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SCANNEL JUN 22 2021

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

617

<u>A</u> _	For the 2	010 calandar year, or tax year beginning $07/01/10$, and ending $06/30/11$			
В	Check if app	licable C Name of organization		D Emplo	oyer identification number
	Address cha	ange Acequia Madre PTC, Inc.			
	Name chang	Doing Business As		85-	-0456141
\equiv	`	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	none number
\sqcup	Initial return	700 Acequia Madre Street		ĺ	
	Terminated	City or town, state or country, and ZIP + 4			
	Amended re	1		G Gross rece	eipts \$ 108,969
\equiv		E Nome and address of appearal officer	T	3.	
Ш	Application	pending Production and address 5: Printspar Silicon	H(a) Is this a g	proup return for a	affiliates? Yes X No
			H(b) Are all a	affiliates inclu	ded? Yes No
			If "N	lo," attach a l	ist (see instructions)
$\overline{}$	Tax-exen	npt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	1		
<u>+</u> -	Website:	55 / S	H(c) Group e		har N
_				.998	
******	Form of org		ear of formation 1	. 3 3 0	M State of legal domicile NM
	Part I	Summary			
	ן ישיי	riefly describe the organization's mission or most significant activities	Madaa Cal	haal a	
ce		To provide support for teachers and students of Acequia	madre Sc	поот, а	L
Jan	,	public school in the Santa Fe Public School System.			
/er	i .	. (*)	_		
é		heck this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net asset	1 1	_
જ		umber of voting members of the governing body (Part VI, line 1a)		3	5
ies	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	5
Activities & Governance	5 To	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
Ac	6 To	otal number of volunteers (estimate if necessary)		6	
	7a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	
_	b N	et unrelated business taxable income from Form 990-T, line 34		7b	0
e	١		Prior Ye	ar	Current Year
		ontributions and grants (Part VIII, line 1h)			67,807
ē		rogram service revenue (Part VIII, line 2g)			1,805 548
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	······································		
	E .	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			19,195
_		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			89,355
		rants and similar-emounts paid (Part IX, column (A), lines 1–3)			11,010
	14 B	enefits paid to of for members (Part IX, column (A), line 4)			
es		alaries, other compensation, emptoyee benefits (Part IX, column (A), lines 5–10)			
xpenses	16a ₽	တို့နေsioဂူချန်ပျာတို့ချ်နို့ing မြို့ခြဲ့ (Parix), column (A), line 11e)	·		
ă	b To	fundraising expenses (Part lix column (D), line 25) ▶			
Ü		ther-expenses (Part X, column (A), lines 11a-11d, 11f-24f)			71,311
	18 ₮	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			82,321
_	19 R	evenue less expenses Subtract line 18 from line 12			7,034
Net Assets or			Beginning of Cu		End of Year
SSel	20 To	otal assets (Part X, line 16)		3,777	105,367
E S	21 To	otal liabilities (Part X, line 26)		5,444	105 267
		et assets or fund balances Subtract line 21 from line 20	9	8,333	105,367
F	Part II	Signature Block	· · · · <u>-</u>		
		lties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an t, and complete_Declaration of preparer (other than officer) is based on all information of which preparer has any		y knowledge	and belief, it is
	T	, and complete Declaration of Breparer (other main officer) is based on an information of which preparer has any			
٠.					
Sig	- 1	Sigheture of officer		Date	-1-10
He	re	Dienot Earnest treasurer			5/15/16
		Type or print name and title			·
		Print/Type preparer's name Preparer's signature Pulm	Date	Check	└
Pai	<u> </u>	Richard Moore Richard Moore 7	05/15		nployed P00292050
		Firm's name Moore & Associates		Fırm's EIN ▶	85-0461925
Use	Only	1458 S Saint Francis Dr	1		
		Firm's address Santa Fe, NM 87505-4038		Phone no	505-988-1201
_	 _	discuss this return with the preparer shown above? (see instructions)			Yes No
For DA/		ork Reduction Act Notice, see the separate instructions.			Form 990 (2010)
					/ 2·*~\

Form 990 (2010) Acequia M	Madre PTC, Inc.	85-0456141		Page 2
Part III Statement of Pr	ogram Service Accomplis	to any question in this Part III		
Bnefly describe the organization		to any question in this reactin		
		and students of Acequia	a Madre School, a	
		olic School System.	·	
-		<u>*</u>		
2 Did the organization undertake	any significant program services of	luring the year which were not listed on the		E21
pnor Form 990 or 990-EZ?			Yes	X No
If "Yes," describe these new se				
	ducting, or make significant chang	es in how it conducts, any program	\Box ,	V
services?	0.1.1.0		Yes	X No
If "Yes," describe these change		wastania three largest program applican by av	ronges Section	
		nization's three largest program services by ex ts are required to report the amount of grants		
	revenue, if any, for each program		and anocations to	
others, the total expenses, and	revenue, il any, for each program	service reported		
4a (Code) (Expenses	\$ 80.846 inc	cluding grants of \$ 11,010) (Revenue \$)
Purchased items	and services for	the school, its teacher		,
This included su	oplies, equipment	and special instructi	ion services for	
students and tea		and of column and an area		
4b (Code) (Expenses	\$ ind	cluding grants of \$) (Revenue \$)
4c (Code) (Expenses	s \$ inc	cluding grants of \$) (Revenue \$)
, (2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2	•	,		·
4d Other program services (Desc				
(Expenses \$	including grants of \$)	
4e Total program service expen	ses ▶ 80,84			200 (2010)

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)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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_		<u>X</u>
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? If "Yes," complete Schedule C, Part II	4_		<u>X</u>
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 98-197 If "Yes," complete Schedule C,			
	Part III	5		_ <u>X</u> _
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? If "Yes,"			
	complete Schedule D, Part I	6		<u>X</u>
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>x</u> _
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		<u>x</u> _
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		1	
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
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? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	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? If "Yes," complete Schedule D, Part VIII	11c		<u>x</u> _
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			77
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			7.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI, XII, and XIII	12a		<u>x</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			7.7
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			v
4-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			x
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.		х
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		x
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	x	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		X
200	If "Yes," complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	ZUA		
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	20b		
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	200		Ь

<u>orm 990 (2</u> 010	Acequia Madre PTC, Inc.	
Part IV	Checklist of Required Schedules (continued)	

	•		, .		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations					
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II			21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States					
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				:	
	organization's current and former officers, directors, trustees, key employees, and highest compensated					
	employees? If "Yes," complete Schedule J			23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b					
	through 24d and complete Schedule K If "No," go to line 25			24a		X
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		
	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					v
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		X
þ	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?			254		x
20	If "Yes," complete Schedule L, Part I			25b		
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,			_20		- 25
41	substantial contributor, or a grant selection committee member, or to a person related to such an individual?					
	If "Yes," complete Schedule L, Part III		ĺ	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,					
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete					
	Schedule L, Part IV			28b		X
С	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? If "Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified					
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,					
	Part I			31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					
	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					37
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,					v
25	IV, and V, line 1			34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			35		
а	Did the organization receive any payment from or engage in any transaction with a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,	Yes	X No			
36	Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	res	TE NO			
J U	related organization? If "Yes," complete Schedule R, Part V, line 2			36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,					
	Part VI			37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and					<u>-</u> -
	19° Note. All Form 990 filers are required to complete Schedule O			38	X	
					. 990	12010

Form 990 (2010) Acequia Madre PTC, Inc. 85

Part V Statements Regarding Other IRS Filings and Tax Compliance

1.1 Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable □ Enter the number of Forms W-2G included in line 1s. Enter -0- if not applicable □ Did the organization comply with backow withholding urise for reportable payments to vendors and reportable gaming (gambling) with backow withholding urise for reportable payments to vendors and reportable gaming (gambling) with many the properties of the pro		Check if Schedule O contains a response to any question in this Part V						
Entire the number of Forms W-2G included in line 1 a. Enter - 0-f not applicable 16 16 16 16 16 16 16 1		•	1				Yes	No
b Id the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) with monitoring to prevent and the payment of the first hen rule of employees reported on Form W/3, Transmittal of Wigge and Tax Statements, filed for the calendor year ending with or within the year covered by this return If at least one is reported on line 28, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to elie (see instructions) 3a	1a	•		2			1	
reportable garming (gambling) winnings to prize winners? Statements, filed for the calendar year ending with or within the year covered by this return Statements, filed for the calendar year ending with or within the year covered by this return All least one is reported on line 22, did the organization file all required federal employment tax returns? Abit. If the sum of lines 1s and 225, you may be required to efficit (see instructions) All least one is reported on line 22, did the organization file all required federal employment tax returns? All a fair yith the sum of lines 1s and 250, you may be required to efficit (see instructions) All a fair yith the sum of lines 1s and 150, for more during the year? All a fair yith the sum of lines 1s and 150, for more during the year? All any time during the calendar year, did the organization fair such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts? All If Yeas is lines as a bank account, securities account, or other financial accounts are supported to the company of the organization of the financial account in a foreign country (such as a bank account, securities) All any taxable party rontry the organization of Foreign Bank and Financial Accounts All any taxable party rontry the organization that lives or its a party to a prohibited tax shelter transaction? By the sum of the sum of the foreign country (such as a party to a prohibited tax shelter transaction? Characteristic for the sum of the foreign country (such as a party to a prohibited tax shelter transaction? Characteristic foreign accountry of the value of the greater than \$100,000, and did the organization nature and the deductible? All the organization have annual gross receipts that are normally greater than \$100,000, and did the organization nature and the access of \$75 made tax deductible? All the organization has an access of \$75 made party as a contribution and party for good	b		1b					
2a Enter the number of employees reported on Form W-3. Transmittation of Wage and Tax Sistements, filed for the calendar year ending with or within the year covered by this return b I fall least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b Lot the organization have unrelated business gross income of 15,000 or more dumpt by ear? 3a Lot the organization have unrelated business gross income of 15,000 or more dumpt by ear? 3a Lot the organization have unrelated business gross income of 15,000 or more dumpt by ear? 3a Lot any time of the foreign country (such as a bank account, securities account, or other financial account); over, a financial account in a foreign country (such as a bank account, securities account, or other financial account); 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? 5b Lot darry laxable party notify the organization that at was or is a party to a prohibited tax shelter transaction? 5c Lot the set of Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Lot the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 5c Lot the organization shall may receive deductable contributions under section \$70(c)\$. 5c Lot the organization shall may receive deductable contributions under section \$70(c)\$. 5c Lot the organization shall may receive deductable contributions under section \$70(c)\$. 5c Lot the organization shall may receive deductable contributions under section \$70(c)\$. 5c Lot the organization shall may receive deductable contributions under section \$70(c)\$. 5c Lot the organization shall may receive deductable contributions organization shall be promited to th	С				•		1	77
Sitements, filed for the calendar year ending with or within the year covered by this return If all least one is reported on ine 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) If If "Yes," has it filed a form 950 prof. for this year If "Tho," provide a next perhadiud 0 All Alary time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account in 6 freeging country type than a brank account, or other financial account in 6 freeging country type than a brank account, securities account, or other financial account in 6 freeging country type than a brank account, securities account, or other financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Book the organization in party to a prohibited tax shelter transaction at any time during the tax year? See in Yes's to line 6 acr 6b. did the organization file Form 8886-7? See in Yes's to line 6 acr 6b. did the organization file Form 8886-7? See in Yes's to line 6 acr 6b. did the organization file Form 8886-7? See in Yes's to line 6 acr 6b. did the organization file Form 8886-7. See in Yes's to line 6 acr 6b. did the organization file form 8886-7. See in Yes's to line 6 acr 6b. did the organization file form 8886-7. See in Yes's did the organization ordation with the work of the seed of the see				,	ļ-	1c		X
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see enstructions) 3 bit 'res', 'has if filed a Form 590-T for this year? If 'No,' provide an explanation in Schedule O 3 bit 'Neres,' has if filed a Form 590-T for this year? If 'No,' provide an explanation in Schedule O 3 bit 'Neres,' has if filed a Form 590-T for this year? If 'No,' provide an explanation in Schedule O 3 bit 'Neres,' a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts) 5 be enstructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 ce enstructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 ce enstructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 ce enstructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 ce enstructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 ce enstructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 ce enstructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 ce enstructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 ce enstructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 ce enstructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 ce enstructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 ce enstructions for filing requirements for Form 10 TD F	2a	• • • • • • • • • • • • • • • • • • • •		^				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) a Dut the organization have unrelated business gross incime of \$10,000 more dump the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," prowde an explanation in Schedule O 3b 4A At any time dump the calendar year, did the organization have an interest in or a signiture or other authority over a financial account in a foreign country to such as a bank account, securines account, or other financial account in a foreign country to such as a bank account, securines account, or other financial account in a foreign country to such as a bank account, securines account, or other financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts If yes 10 in See or 50, 40 did the organization file Form 8886-T7 See If yes 10 in Se or 50, 40 did the organization file Form 8886-T7 See If yes 10 in See or 50, 40 did the organization file Form 8886-T7 See If yes 10 in See or 50, 40 did the organization file Form 8886-T7 Toganizations that may receive deductible? Toganizations that may receive deductible contributions under section 170(c). Did the organization state may receive deductible contributions under section 170(c). Did the organization state and year payor? Toganizations that may receive deductible contributions organized to file form 8282-T1 form 8282 filed during the year							1	
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ACEQUIAMPTC 05/15/2012 9 53 AM Form 990 (2010) Acequia Madre PTC, Inc. 85-0456141 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O'. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 1b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? 6 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such 10b chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 b X 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? 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 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available

17	List the states with which a	copy of this Form 990 is required to be filed	None

for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website X Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 19 and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Brent Earnest 700 Acequia Madre

NM 87505

505-986-1523

Santa Fe

DAA

Form 990 (2010)

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) (C) Average Position (check all that apply)						oply)	(D) Reportable	(E) Reportable	(F) Estimated
Halle and Twe	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer	Key employee	Highest compensated 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
(1) Tracey Mottola										•
President/Director	3.00				_	<u> </u>		0	0	0
(2) Brent Earnest										•
Treasurer/Director	3.00			<u> </u>			_	0	0	0
(3) Karl Sommer										•
Secretary/Director	1.00	ļ				_	ļ	0	0	0
(4) Helen Gaussoin	0.00								0	0
Vice President/Direc	2.00	 				├		0	0	0
(5) Anne Winkler	6 00				1			_		0
Art Auction/Director	6.00	 				\vdash	 	0	0	
(6)										
(7)										
(8)		<u> </u>								
(9)										
(10)						<u> </u>				
(11)						 				
(12)		T							-	
(13)						 	 			
(14)		-								
(15)										
(16)		-				 	-			

Pa	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	nplo	yees	, an	d Highest Compensated E	mployees (continued)				
	(A) Name and Title	(B) Average hours per			(chec	C) k all t	hat a		(D) Reportable compensation	(E) Reportable compensation from	Est	(F) imate ount		
	·	week (describe hours for related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp fro orga	ther ensa m the nizat relat	ation e tion ted	
(17)														
(18)														
(19)						-								
(20)						ļ								
(21)			 											
(22)			 		ļ									
(23)														
(24)								<u> </u>						
(25)			 											
(26)														
(27)							ļ							
(28)											-			
1b	Sub-total		٠		<u> </u>			•						
c d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectio	n A				▶						
2	Total number of individuals (increportable compensation from	•			ose	liste	d abo	ove)	who received more than \$1	00,000 in				
												Ţ	Yes	No
3	Did the organization list any for employee on line 1a? If "Yes,"								ee, or highest compensated		3			X
4	For any individual listed on line organization and related organ	1a, is the sum o	f rep	ortat	ole co	ompe	ensat	ion a		m the				
	ındıvıdual										4	1		X
5	Did any person listed on line 1a for services rendered to the organization.									dividual	5			x
Sec	tion B. Independent Contract													
1	Complete this table for your fiv compensation from the organize		nsate	ed in	depe	nder	nt co	ntrac	ctors that received more that	n \$100,000 of				
	Name and	(A) I business address						<u> </u>	Descrip	(B) ition of services		Com	(C) pensat	tion
		<u> </u>						╁						
	· · · · · · · · · · · · · · · · · · ·													
	Total number of independent of	contractors (include		out n	ot lin	nited	to th	1056	listed above) who					
-	received more than \$100,000 i									0			000	1 /201

Par		III Statement of Reve	nue	3, 1		03 0430141	-	rage 3
	<u> </u>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इइ	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues	1b		1			
S, g		Fundraising events	1c	35,121		1		
agin l		Related organizations	1d					
S.E	θ	Government grants (contributions)	1e		1			
ti S ti	f	All other contributions, gifts, grants,			1			
혈		and similar amounts not included above	1f	32,686				1
	g	Noncash contributions included in lines 1a-	1f \$	34,021	1			•
ပြု အ	h	Total. Add lines 1a-1f			67,807			
e e				Busn. Code				
e	2a	Class registrations	and other	r []	1,805	1,805		
8	b							
ķi	С							
Sel	d							
틆	0			<u> </u>				
Program Service Revenue	f	All other program service rever	nue					
لة	g	Total. Add lines 2a-2f		•	1,805			·
-	3	Investment income (including d	lividends, int	erest,				
		and other similar amounts)		> _	548	548		
l	4	Income from investment of tax-	exempt bone	d proceeds 🕨				
İ	5	Royalties						
		(ı) Real		(II) Personal	1			1
	6a	Gross Rents						#
-	b	Less rental exps			1			1
	C	Rental inc or (loss)	<u></u>		-			1
1	d 7a	Net rental income or (loss) Gross amount from (1) Securities		>				<u> </u>
		sales of assets (1) Securities	S .	(II) Other	Ī			Ī
		other than inventory						•
	D	Less cost or other						1
	_	basis & sales exps						‡
		Gain or (loss)			ŧ			†
		Net gain or (loss)		-				
ne ne	oa	Gross income from fundraising ever (not including \$ 35,						1
, en		of contributions reported on line 1c)			1			
8		See Part IV, line 18	а	38,809				
Other Revenu	b	Less direct expenses	ь	19,614				
٥		Net income or (loss) from fundr			19,195			19,195
		Gross income from gaming activities						
		See Part IV, line 19	a					
i	b	Less direct expenses	b b					
		Net income or (loss) from gami	ng activities	•				
		Gross sales of inventory, less	Ĭ [
		returns and allowances	a		1			
	b	Less cost of goods sold	b 🖳					
L	С	Net income or (loss) from sales	of inventory	•				
L		Miscellaneous Revenue		Busn. Code				
	11a	•						
	b							
	C							
	d	All other revenue						
						1		İ
	е 12	Total. Add lines 11a-11d Total revenue. See instructions		>	89,355	2,353		0 19,195

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)

	' All other organizations mus	t complete column (A) but a	re not required to complete	columns (B), (C), and (D)	
	o not include amounts reported on lines 6b,	(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	11,010	11,010		
3	Grants and other assistance to governments,		= -1		
	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				
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				
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
ь	Legal				
c	· •	848		848	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	-			
13	Office expenses	627		627	
14	Information technology				, ,
15	Royalties				
16	Occupancy	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;			
17	Travel				
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				
23	Insurance		,		
24	Other expenses Itemize expenses not covered	1			
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24f expenses on Schedule O)		_ :		
а	Professional instructors	24,217	24,217		
b	Violin lessons	12,280	12,280		
С	Academic/6th grade costs	11,081	11,081	····	
d	School productions	5,886	5,886		
0	Classroom supplies etc	5,536	5,536		
f		10,836	10,836		
25	Total functional expenses.Add lines 1 through 24f	82,321	80,846	1,475	0
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				
DAA	campaign and fundraising solicitation				Form 990 (2010)
~~					Form 31311 (2010)

	0(2010) Acequia Madre PTC, Inc.	92-0420141		Page 11
Part 2	X Balance Sheet		ı	
	•	(A)		(B)
1		Beginning of year		End of year
1	Cash—non-interest bearing	4,259		<u>5,987</u>
2	Savings and temporary cash investments	109,518	2	99,380
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key		I	
	employees, and highest compensated employees. Complete Part II of		1	
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		1	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		I	
	employers and sponsoring organizations of section 501(c)(9) voluntary		1	
,	employees' beneficiary organizations (see instructions)		6	
7 8	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or		Ī	
	other basis Complete Part VI of Schedule D		ŧ	
b	Less accumulated depreciation 10b		10c	
11	Investments—publicly traded securities		11	
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)	113,777	16	105,367
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
3 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key		1	
2	employees, highest compensated employees, and disqualified persons		1	
ן נ	Complete Part II of Schedule L		22	
23			23	· · · · · · · · · · · · · · · · · · ·
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	15,444	25	
26	Total liabilities. Add lines 17 through 25	15,444	26	0
3	Organizations that follow SFAS 117, check here ▶ 🏻 and comple	te	1	
≧	lines 27 through 29, and lines 33 and 34.		ŧ	405.065
27 28	Unrestricted net assets	98,333	27	105,367
28	Temporarily restricted net assets		28	
29			29	
-	Organizations that do not follow SFAS 117, check here ▶ ☐ and		1	
5	complete lines 30 through 34.		1	
30	• • • • • • • • • • • • • • • • • • • •		30	
31	3.4		31	
32	· · · · · · · · · · · · · · · · · · ·		32	40-04-
29 30 31 32 33 34	Total net assets or fund balances	98,333	33	105,367
2 34	Total liabilities and net assets/fund balances	113,777	34	105,367

Form **990** (2010)

<u>Form</u>	990 (20	0) Acequia Madre PTC, Inc.	85-0456141			Pa	ge 12
Pa	rt XI	Reconciliation of Net Assets	-			•	
		Check if Schedule O contains a response to any qu	estion in this Part XI		·		
		•					
1	Total re	venue (must equal Part VIII, column (A), line 12)		1			<u>355</u>
2	Total ex	penses (must equal Part IX, column (A), line 25)		2			<u> 321</u>
3	Revenu	e less expenses Subtract line 2 from line 1		3			<u>034</u>
4	Net ass	ets or fund balances at beginning of year (must equal Part X, line 33, o	column (A))	4		<u>98,</u>	<u> 333</u>
5	Other c	nanges in net assets or fund balances (explain in Schedule O)		5			
6	Net ass	ets or fund balances at end of year. Combine lines 3, 4, and 5 (must e	qual Part X, line 33,				
	column	(B))		6	1	<u>05,</u>	<u> 367</u>
Pa	rt XII	Financial Statements and Reporting					
		Check if Schedule O contains a response to any qu	estion in this Part XII				
						Yes	No
1	Accoun	ing method used to prepare the Form 990 🔀 Cash 🔲 Ad	crual Other				
	If the or	ganization changed its method of accounting from a prior year or chec	ked "Other," explain in				
	Schedu	e O					
2a	Were th	e organization's financial statements compiled or reviewed by an inde	pendent accountant?		2a		X
b	Were th	e organization's financial statements audited by an independent accor	untant?		2b		X
С	If "Yes"	to line 2a or 2b, does the organization have a committee that assume:	s responsibility for oversight				
	of the a	udit, review, or compilation of its financial statements and selection of	an independent accountant?		2c		
	If the or	ganization changed either its oversight process or selection process d	uring the tax year, explain in				
	Schedu	e O					
d	If "Yes"	to line 2a or 2b, check a box below to indicate whether the financial st	atements for the year were				
	issued (n a separate basis, consolidated basis, or both					
	Sep	arate basis Consolidated basis Both consolidated and	separate basis				
3a	As a res	ult of a federal award, was the organization required to undergo an au	idit or audits as set forth in				
	the Sing	le Audit Act and OMB Circular A-133?			3a		
b	If "Yes,"	did the organization undergo the required audit or audits? If the organ	ization did not undergo the				
	required	audit or audits, explain why in Schedule O and describe any steps ta	ken to undergo such audits		3b		
					Forn	990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Acequia Madre PTC, Inc.

Employer identification number 85-0456141

P	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
The	orgar	nization is not a	private foundation because	it is (For lines 1 through 11, che	eck only or	ne box)							
1	\Box			ciation of churches described in			A)(i).						
2	Π	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П	A hospital or a	a cooperative hospital service	e organization described in secti	ion 170(b)	(1)(A)(iii).	•						
4	П		-	in conjunction with a hospital de				(A)(iii).	Enter th	e hospit	al's name,		
·		city, and state					. , ,			•			
5		•		a college or university owned or	r operated	by a gove	rnmenta	ıl unıt de	scribed	ın			
•	<u>_</u> ;	-	o)(1)(A)(iv). (Complete Part I		· • • • • • • • • • • • • • • • • • • •	-, - g							
6		•		vernmental unit described in sec	ction 170(h)(1)(Δ)(v	1						
7	X		-	ubstantial part of its support from				the der	neral nu	blic			
′	42		section 170(b)(1)(A)(vi). (Co	• • • • • • • • • • • • • • • • • • • •	ii a governi	incital di	01 11 011	r the gen	iciai pa	Dilo			
•	\Box		• • • • • • • • • • • • • • • • • • • •		1.								
8	H	-		'0(b)(1)(A)(vi). (Complete Part II		atributions	mombe	arehin fo	ee and	aross			
9		•	• • • • • • • • • • • • • • • • • • • •	more than 33 1/3% of its suppo									
				ot functions—subject to certain e						iio			
			•	d unrelated business taxable inco			i lax) III	uiii busii	165565				
		•	•	, 1975 See section 509(a)(2). (»)/4)						
10		•	•	xclusively to test for public safety				00504.01	ıt tha				
11	Ш	•	•	xclusively for the benefit of, to pe						tion			
	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												
							d [her			
	The state of the s												
е													
	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)												
		or section 509		mination from the IRS that it is a	Type I Ty	ne II or T	vna III e	unnortin	ď				
f				illination from the INS that it is a	iype i, iy	rpe II, or I	ype iii s	аррогии	9				\Box
		ū	check this box	on accepted any aft or contribut	ion from a	ny of the							
g		•		on accepted any gift or contribut	JUIT HUITI AI	ily of the							
		following pers		etrala, esther alone or togother w	uth naraan	n docombo	d in (ii) s	and				Yes	No
				ntrols, either alone or together w	un persona	s describe	:u iii (ii <i>)</i> c	inu			11g(ı)	1.00	
			v, the governing body of the								11g(ii)	<u> </u>	
		• •	member of a person describe								11g(iiı)		
		• •	ontrolled entity of a person de	** **							[119(111)	L	
<u>h</u>			ollowing information about th		(ha) to the		60 Did v	ou notify	(iv)	Is the	(vii) Ami	ount of	
(1)		e of supported janization	(iı) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		nization in	organizat	- 1	supp		
		,		above or IRC section	1 ''	document?		of your		zed in the			
				(see instructions))	Yes	No	Yes	No No					
/A\					1.63	 							
(A)													
(B)					 				<u> </u>				
(0)													
(C)			-		1		-		Ì				
(D)													
		<u>_</u>			-	-			 	 			
(E)								<u></u>	<u></u>				
Tota	al			!	1		l		1				

Page 2

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.)

Sec	tion A. Public Support						
Caler	dar 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")	88,186	55,623	46,122	67,930	67,807	325,668
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	88,186	55,623	46,122	67,930	67,807	325,668
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)						27,566
6	Public support. Subtract line 5 from line 4			1			298,102
	tion B. Total Support	() 0000	41,0007	4) 2000	(-I) 0000	(-) 2040	/D Total
	dar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	88,186	55,623	46,122	67,930	67,807	325,668
8	Gross income from interest, dividends, payments received on securities loans, rents royalties and income from similar sources	3,329	4,856	6,393	2,378		16,956
9	Net income from unrelated business activities, whether or not the business is regularly carried on	13,003					13,003
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	ne sale of capital assets					
11	Total support. Add lines 7 through 10						371,677
12	Gross receipts from related activities, etc. (s	see instructions)				12	137,105
13	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourth	n, or fifth tax year as	s a section 501(c)(3	3)	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2010 (line 6,	column (f) dıvıded b	y line 11, column (f))		14	80.20%
15	Public support percentage from 2009 Schee					15	82.65%
16a	33 1/3% support test—2010. If the organiz				/3% or more, check	k this	. 🖼
	box and stop here. The organization qualifi						► X
b	33 1/3% support test—2009. If the organiz				33 1/3% or more,		_
	check this box and stop here. The organization						
17a		-					
	10% or more, and if the organization meets						
	Part IV how the organization meets the "factorganization"						▶ □
b	10%-facts-and-circumstances test—2009 15 is 10% or more, and if the organization r	•				e	
	Explain in Part IV how the organization mee					lv.	
	supported organization					,	> _
18	Private foundation. If the organization did instructions	not check a box on	iine 13, 16a, 16b,	1/a, or 1/b, check	inis box and see		▶ [

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 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.)

Sec	tion A. Public Support	quality arraor		, , , , , , , , , , , , , , , , , , , ,	<u> </u>	/	
	ndar 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support					·	
Caler	Calendar year (or fiscal year beginning in) ► (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 20						(f) Total
9	Amounts from line 6		ļ				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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)						
14	First five years. If the Form 990 is for the	organization's first	second third four	th or fifth tay year a	as a section 501(c)	(3)	
17	organization, check this box and stop here		, secona, uma, rear	an, or man tax your t	20 2 0000000000000000000000000000000000	(0)	▶ ∟_
Sec	tion C. Computation of Public Su		age				
15	Public support percentage for 2010 (line 8,			(f))		15	%
16	Public support percentage from 2009 Sche	dule A, Part III, line	e 15			16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2010 (lin	ne 10c, column (f)	divided by line 13,	column (f))		17	%_
18	Investment income percentage from 2009					18	%
19a	33 1/3% support tests—2010. If the organ						
	17 is not more than 33 1/3%, check this bo						▶ :_
þ	33 1/3% support tests—2009. If the organ						
	line 18 is not more than 33 1/3%, check thi	· ·					
20	Private foundation. If the organization did	not check a box o	in line 14, 19a, or 1	yd, check this box a	and see instruction:	s	

Schedule A (Form 990 or 990-EZ) 2010 Acequia Madre PTC, Inc.

85-0456141

Page 4

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).

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

Open To Public Inspection

Name of the organization Acequia Madre PTO	Tnc			Employer Identifi 85-04561	
Part I Fundraising Activities. Complete Form 990-EZ filers are not require	e if the organization		ered "Yes" to Form		
Indicate whether the organization raised funds through Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations	n any of the following a	ctivities Ch of non-gove of governm	ernment grants ent grants		
 Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity If "Yes," list the ten highest paid individuals or entities compensated at least \$5,000 by the organization 	v in connection with pro	ofessional fi	undraising services?	raiser is to be	Yes No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) Did fund- raiser 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
1		Yes No			
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total		<u> </u>			L

Schedule G (Form 990 or 990-EZ) 2010 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List

Φ.	-		a) Event #1 Art Auction (event type)	(b) Event #2 Other Events (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	51,171	12,709	10,050	73,930
œ	2	Less Charitable contributions	35,121			35,121
	3	Gross income (line 1 minus line 2)	16,050	12,709	10,050	38,809
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Orrect Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	10,858	8,087	669	19,614
P		Net income summary Cor	Add lines 4 through 9 in column (d) nbine line 3, column (d), and line 10 plete if the organization ans	wered "Yes" to Form 990, I	Part IV, line 19, or repo	19,614 19,195 rted more
Revenue		man \$15,000 C	on Form 990-EZ, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				·····
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary	Add lines 2 through 5 in column (d)		▶ ,	
	8	Net gaming income summ	ary Combine line 1, column d, and	line 7	>	
	ls t	, ,	organization operates gaming activi operate gaming activities in each of			9a 🗍 Yes 🗍 No
		ere any of the organization's Yes," explain	gaming licenses revoked, suspend	ed or terminated during the tax yea	دی	10a Yes No

Sche	dule G (Form 990 or 990-EZ) 2010 Acequia Madre PTC, Inc.	85-045614	1 Page
11 12 13 a	Does the organization operate gaming activities with nonmembers? 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? Indicate the percentage of gaming activity operated in The organization's facility	13a	Yes N Yes N Yes N
b 14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records	_13b <u> </u>	<u>%</u>
	Name ►		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes N
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$	and the	
С	If "Yes," enter name and address of the third party		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17 a b	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or		Yes N
Pai	spent in the organization's own exempt activities during the tax year ▶ \$ t IV Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as appart to provide any additional information (see instructions).		

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part !

Part #

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2 |X Open to Public Inspection OMB No 1545-0047 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. (h) Purpose of grant or assistance Yes Employer identification number non-cash assistance (g) Description of 85-0456141 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of non-cash (f) Method of valuation assistance (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section f applicable General Information on Grants and Assistance can be duplicated if additional space is needed (p) EIN Enter total number of section 501(c)(3) and government organizations Inc the selection criteria used to award the grants or assistance? Acequia Madre PTC, (a) Name and address of organization or government

Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010) Acequia Madre PTC, Inc.	e PTC, Inc.	8	85-0456141		Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	o Individuals in the U	Inited States. Comped.	lete if the organizati	ion answered "Yes" to Fo	rm 990, Part IV, line 22.
(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)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
1 Cash grants to teachers		11,010			
to be used in classroom					•
1 for academic purposes					
9					
2					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	mplete this part to pro	vide the information	ו required in Part I,	line 2, and any other addi	itional information.

Schedule I (Form 990) (2010)

SCHEDULE M (Form 990)

. . . .

Noncash Contributions

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

(a) Check if Number of contributions or applicable in Number of contributions or inflament contributions or inflament contribution or inflament contribution or inflament contribution or inflament contribution or inflament contribution arraulats. 1		Acequia N	<u>ladre</u>	PTC, Inc.		85-045614	1		
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2 AA—Isstoncal treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 8 Intellectual property 9 Boats and planes 1 Intellectual property 9 Boats and planes 1 Intellectual property 9 Boats and planes 1 Intellectual property 9 Boats and planes 1 Intellectual property 9 Boats and planes 1 Intellectual property 9 Boats and planes 1 Intellectual property 9 Boats and planes 1 Intellectual property 9 Boats and planes 1 Intellectual property 9 Boats and planes 1 Intellectual property 9 Boats and planes 1 Intellectual property 9 Boats and planes 1 Intellectual property 9 Boats and planes 1 Intellectual property 9 Boats and planes 1 Intellectual property 9 Boats and planes 1 Intellectual property 9 Boats and planes 1 Intellectual property 1 Intellectual pro			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining			
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Schedule M (Form 990) (2010) Acequia Madre PTC, Inc.

85-0456141

Page 2

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

Acequia Madre PTC, Inc.

Employer identification number 85-0456141

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The form 990 was prepared by a CPA and it was not completed in time for the full board to review the return before filing. The treasurer made a complete review and will present it to the board at their next meeting.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents, policies and financial statements are available to the public upon request.

Form 990, Part IX, Line 24f - Other Expenses

Description	I	Amount			
Other expenses -net	\$	3,304			
Library costs - other	\$	2,305			
Sports programs	\$	2,080			
Spirit programs	\$	1,421			
School activities	\$	1,000			
Appreciation gifts - teac	\$	726			

Form **8868**

(Rev January 2011)

Department of the Treasury
Internal Revenue Service

For Paperwork Reduction Act Notice, see Instructions.

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Form **8868** (Rev 1-2011)

If you ar	e filing for an Automatic 3-Month Extens e filing for an Additional (Not Automatic) nplete Part II unless you have already be	3-Month	E <mark>xtension, complete only Part II</mark> (on p	age 2 of this	form).			
a corporation 8868 to require Return for I instructions	filing (e-file). You can electronically file For required to file Form 990-T), or an addit uest an extension of time to file any of the ransfers Associated With Certain Personal) For more details on the electronic filing or	ional (not a forms liste al Benefit (automatic) 3-month extension of time. Yed in Part I or Part II with the exception of Contracts, which must be sent to the IRS	ou can elect of Form 8870 S in paper for	ronically file Form), Information rmat (see			
Part I	Automatic 3-Month Extension of 1	Fime . Onl	y submit original (no copies needed)).				
Part I only .					▶ 📖			
	rporations (including 1120-C filers), partne ncome tax returns.	rships, RE	MICs, and trusts must use Form 7004 to	o request an	extension of			
Type or	Name of exempt organization		Emp	ployer identif	ication number			
print	Acequia Madre PTC, Inc.			456141				
File by the Number, street, and room or suite no. If a P.O. box, see instructions.								
due date for 700 Acequia Madre Street								
filing your return See City, town or post office, state, and ZIP code For a foreign address, see instructions								
Instructions Santa Fe NM 87505								
	Enter the Return code for the return that this application is for (file a separate application for each return)							
Application Return Application Return								
Is For		Code	Is For		Code			
Form 990 01 Form 990-T (corporation) 07								
Form 990-BL 02 Form 1041-A 08								
Form 990-EZ 03 Form 4720 09								
	Form 990-PF 04 Form 5227 10							
	(sec. 401(a) or 408(a) trust)	05	Form 6069	***	11			
	(trust other than above)	06	Form 8870		12			
Telephor If the org If this is to for the whole list with the	ne No. ► (505) 986-1523 anization does not have an office or place for a Group Return, enter the organization e group, check this box	s four digit If it is for p sion is for.	Group Exemption Number (GEN) part of the group, check this box	•	If this is			
until	est an automatic 3-month (6 months for a 2/15/2012 , to file the the organization's return for:		n required to file Form 990-T) extension ganization return for the organization na		The extension			
▶	calendar year or							
►[X	tax year beginning 7/1/2	010	, and ending 6.	/30/2011	·			
	tax year entered in line 1 is for less than 1 hange in accounting period	2 months,	check reason: Initial return	Final retur	n			
	application is for Form 990-BL, 990-PF, 9 fundable credits. See instructions.	90-T, 4720), or 6069, enter the tentative tax, less a	iny 3a	\$			
	application is for Form 990-PF, 990-T, 473 ated tax payments made. Include any prio			3b	s			
c Balar	ice due. Subtract line 3b from line 3a. Incl S (Electronic Federal Tax Payment System	ude your p	payment with this form, if required, by us					
Caution If	you are going to make an electronic fund w	vithdrawal	with this Form 8868, see Form 8453-FC					
	instructions.	-idiawal						

Form 8868 ((Rev 1-2011)				Page 2	
• If you	are filing for an Additional (Not Automati	c) 3-Month	Extension, complete only Part II a	and check this bo	x ▶ X	
	ly complete Part II if you have already bee					
	are filing for an Automatic 3-Month Exter			•		
Part II	Additional (Not Automatic) 3-Mont			no copies need	ed).	
Type or					cation number	
print	· •			85-0456141		
File by the	Number, street, and room or suite no. If a P.O box, see instructions					
extended due date for	700 Acequia Madre					
filing your	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
return See instructions	Santa Fe NM				87505	
Enter the	Return code for the return that this applica	ition is for (fi	ile a separate application for each re	eturn)		
Application		Return	Application		Return	
ls For		Code	Is For		Code	
Form 990		01	2.1 31 11 11 12	-		
Form 990-BL		02	Form 1041-A		08	
Form 990-EZ		03	Form 4720		09	
Form 990-PF		04	Form 5227		10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069		11	
Form 990-T (trust other than above)		06	Form 8870		12	
STOP! Do	not complete Part II if you were not already (granted an ai	utomatic 3-month extension on a prev	lously filed Form	8868.	
• The bo	ooks are in the care of Brent Ernest					
	none No. ► (505) 986-1523		FAX No. ▶			
	organization does not have an office or place	· - •		ох	▶ 🗀	
	s for a Group Return, enter the organizatio					
	ole group, check this box					
	e names and EINs of all members the exte	•	• • •		and attach a	
	equest an additional 3-month extension of time until 5/15/2012					
		alendar year , or other tax year beginning 7/1/2010 , and ending 6/30/2011				
	tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return					
	change in accounting period					
7 Stat	te in detail why you need the extension Add	ditional time	is needed to prepare and file a com	plete and accura	te return.	
The records took significant time to assemble. The return is being prepared and the board needs additional time to perform a						
proj	per review.					
	is application is for Form 990-BL, 990-PF,	990-T, 4720), or 6069, enter the tentative tax, le	ss any		
	refundable credits. See instructions.			8a	\$	
	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
	mated tax payments made. Include any prior year overpayment allowed as a credit and any					
	unt paid previously with Form 8868.				\$	
	lance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System). See instructions.				8c	\$ 0	
	:	Signature	and Verification			
	ues of perjury, I declare that I have examined this form, i		panying schedules and statements, and to the	best of my knowledge	and belief,	
t is true, com	ect, and complete, and that I am authorized to prepare t	nis form				
.	7/1m=)	Title > C	1PA	_	2-10-12	
signature •	Ruhaus Moore	Title >	-//			
	ι (Form	8868 (Rev 1-2011)	