,718	1,109,010
c Leasehold improvements		11,597	7,035	4,562
d Equipment		233,106	168,349	64,757
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,826,329

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	12,651,502
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,320,250
3	Excess or (deficit) for the year Subtract line 2 from line 1	1,331,252
4	Net unrealized gains (losses) on investments	648,027
5	Donated services and use of facilities	
6	Investment expenses	-79,309
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	568,718
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1,899,970

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	13,512,772
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a648,027	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d292,552	
e	Add lines 2a through 2d	2e940,579
3	Subtract line 2e from line 1	32,572,193
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a79,309	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	4c79,309
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	52,651,502

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1,612,802
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d292,552	
e	Add lines 2a through 2d	2e292,552
3	Subtract line 2e from line 1	31,320,250
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	4c0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	51,320,250

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE COLLECTION CONSISTS OF SCULPTURES, PAINTINGS, FURNITURE, FIXTURES, AND BOOKS. SOME OF THE COLLECTION IS ON PERMANENT LOAN TO THE MUSEUM FOR DISPLAY. THE REMAINING ITEMS ARE HELD AT THE BATTEN PROPERTY, A HISTORICAL LANDMARK.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE GENERAL ENDOWMENT IS HELD IN PERPETUITY TO SUPPORT THE OPERATIONS OF THE MUSEUM. EARNINGS OF THE BATTEN ENDOWMENT ARE RESTRICTED FOR OWNING, USING, OPERATING, PRESERVING, MAINTAINING AND REPAIRING THE BATTEN PROPERTY AND ASSISTING THE FOUNDATION WITH ITS OPERATIONS AND PROGRAMS WHICH SUPPORT THE MUSEUM. THE FUND ENDOWMENT IS HELD IN PERPETUITY FOR SUPPORT OF THE ALBUQUERQUE MUSEUM'S EXHIBITIONS. THE BATTEN PRESERVATION ENDOWMENT IS HELD TO PRESERVE THE BATTEN PROPERTY, A HISTORICAL LANDMARK.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION ADOPTED THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, ACCOUNTING FOR INCOME TAXES (FASB ASC 740-10), ON JULY 1, 2009. FASB ASC 740-10 PROVIDES DETAILED GUIDANCE FOR THE CONSOLIDATED FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS IN AN ENTERPRISE'S FINANCIAL STATEMENTS. INCOME TAX POSITIONS MUST MEET A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AT THE EFFECTIVE DATE TO BE RECOGNIZED UPON THE ADOPTION OF FASB ASC 740-10 AND IN SUBSEQUENT PERIODS. THE PROVISIONS OF FASB ASC 740-10 HAVE BEEN APPLIED TO ALL OF THE FOUNDATION'S INCOME TAX POSITIONS COMMENCING FROM THAT DATE. THE FOUNDATION'S POLICY IS TO CLASSIFY INCOME TAX PENALTIES AND INTEREST AS MISCELLANEOUS EXPENSE. DURING THE YEARS ENDED JUNE 30, 2011 AND 2010, THE FOUNDATION RECORDED NO PENALTIES AND INTEREST ASSOCIATED WITH TAX POSITIONS. AS OF JUNE 30, 2011, MANAGEMENT DOES NOT BELIEVE THE FOUNDATION HAS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, OR DISCLOSURE UNDER FASB ASC 740-10.
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 117,394 SPECIAL EVENT EXPENSES 175,158
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 117,394 SPECIAL EVENT EXPENSES 175,158

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
ALBUQUERQUE MUSEUM FOUNDATION INC

Employer identification number
85-0201054

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

3

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		<u>MINIATURES</u> (event type)	<u>SHAKEN NOT STIRRED</u> (event type)	<u>1</u> (total number)	(Add col (a) through col (c))	
Revenue	1	Gross receipts	293,472	21,051	19,637	334,160
	2	Less Charitable contributions	39,887			39,887
	3	Gross income (line 1 minus line 2)	253,585	21,051	19,637	294,273
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes . . .				
	6	Rent/facility costs . .				
	7	Food and beverages . .				
	8	Entertainment				
	9	Other direct expenses .	174,963		195	175,158
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				175,158
	11	Net income summary Combine lines 3 and 10 in column (d). ▶				119,115

Part III Gaming.

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes

☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes

☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes

☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes

☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization ALBUQUERQUE MUSEUM FOUNDATION INC	Employer identification number 85-0201054
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Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	THE NOTABLE NEW MEXICAN FUNDRAISING EVENT HAS BEEN RETIRED THE NOTABLE NEW MEXICAN COLLECTION AT THE MUSEUM WILL REMAIN ON EXHIBIT THE FOUNDATION HAS INSTITUTED A CORPORATE PATRONS CIRCLE SPONSORSHIP PROGRAM TO CONTINUE TO ENGAGE OUR BUSINESS COMMUNITY TO FINANCIALLY SUPPORT THE MUSUEM

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FORM 990 WAS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE OF THE BOARD AND THE FULL BOARD IS PROVIDED WITH A COPY PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS COMPLETED ANNUALLY BY EMPLOYEES AND MEMBERS OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE SALARY OF THE EXECUTIVE DIRECTOR THE EXECUTIVE COMMITTEE AND COMPENSATION COMMITTEE REVIEW THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND ESTABLISH ANY SALARY ADJUSTMENTS BASED ON PERFORMANCE, MARKET, COST OF LIVING, AND OTHER FACTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	REQUESTS FOR PUBLIC INSPECTION OF THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS SHOULD BE SUBMITTED IN WRITING TO THE EXECUTIVE DIRECTOR OR FINANCE MANAGER EMPLOYEE CONTACT INFORMATION IS AVAILABLE IN FOUNDATION PUBLICATIONS AND ON THE WEBSITE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	IN 2010 THE ORGANIZATION AMENDED ITS BY LAWS TO UPDATE THE POWERS, DUTIES AND RESPONSIBILTIES OF THE BOARD OF DIRECTORS, EXECUTIVE COMMITTE AND THE EMPLOYEE COMPENSATION COMMITTEE THESE CHANGES ARE NOT CONSIDERED SIGNIFICANT FOR FORM 990 PURPOSES

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 648,027 INVESTMENT EXPENSES - 79,309 TOTAL TO FORM 990, PART XI, LINE 5 568,718

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ALBUQUERQUE MUSEUM FOUNDATION INC

Employer identification number
85-0201054

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PATIO MARKET LLC 207 GRIEGOS ROAD NE ALBUQUERQUE, NM 87107 27-3443907	HOLDING REAL PROPERTY, AND COLLECTING AND DISTRIBUTING INCOME FROM SAID PROP	NM	85,856	1,979,728	

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 organization	
						Yes	No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

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?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 85-0201054

Name: ALBUQUERQUE MUSEUM FOUNDATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARSHA ADAMS DIRECTOR	3 00	X						0	0	0
KAREN ALARID DIRECTOR	3 00	X						0	0	0
NANCY BACA-JURNEY DIRECTOR	3 00	X						0	0	0
HEATHER BADAL DIRECTOR	3 00	X						0	0	0
KAREN BARD DIRECTOR	3 00	X						0	0	0
BEVERLY BENDICKSEN DIRECTOR	3 00	X						0	0	0
GAIL D BUNDY DIRECTOR	3 00	X						0	0	0
PAUL BUSHNELL DIRECTOR	3 00	X						0	0	0
STEVE COGAN DIRECTOR	3 00	X						0	0	0
ANN MALONEY CONWAY DIRECTOR	3 00	X						0	0	0
JOHN CORDOVA DIRECTOR	3 00	X						0	0	0
SAM DAZZO JR DIRECTOR	3 00	X						0	0	0
GLENN FELLOWS DIRECTOR	3 00	X						0	0	0
CARLOS GARCIA DIRECTOR	3 00	X						0	0	0
TED A GARCIA DIRECTOR	3 00	X						0	0	0
MIKE GODWIN DIRECTOR	3 00	X						0	0	0
JEROME GOSS DIRECTOR	3 00	X						0	0	0
JOHN GRASSHAM DIRECTOR	3 00	X						0	0	0
HARVEY GRASTY DIRECTOR	3 00	X						0	0	0
ALBERTO A GUTIERREZ DIRECTOR	3 00	X						0	0	0
JEAN A HARRIS DIRECTOR	3 00	X						0	0	0
MICHAEL HAUGER DIRECTOR	3 00	X						0	0	0
ROBERT GERARD HEISER DIRECTOR	3 00	X						0	0	0
TOM KELEHER PRESIDENT-ELECT	3 00	X		X				0	0	0
LESLIE KIM DIRECTOR	3 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID KLEINFELD IMMEDIATE PAST-PRESIDENT	3 00	X		X				0	0	0
JAMES LOWRY MD SECRETARY	3 00	X		X				0	0	0
ORLANDO LUCERO DIRECTOR	3 00	X						0	0	0
TONI MARTORELLI DIRECTOR	3 00	X						0	0	0
JANET MOSES DIRECTOR	3 00	X						0	0	0
ROXANA REID DIRECTOR	3 00	X						0	0	0
ELAINE ROY DIRECTOR	3 00	X						0	0	0
JESUS SALAZAR DIRECTOR	3 00	X						0	0	0
KATHY SPORING PRESIDENT	3 00	X		X				0	0	0
JUDY SUITER DIRECTOR	3 00	X						0	0	0
AIMEE TANG DIRECTOR	3 00	X						0	0	0
PAUL WEAVER III TREASURER	3 00	X		X				0	0	0
ROBERT WERTHEIM DIRECTOR	3 00	X						0	0	0
EVELIN WHEELER DIRECTOR	3 00	X						0	0	0
SCOTT WHITTINGTON DIRECTOR	3 00	X						0	0	0
CATHY WRIGHT DIRECTOR, MUSEUM DIRECTOR	40 00	X						84,406	0	39,701
ANNE YEGGE DIRECTOR	3 00	X						0	0	0
ABE LILLARD DIRECTOR	3 00	X						0	0	0
WILLIAM THOMPSON DIRECTOR	3 00	X						0	0	0
VIRGINIA TRUJILLO DIRECTOR	3 00	X						0	0	0
DAVID SMOAK DIRECTOR	3 00	X						0	0	0
ROSALEE DRAKE PAULY DIRECTOR	3 00	X						0	0	0
DEBRA ROMERO EXECUTIVE DIRECTOR	40 00			X				90,573	0	4,374