

Return of Organization Exempt from Income Tax

2001

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning , 2001, and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See specific instructions.	C Name of organization GREATER ALBUQUERQUE HOUSING PARTNERSHIP, INC	D Employer identification number 85-0412352
		Number street (or P.O. box if mail is not delivered to street addr) Room/suite 110 SECOND ST NW 304	E Telephone number (505) 244-1614
		City/Town or Country State ZIP code + 4 ALBUQUERQUE NM 87102	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)	

G Web site

J Organization type (check only one): 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to Section 527 organizations

H (a) Is this a group return for affiliates? Yes No

H (b) If yes, enter number of affiliates: _____

H (c) Are all affiliates included? Yes No (If no, attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4 digit group GEN: _____

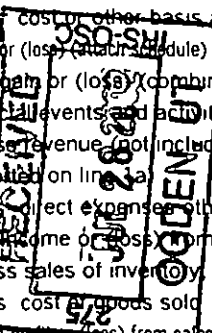
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **325,862**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1 Contributions, gifts, grants, and similar amounts received			
a Direct public support	1a	146,326	
b Indirect public support	1b		
c Government contributions (grants)	1c	165,212	
d Total (add lines 1a through 1c) (cash \$ 311,538 noncash \$ 0)	1d		311,538
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		3,375
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4		6,793
5 Dividends and interest from securities	5		
6a Gross rents	6a		
b Less rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe _____)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less cost or other basis and sales expenses	8a	8b	
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule)			
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
b Less direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances	10a		
b Less cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11		4,156
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		325,862
13 Program services (from line 44, column (B))	13		569,947
14 Management and general (from line 44, column (C))	14		43,245
15 Fundraising (from line 44, column (D))	15		0
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17		613,192
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-287,330
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		707,558
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		420,228

SCANNED AUG 08 2002



Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)				
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	55,250	44,200	11,050	0
26	Other salaries and wages	50,179	40,143	10,036	0
27	Pension plan contributions				
28	Other employee benefits	24,324	19,459	4,865	0
29	Payroll taxes	11,195	8,956	2,239	0
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	6,931	5,545	1,386	0
34	Telephone	3,281	2,625	656	0
35	Postage and shipping	506	405	101	0
36	Occupancy	8,262	6,610	1,652	0
37	Equipment rental and maintenance	1,984	1,587	397	0
38	Printing and publications	1,347	1,078	269	0
39	Travel	2,904	2,323	581	0
40	Conferences, conventions, and meetings	599	479	120	0
41	Interest	3,280	2,624	656	0
42	Depreciation, depletion, etc (attach schedule)	1,894	0	1,894	0
43	Other expenses not covered above (itemize)				
43a	WRITE OFF PRIOR INVESTMENT	403,469	403,469	0	0
43b	AFFIRMATIVE MARKETING	1,074	1,074	0	0
43c	CONTRACT CONSULTANTS	29,248	23,398	5,850	0
43d	MAINTENANCE	403	322	81	0
43e	See Other Expenses Stmt	7,062	5,650	1,412	0
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	613,192	569,947	43,245	0

Joint Costs Check if you are following SOP 98 2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? PROVIDING AFFORDABLE HOUSING	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a RAISING THE SOCIAL AND ECONOMIC LEVELS OF NEW MEXICO RESIDENTS BY PROVIDING AFFORDABLE, SAFE, PROPER HOUSING, HOME OWNERSHIP COUNSELING, AND COMMUNITY OUTREACH (Grants and allocations \$ 0)	569,947
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	569,947

Part IV Balance Sheets (See instructions)

Note		Where required attached schedules and amounts within the description column should be for end of year amounts only		(A) Beginning of year		(B) End of year
ASSETS	45	Cash – non interest bearing		103,713	45	8,352
	46	Savings and temporary cash investments			46	254,006
	47a	47a	Accounts receivable	19,074		
		47b	Less allowance for doubtful accounts		47c	19,074
	48a	48a	Pledges receivable			
		48b	Less allowance for doubtful accounts		48c	
	49	Grants receivable		104,146	49	7,308
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	51a	Other notes & loans receivable (attach sch)			
		51b	Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		2,076	53	
	54	Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55a	55a	Investments – land, buildings, & equipment basis			
		55b	Less accumulated depreciation (attach schedule)		55c	
56	Investments – other (attach schedule)			56		
57a	57a	Land, buildings, and equipment basis	10,595			
	57b	Less accumulated depreciation (attach schedule) L-57 Stmt	8,726	57c	1,869	
58	Other assets (describe <input type="checkbox"/> See Line 58 Stmt)		3,763	58	398,538	
59	Total assets (add lines 45 through 58) (must equal line 74)		1,274,513	59	689,147	
LIABILITIES	60	Accounts payable and accrued expenses		49,146	60	29,344
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
		64b	Mortgages and other notes payable (attach schedule)	517,809	64b	239,575
	65	Other liabilities (describe <input type="checkbox"/>)			65	
66	Total liabilities (add lines 60 through 65)		566,955	66	268,919	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		604,177	67	255,817
	68	Temporarily restricted		103,381	68	164,411
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings endowment, accumulated income, or other funds			72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 column (A) must equal line 19 and column (B) must equal line 21)		707,558	73	420,228
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		1,274,513	74	689,147

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part VI Other Information (See specific instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
81a	Enter direct or indirect political expenditures See line 81 instructions and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	0	
81b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
82b	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85a	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?	85a		
85b	Did the organization make only in house lobbying expenditures of \$2,000 or less?	85b		
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
85c	Dues, assessments, and similar amounts from members	85c		
85d	Section 162(e) lobbying and political expenditures	85d		
85e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
85g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g		
85h	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		
86b	Gross receipts, included on line 12, for public use of club facilities	86b		
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes' complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ 0, Section 4912 ▶ 0, Section 4955 ▶ 0	89a		
89b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 ▶ 0			
	d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			
90a	List the states with which a copy of this return is filed ▶ NEW MEXICO	90a		
90b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	3	
91	The books are in care of ▶ THE ORGANIZATION Telephone number ▶ (505) 244-1614 Located at ▶ 110 2ND SW, ALBUQUERQUE NM ZIP + 4 ▶ 87102	91		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92	92		

Part VII Analysis of Income-Producing Activities (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a GAIN-SALE OF HOMES					3,375
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	6,793	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b MISCELLANEOUS					4,156
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				6,793	7,531
105 Total (add line 104, columns (B), (D), and (E))					14,324

Note Line 105 plus line 1d Part I should equal the amount on line 12 Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A, B, C	LOSS ON SALE OF AFFORDABLE HOUSING, DEBT FOREGIVENESS BY A GOVERNMENTAL GRANTOR UNIT, AND DEVELOPER FEES PAID BY A GOVERNMENTAL GRANTOR UNIT ARE ALL DIRECTLY RELATED TO THE TAX
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

N/A

(A) Name, address, and EIN of corporation, partnership or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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.

Date 07/18/2002

WBJL

Schedule A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

2001

Supplementary Information - (see separate instructions)

▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

Name of the Organization: **GREATER ALBUQUERQUE HOUSING PARTNERSHIP, INC**
Employer Identification Number: **85-0412352**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LOUIS KOLKER ----- 110 2ND SW, ALBUQUERQUE, NM	EXEC DIR 50	50,250	5,275	0

Total number of other employees paid over \$50,000 ▶	1			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services ▶	None	

Part III Statements About Activities (See instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A Other organizations checking Yes, must complete Part VI B and attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note. Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments		

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	424,436	226,594	101,113	69,145	821,288
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	4,192	2,925		6,000	13,117
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	16,026	19,132	15,207	15,437	65,802
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	2,230			6,615	8,845
23 Total of lines 15 through 22	446,884	248,651	116,320	97,197	909,052
24 Line 23 minus line 17	442,692	245,726	116,320	91,197	895,935
25 Enter 1% of line 23	4,469	2,487	1,163	972	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 17,919
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts					26b 66,824
c Total support for Section 509(a)(1) test Enter line 24, column (e)					26c 895,935
d Add Amounts from column (e) for lines	18 65,802	19	26b 66,824		26d 141,471
	22 8,845				26e 754,464
e Public support (line 26c minus line 26d total)					26e 754,464
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 84.21 %
27 Organizations described on line 12					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' Do not file this list with your return. Enter the sum of such amounts for each year					
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
b For any amount included in line 17 that was received from each person (other than disqualified persons), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____	17 _____	20 _____	21 _____
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____ %
					27h _____ %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000 prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15					

Part V Private School Questionnaire (See instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered No to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered Yes to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -- if the amount on line 40 is -- The lobbying nontaxable amount is -- Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter 0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44		

Caution If there is an amount on either line 43 or line 44 you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See instructions)

During the year, did the organization attempt to influence national state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of Organization: **GREATER ALBUQUERQUE HOUSING PARTNERSHIP, INC** Employer Identification Number: **85-0412352**

Organization type (check one)

Filers of

Form 990 or 990 EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990 PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule – see instructions)

General Rule –

- For organizations filing Form 990, 990 EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules –

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ or 990 PF) but **must** check the box in the heading of their Form 990, Form 990 EZ, or on line 1 of their Form 990 PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990 EZ or 990 PF)

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

Employer identification Number

GREATER ALBUQUERQUE HOUSING PARTNERSHIP, INC

85-0412352

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 165,212	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
2		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
3		\$ 55,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
4		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
5		\$ 15,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
6		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DUES, SUBSCRIPTIONS	431	345	86	0
SECURITY	525	420	105	0
INSURANCE	5,614	4,491	1,123	0
BANK FEES	492	394	98	0
Total	<u>7,062</u>	<u>5,650</u>	<u>1,412</u>	<u>0</u>

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
OFFICE EQUIPMENT, FURNITURE	10,595	8,726	1,869
Total	<u>10,595</u>	<u>8,726</u>	<u>1,869</u>

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
INVESTMENT-LINDA VISTA PROJECT	9,800	9,800
INVESTMENT-BELL ALCAZAR PROJECT	309,467	0
INVESTMENT-CODERO HIGH PROJECT	139,761	105,118
INVESTMENT-MESILLA BELL PROJECT	131,027	165,362
INVESTMENT-OASIS CHURCH PROJECT	67,291	67,291
NOTE RECEIVABLE-RHI	302,384	0
INTEREST RECEIVABLE-RHI	101,085	0
INVESTMENT-CRESPIN EDITH PROJECT	0	50,967
Total	<u>1,060,815</u>	<u>398,538</u>

Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103A	EXEMPT PURPOSE OF PROVIDING AFFORDABLE HOUSING TO QUALIFIED PARTIES MISCELLANEOUS REIMBURSEMENTS ARE ALL RELATED TO EXPENSES DIRECTLY RELATED TO THE TAX EXEMPT PURPOSE

Supporting Statement of

Form 990 p 3/Line 64b, column (A)

Description	Amount
NOTE PAYABLE TO CITY-NO STATED INTEREST, DUE DATE	464,295
NOTE PAYABLE TO NMCDLF, NO INTEREST, DUE 8/2004	53,514
Total	<u>517,809</u>

Supporting Statement of.

Form 990 p 3/Line 60, column (B)

Description	Amount
ACCOUNTS PAYABLE	28,474
ACCRUED PAYROLL TAXES	870
Total	<u>29,344</u>

Supporting Statement of.

Form 990 p 3/Line 64b, column (B)

Description	Amount
NOTE PAYABLE TO CITY, NO STATED INTEREST, DUE DATE	191,764
NOTE PAYABLE TO NMCDLF, NO INTEREST, DUE 8/2004	32,294
NOTE PAYABLE TO NMMFA, NO STATED INTEREST, DUE DATE	15,517
Total	<u>239,575</u>

Supporting Statement of:

Sch A, 990 p 3/Line 26b

Description	Amount
1999	831
1999	32,081
2000	1,831
2000	32,081
Total	<u>66,824</u>

THE GREATER ALBUQUERQUE HOUSING PARTNERSHIP (GAHP)

Board of Directors List

GAHP Office: 110 2nd ST. SW, Room 304, Albuquerque, NM 87102
Office (505) 246-1614 / Fax (505) 244-0137

<p>Name: Carol See Nordstrom, President Term date: July 13, 1999 Affiliation: Santa Barbara/Martineztown Neighborhood Association Employer: Retired Address: 8032 Petroglyph NW, Albq, NM 87120 Phone: (505) 480-3870 Past constituent: No</p> <p>Name: Alvera Clifton, Vice-President Term date: January 1, 1999 Affiliation: President, Trumbull Neighborhood Association Employer: Retired Address: c/o Trumbull Village Association 508 Rhode Island SE Albuquerque, NM 87108 Phone: (505) 255-0360 Fax: (505) 256-2686 Past constituent: No</p> <p>Name: Chris Calott, Secretary Term date: December 20, 2000 Affiliation: Downtown Neighborhood Association Employer: Self employed architect Address: 1405 Roma NW Albuquerque, NM 87104 Phone: (505) 842-8647 Past constituent: No</p> <p>Name: Joe Miara, Treasurer Term date: July 20, 1998 Affiliation: Associate Dean, UNM Cont. Ed Dept. Employer: University of New Mexico Address: 1634 University NE Albuquerque, NM 87131 Phone: (505) 277-2511 mobile: 220-6011 Fax: 277-6080 Email: joemiara@c.a.com Past constituent: No</p>	<p>Name: Ruth Adams, Board member Term date: December 7, 1999 Affiliation: former City Councilor, District 6 Employer: Retired Address: 500 Morningside SE Albuquerque, NM 87106 Phone/Fax: (505) 265-7492 / 265-7492** Past constituent: No</p> <p>Name: Dolly Sanchez de Rivera, Board member Term date: October 24, 2001 Affiliation: Barolas Neighborhood Employer: Barolas Senior Citizen's Center Address: 311 Hazeldine SW Albuquerque, NM 87102-4159 Phone/Fax: 242-9030 Past constituent: No</p> <p>Name: Wilma H. McBride, Board member Term date: October 24, 2001 Affiliation: Albuquerque Metropolitan Board of Realtors Employer: RE/Max Masters Realtors Address: 9609 Regal Ridge NE Albuquerque, NM 87111 Phone/Fax: 821-4216/821-5143 Past constituent: No</p> <p style="text-align: center;">***** <i>Revised 12/07/2001</i></p>
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Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)
Note Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization		Employer Identification Number	
	GREATER ALBUQUERQUE HOUSING PARTNERSHIP		85-0412352	
	Number Street and Room or Suite Number If a P O Box see instructions			
	110 SECOND ST NW, #304			
City Town or Post Office For a foreign address see instructions		State	ZIP Code	
ALBUQUERQUE		NM	87102	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

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

1 I request an automatic 3 month (6 month, for **990-T corporation**) extension of time until Aug 15 20 02 to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20 01 or
- ▶ tax year beginning _____ 20 _____ and ending _____, 20 _____

2 If this tax year is for less than 12 months check reason Initial return Final return Change in accounting period

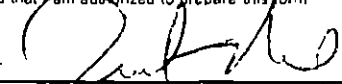
3a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶  Title ▶ CPA Date ▶ 5-3-02

BAA For Paperwork Reduction Act Notice, see instructions