

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)

2005

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 2005 calendar year, or tax year beginning, 2005, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: GREATER ALBUQUERQUE HOUSING PARTNERSHIP. D Employer identification number: 85-0412352. E Telephone number: (505) 244-1614. F Acctg. method: Cash, Accrual, Other (specify).

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

G Website: N/A

J Organization type (check only one): 501(c)(3), 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

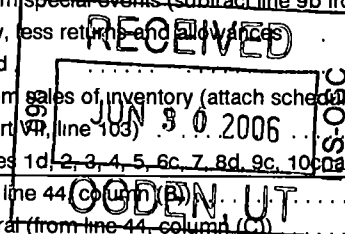
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 1,579,934

I Group Exemption Number. M Check if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

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

Table with columns for Revenue (1-12), Expenses (13-17), and Assets (18-21). Includes sub-columns for 1a-1c, 6a-6c, 8a-8c, 9a-9c, 10a-10c. Total revenue: 377,792. Total expenses: 229,763. Net assets at end of year: 731,685.

SCANNED JUL 07 2006



For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

P 3

**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. (See the instructions)

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 (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	74,160	59,328	14,832	
26	Other salaries and wages	26	67,399	53,919	13,480	
27	Pension plan contributions	27				
28	Other employee benefits	28	20,714	16,571	4,143	
29	Payroll taxes	29	11,642	9,314	2,328	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	5,917	4,734	1,183	
34	Telephone	34	4,338	3,470	868	
35	Postage and shipping	35	493	394	99	
36	Occupancy	36	14,143	11,314	2,829	
37	Equipment rental and maintenance	37	1,116	893	223	
38	Printing and publications	38	478	382	96	
39	Travel	39	1,798	1,438	360	
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule) #2	42	1,174	939	235	
43	Other expenses not covered above (itemize):					
a	See attachment #3	43a	26,391	22,214	4,177	
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	229,763	184,910	44,853	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) aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_



**Part IV Balance Sheets** (See the 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	
<b>A S S E T S</b>	45	Cash -- non-interest-bearing . . . . .	24,444	45	2,286
	46	Savings and temporary cash investments . . . . .	902,222	46	461,416
	47a	Accounts receivable . . . . .	289		
	b	Less: allowance for doubtful accounts . . . . .		47c	289
	48a	Pledges receivable . . . . .			
	b	Less: allowance for doubtful accounts . . . . .		48c	
	49	Grants receivable . . . . .		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51a	Other notes and loans receivable (attach schedule) . . . . .			
	b	Less allowance for doubtful accounts . . . . .		51c	
	52	Inventories for sale or use . . . . .		52	
	53	Prepaid expenses and deferred charges . . . . .		53	
	54	Investments -- securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments -- land, buildings, and equipment basis . . . . .			
	b	Less: accumulated depreciation (attach schedule) . . . . .		55c	
	56	Investments -- other (attach schedule) . . . . .		56	
	57a	Land, buildings, and equipment: basis #6 . . . . .	19,388		
	b	Less: accumulated depreciation (attach schedule) . . . . .	16,876	57c	2,512
58	Other assets (describe ► See attachment #7 )	2,093,754	58	2,465,021	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	3,024,106	59	2,931,524	
<b>L I A B I L I T I E S</b>	60	Accounts payable and accrued expenses . . . . .	114,609	60	191,137
	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	
	b	Mortgages and other notes payable (attach schedule) . . . . . #8	2,325,841	64b	2,008,702
	65	Other liabilities (describe ► )		65	
66	<b>Total liabilities.</b> Add lines 60 through 65 . . . . .	2,440,450	66	2,199,839	
<b>N E T A S S E T B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	67	Unrestricted . . . . .	558,656	67	731,685
	68	Temporarily restricted . . . . .	25,000	68	
	69	Permanently restricted . . . . .		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	583,656	73	731,685	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	3,024,106	74	2,931,524	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	377,792
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
1	Net unrealized gains on investments	<b>b1</b>	
2	Donated services and use of facilities	<b>b2</b>	
3	Recoveries of prior year grants	<b>b3</b>	
4	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	377,792
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	377,792

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	229,763
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
1	Donated services and use of facilities	<b>b1</b>	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
3	Losses reported on Part I, line 20	<b>b3</b>	
4	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	229,763
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	229,763

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See attachment #9 See attachment #10				

<b>Part V-A</b> Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <span style="float: right;">8</span>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .	<b>75b</b>	X
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? . . . . .	<b>75c</b>	X
<b>Note.</b> Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization		
<b>d</b> Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

<b>Part VI</b> Other Information (See the instructions.)	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>76</b>	X
<b>77</b> 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.	<b>77</b>	X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	X
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	X
<b>80a</b> 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? . . . . .	<b>80a</b>	X
<b>b</b> If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . .	<b>81a</b>	N/A
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	X

Part VI Other Information (continued)		Yes	No
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?		X
b	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		N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	X
h	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	X
86	501(c)(7) orgs. Enter. a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter. a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
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 ▶ N/A, section 4912 ▶ N/A; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) orgs. 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		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90a	List the states with which a copy of this return is filed ▶		N/A
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	3
91a	The books are in care of ▶ See attachment #11 Telephone no ▶ Located at ▶ ZIP + 4 ▶		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	X
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	N/A

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Excl. code	(D) Amount	
<b>93</b> Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments			14	19,833	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property . . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					58,962
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: a _____					
b See attachment #12					1,403
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		19,833	60,365
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					80,198

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 the 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)
▼	See attachment #13

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

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

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

(a) Did 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)

**Please Sign Here**

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

Signature of officer: Joe Miera Date: 06/27/2006

Type or print name and title: Joe Miera, Board President

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 5-23-06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: RICHARD D NEEL CPA PA  
3200 CARLISLE NE  
Albuquerque NM 87110

EIN: 505-889-4595 Phone no.: 505-889-4595

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information — (See separate instructions.)**

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

Name of the organization  
**GREATER ALBUQUERQUE HOUSING PARTNERSHIP**

Employer identification number  
**85-0412352**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See the 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 empl benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See the 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 ▶		0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None." See instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		0

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

Schedule A (Form 990 or 990-EZ) 2005

<b>Part III</b> Statements About Activities (See the instructions.)		Yes	No
<b>1</b> 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 I of Part VI-B.) . . . . .	<b>1</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.			
<b>2</b> 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.)# 14			
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>		X
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>		X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Form 990 . . . . .	<b>2d</b>	X	
<b>e</b> Transfer of any part of its income or assets? . . . . .	<b>2e</b>		X
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .	<b>3a</b>		X
<b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	<b>3b</b>		X
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .	<b>3c</b>		X
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	<b>4a</b>		X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>4b</b>		X

**Part IV Reason for Non-Private Foundation Status** (See the 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶  Type 1  Type 2  Type 3

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

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

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28) . . . . .	218,752	274,871	456,690	311,538	1,261,851
<b>16</b> Membership fees received . . . . .					
<b>17</b> 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 . . . . .		109,367		3,375	112,742
<b>18</b> 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 . . . . .	4,779	4,270	7,459	6,793	23,301
<b>19</b> Net income from unrelated business activities not included in line 18. . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .					
<b>21</b> 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 . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . . <b>#15</b>	1,702	3,259	4,469	2,487	11,917
<b>23</b> Total of lines 15 through 22. . . . .	225,233	391,767	468,618	324,193	1,409,811
<b>24</b> Line 23 minus line 17 . . . . .	225,233	282,400	468,618	320,818	1,297,069
<b>25</b> Enter 1% of line 23. . . . .	2,252	3,918	4,686	3,242	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24. . . . . ▶					<b>26a</b> 25,941
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					<b>26b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26c</b> 1,297,069
d Add: Amounts from column (e) for lines: 18 <u>23,301</u> 19 _____ 22 <u>11,917</u> 26b _____ ▶					<b>26d</b> 35,218
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e</b> 1,261,851
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					<b>26f</b> 97.28 %
<b>27 Organizations described on line 12:</b> 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 11b, 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					<b>27c</b>
d Add: Line 27a total _____ and line 27b total _____ ▶					<b>27d</b>
e Public support (line 27c total minus line 27d total) . . . . . ▶					<b>27e</b>
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ <b>27f</b>					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27g</b> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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.)		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b> 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 the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table --		
<b>If the amount on line 40 is --</b> <b>The lobbying nontaxable amount is --</b>		
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	<b>41</b>	
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 . . . . .		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nontelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See the instructions.)

N/A

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:	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
<b>a</b> Transfers from the reporting organization to a noncharitable exempt organization of:			
(I)	Cash .....		X
(II)	Other assets .....		X
<b>b</b> Other transactions:			
(I)	Sales or exchanges of assets with a noncharitable exempt organization .....		X
(II)	Purchases of assets from a noncharitable exempt organization .....		X
(III)	Rental of facilities, equipment, or other assets .....		X
(IV)	Reimbursement arrangements .....		X
(V)	Loans or loan guarantees .....		X
(VI)	Performance of services or membership or fundraising solicitations .....		X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....		X

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Desc. of transfers, transactions, & sharing arrangements
N/A			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY**

Attachment 1: page 1 - 990 Page 1, Part I, line 8

Open to Public Inspection		For Calendar year 2005, or tax year period beginning		and ending	
Name of Organization		Employer Identification Number			
GREATER ALBUQUERQUE HOUSING PARTNERSHIP		85-0412352			
Name of Security or Description of Property	Acquisition Date	How Acquired	Date Sold		
<b>Other Noninventory Assets:</b>					
AFFORDABLE HOUSING DEBT FORGIVEN BY CITY PURSUANT TO HOMES SOLD		PURCHASE CONSTRUCTION			
To Whom Sold	Gross Sale Price	Basis	Sales Expense	Gain or (Loss)	Accumulated Depreciation
QUALIFIED BUYERS	1,085,800	1,202,142		-116,342	
	175,304			175,304	
Total	1,261,104	1,202,142		58,962	
Publicly traded securities					

**SCHEDULE OF DEPRECIATION AND DEPLETION**

Attachment 2: page 1 - 990 Page 2, Part II, Line 42

Open to Public Inspection	For Calendar year 2005, or tax year period beginning		and ending		Employer Identification Number	
Name of Organization	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
GREATER ALBUQUERQUE HOUSING PARTNERSHIP  OFFICE FURNITURE, EQUIPMENT		19,388	15,702	SL	5	1,174
Total		19,388	15,702			1,174

## SCHEDULE OF OTHER EXPENSES

Attachment 3: page 1 - 990 Page 2, Part II, Line 43

<b>Open to Public Inspection</b>	<b>For calendar year 2005 or tax period beginning</b>			<b>, and ending</b>
<b>Name of Organization</b>				<b>Employer Identification Number</b>
GREATER ALBUQUERQUE HOUSING PARTNERSHIP				85-0412352

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
MARKETING	1,931	1,931		
CONTRACTUAL SERVICES	16,544	13,235	3,309	
CONTRIBUTIONS	847	847		
DUES, SUBSCRIPTIONS	685	548	137	
INSURANCE	1,690	1,352	338	
MISCELLANEOUS	1,965	1,572	393	
PROJECT COSTS	2,729	2,729		
<b>Total</b>	<b>26,391</b>	<b>22,214</b>	<b>4,177</b>	

**PRIMARY EXEMPT PURPOSE**

Attachment 4: page 1 - 990 Page 3, Part III

<b>Open to Public Inspection</b>	<b>For calendar year 2005 or tax period beginning</b> _____ <b>, and ending</b> _____
<b>Name of Organization</b> GREATER ALBUQUERQUE HOUSING PARTNERSHIP	<b>Employer Identification Number</b> 85-0412352

Primary Purpose

RAISING THE ECONOMIC, SOCIAL LEVELS OF ALBUQUERQUE RESIDENTS BY PROVIDING AFFORDABLE HOUSING OPPORTUNITIES.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990 Page 3, Part III

<b>Open to Public Inspection</b>	<b>For calendar year 2005 or tax period beginning</b>	<b>, and ending</b>
<b>Name of Organization</b>	<b>Employer Identification Number</b>	
GREATER ALBUQUERQUE HOUSING PARTNERSHIP	85-0412352	
Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses 184,910

Exempt Purpose Achievements

THE ORGANIZATION COMPLETED CONSTRUCTION ON NINE HOMES DURING THE YEAR. EIGHT OF THESE HOMES WERE SOLD TO QUALIFIED BUYERS. ADDITIONAL DEVELOPMENT AND INFRASTRUCTURE WERE COMPLETED ON PROJECTS FOR FUTURE HOME CONSTRUCTION DURING THE YEAR.

**SCHEDULE OF LAND, BUILDINGS & EQUIPMENT**

Attachment 6: page 1 - 990 Page 4, Part IV, Line 57

Open to Public  
Inspection

For Calendar year 2005, or tax year period beginning

and ending

Name of Organization

**GREATER ALBUQUERQUE HOUSING PARTNERSHIP**

Employer Identification Number

**85-0412352**

Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
Furniture & Fixtures	19,388	16,876	2,512	
Total	19,388	16,876	2,512	

**SCHEDULE OF OTHER ASSETS**

Attachment 7: page 1 - 990 Page 4, Part IV, Line 58

Not Open to Pub Inspection	For calendar year 2005 or tax period beginning , and ending	
Name of Organization GREATER ALBUQUERQUE HOUSING PARTNERSHIP		Employer Identification Number 85-0412352

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
Land & Intrastructure Held for Resale	2,070,388	2,430,198	
Mortgages Receivable	23,366	34,823	
Totals	2,093,754	2,465,021	

**SCHEDULE OF MORTGAGES AND OTHER NOTES PAYABLE**

Attachment 8: page 1 - 990 Page 4, Part IV, Line 64b

Open to Public Inspection		For Calendar year 2005, or tax year period beginning and ending						
Name of Organization		Employer Identification Number						
GREATER ALBUQUERQUE HOUSING PARTNERSHIP		85-0412352						
Lender's Name, Title and Relationship to Any Officer, Director, Trustee, Key Employee or Substantial Contributor	Original Amount	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate		
City of Albuquerque								
NO RELATIONSHIP Wells Fargo Bank	1,408,702	1,408,702		VARIOUS	PAYABLE AS AFFORDABLE HOUSING SOLD	NA		
NO RELATIONSHIP	600,000	600,000				2.0000		
<b>Total</b>	<b>2,008,702</b>	<b>2,008,702</b>						
Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV					
none	TO DEVELOP AFFORDABLE HOUSING	CASH	1,408,702					
none	TO DEVELOP AFFORDABLE HOUSING	CASH	600,000					
	<b>Total</b>	<b>Total amount of mortgages</b>	<b>2,008,702</b>					

## CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 9: page 1 - 990 Page 5, Part V-A

Open to Public Inspection For calendar year 2005 or tax period beginning , and ending

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

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
LOUIS KOLKER 407 TULANE SE Albuquerque, NM 87106 SEE ATTACHED LIST NONE ARE COMPENSATED	EXECUTIVE DIRECTOR 50.00 VARIOUS 1.00	74,160	5,918	0
See Comp. Expl. #1		0	0	0

# THE GREATER ALBUQUERQUE HOUSING PARTNERSHIP (GAHP)

## Board of Directors List - 2005

GAHP Office: 320 Gold Ave. SW, Ste. 918, Albuquerque, NM 87102

Office: (505) 244-1614 / Fax: (505) 244-0137

Name: **Joe Miera, President**  
Term Date: July 2006  
Affiliation: Associate Dean, UNM Continuing Education Department  
Employer: University of New Mexico  
Address: 1634 University NE  
Albuquerque, NM 87131  
Phone: (505) 277-2511 Mobile: 220-4115  
Fax: (505) 277-6080  
E-mail: [jmiera@unm.edu](mailto:jmiera@unm.edu)

Name: **Dolly Sanchez de Rivera, Vice President**  
Term Date: December 2007  
Affiliation: Past Treasurer Barelas Neighborhood Association  
Employer: Barelas Senior Citizen's Center  
Address: 311 Hazeldine SW  
Albuquerque, NM 87102-4159  
Phone: (505) 242-9030  
Fax: None  
E-mail: [dsanchez88@comcast.net](mailto:dsanchez88@comcast.net)

Name: **Wilma McBride, Secretary**  
Term Date: December 2007  
Affiliation: Albuquerque Metropolitan Board of Realtors  
Employer: RE/Max Masters Realtors  
Address: 9609 Regal Ridge NE  
Albuquerque, NM 87111  
Phone: (505) 821-4216 Mobile: 235-2334  
Fax: (505) 821-5143  
E-mail: [wilsam@comcast.net](mailto:wilsam@comcast.net)

Name: **John Burch, Treasurer**  
Term Date: December 2007  
Affiliation: KNME Membership Manager  
Employer: KNME-TV  
2109 Vermont St. NE  
Albuquerque, NM 87110  
Phone: (505) 277-9018 cell: 379-3340  
Fax: (505) 277-5967  
E-mail: [j-burch@msn.com](mailto:j-burch@msn.com) or [jburch@knme.org](mailto:jburch@knme.org)

Name: **Ruth Adams, Board Member**  
Term Date: December 2006  
Affiliation: Former City Councilor, District 6  
Employer: Retired  
Address: 300 Valencia SE, Apt. 245  
Albuquerque, NM 87108  
Phone: (505) 260-8245  
Fax: None

Name: **Chris Calott, Board Member**  
Term Date: December 2006  
Affiliation: Downtown Neighborhood Association  
Employer: Self-Employed Architect  
Address: 1405 Roma NW  
Albuquerque, NM 87104  
Phone: (505) 842-8647 or cell: 401-7844  
Fax: (505) 244-4045  
E-mail: [chriscalott@aol.com](mailto:chriscalott@aol.com)

Name: **Alvorn Clifton, Board Member**  
Term Date: December 2006  
Affiliation: Past President, Trumbull Neighborhood Association  
Address: c/o Trumbull Village Association  
508 Rhode Island SE  
Albuquerque, NM 87108  
Phone: (505) 255-0360  
Fax: (505) 256-2686

Name: **Carol Sue Nordengren**  
Term Date: July 2008  
Affiliation: Past President Santa Barbara/Martineztown Neighborhood Association  
Employer: Retired  
Address: 8032 Petroglyph NW  
Albuquerque, NM 87120  
Phone: (505) 480-3870  
E-mail: [cnordengren@comcast.net](mailto:cnordengren@comcast.net)

**COMPENSATION EXPLANATION**

Attachment 10: page 1 - 990 Page 5, Part V-A, Current Officer Compensation Explanation

Open to Public Inspection	For Calendar year 2005, or tax year period beginning	and ending
Name of Organization GREATER ALBUQUERQUE HOUSING PARTNERSHIP		Employer Identification Number 85-0412352

Name	Explanation
Officer Comp. Expln. #1 SEE ATTACHED LIST	NO VOTING MEMBERS OF BOARD ARE COMPENSATED. ONLY THE EXECUTIVE DIRECTOR IS COMPENSATED.

**BOOKS ARE IN CARE OF**

Attachment 11 - 990 Page 7, Part VI, Line 91a

For calendar year 2005 or tax period beginning		, and ending	
Name of Organization GREATER ALBUQUERQUE HOUSING PARTNERSHIP		Employer Identification Number 85-0412352	
Part VI - Line 91a			

Individual Name ..... The Organization  
or  
Business Name:

Street Address .... 320 Gold SW, Albuquerque, NM

U S Address:

Zip code 87102 City \_\_\_\_\_ State \_\_\_\_

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (505) 244-1464

**SCHEDULE OF OTHER REVENUE**

Attachment 12: page 1 - 990 Page 8, Part VII, Line 103

Open to Public Inspection For calendar year 2005 or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e) Related or exempt function income (see instructions)
		(a) business code	(b) Amount	(c) Excl. code	(d) Amount	
a	MISCELLANEOUS REIMBURSEMENTS					1,403
		<b>Totals</b>				<b>1,403</b>

**SCHEDULE OF RELATIONSHIP OF ACTIVITIES  
TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

Attachment 13: page 1 990 Page 8, Part VIII

<b>Open to Public Inspection</b>	<b>For calendar year 2005 or tax period beginning</b>	<b>, and ending</b>
<b>Name of Organization</b> GREATER ALBUQUERQUE HOUSING PARTNERSHIP		<b>Employer Identification Number</b> 85-0412352

Line Number	Briefly describe how the activity reported in column (E) of Part VII specifically contributed to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
100	GAIN ON SALE OF AFFORDABLE HOUSING TO ELIGIBLE RECIPIENTS, DIRECTLY RELATED TO EXEMPT PURPOSE.
103	MISCELLANEOUS REIMBURSEMENTS DIRECTLY RELATED TO EXEMPT PURPOSE.

**SELF DEALING STATEMENT**

Attachment 14: page 1 Sch A Page 2, Part III, Line 2, Self-Dealing Statement  
Open to Public Inspection For calendar year 2005 or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

Line number from Schedule A, page 2, line 2a to 2e ..... 2d

Statement Regarding Transaction

SEE 990 PART V.

**SCHEDULE OF OTHER INCOME**

Attachment 15: page 1 Sch A Page 3, Part IV-A, Line 22, Other Income

Open to Public Inspection	For Calendar year 2005, or tax year period beginning				and ending	
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
Name of Organization GREATER ALBUQUERQUE HOUSING PARTNERSHIP Employer Identification Number 85-0412352						
MISCELLANEOUS REIMBURSEMENTS	1,702	3,259	4,469	2,487	11,917	
<b>Total</b>	<b>1,702</b>	<b>3,259</b>	<b>4,469</b>	<b>2,487</b>	<b>11,917</b>	

## Application for Extension of Time To File an Exempt Organization Return

▶ 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)

**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)**

**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

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>GREATER ALBUQUERQUE HOUSING PARTNERSHIP</b>	Employer identification number <b>85-0412352</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>320 GOLD SW</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALBUQUERQUE NM 87102</b>	

**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 (sec. 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 |

• The books are in the care of ▶ See attachment #11

Telephone No ▶ \_\_\_\_\_ FAX No ▶ \_\_\_\_\_

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

**1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until AUGUST 15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2005 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 . . . . . \$ \_\_\_\_\_ 0

**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 . . . . . \$ \_\_\_\_\_ 0

**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 . . . . . \$ \_\_\_\_\_ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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