

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)

2007

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 2007 calendar year, or tax year beginning, 2007, and ending, 20

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: GREATER ALBUQUERQUE HOUSING PARTNERSHIP. Address: 320 GOLD SW, ALBUQUERQUE NM 87102

D Employer identification number: 85-0412352. E Telephone number: (505) 244-1614. F Acctg. method: Accrual

G Website: N/A

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

H & I are not applicable to sec. 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number: 0000. M Check if organization is not required to attach Sch. B.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 4,110,182

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

SCANNED AUG 05 2008

Table with columns for line number, description, sub-column (1a-1d, 6a-6c, 8a-8c, 9a-9b, 10a-10b), and total amount. Includes a 'RECEIVED' stamp from OGDEN, UT dated JUL 30 2008.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2007)

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	
22a	Grants paid from donor advised funds (attach sch) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	103,966	83,173	20,793	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	81,587	65,269	16,318	
27	Pension plan contributions not included on lines 25a, b, and c	27	4,656	3,725	931	
28	Employee benefits not included on lines 25a - 27	28	19,477	15,581	3,896	
29	Payroll taxes	29	14,137	11,310	2,827	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	7,623	6,098	1,525	
34	Telephone	34	5,878	4,702	1,176	
35	Postage and shipping	35	432	346	86	
36	Occupancy	36	14,547	11,638	2,909	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	5,528	4,422	1,106	
39	Travel	39	4,114	3,291	823	
40	Conferences, conventions, and meetings	40				
41	Interest	41	118	94	24	
42	Depreciation, depletion, etc. (attach schedule) #2	42	1,174	939	235	
43	Other expenses not covered above (itemize):					
a	See attachment #3	43a	430,551	423,799	6,752	
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	693,788	634,387	59,401	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 III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ▶ See attachment #4	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a See attachment #5 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	634,387
b 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	634,387

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	
A S S E T S	45 Cash -- non-interest-bearing	5,870	45	2,617	
	46 Savings and temporary cash investments	1,895,924	46	2,669,712	
	47a Accounts receivable	103,182			
	b Less: allowance for doubtful accounts		47b		
			15,011	47c	103,182
	48a Pledges receivable				
	b Less: allowance for doubtful accounts		48b		
			51,720	48c	
	49 Grants receivable			49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)				
	b Less: allowance for doubtful accounts			51b	
				51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
	54a Investments -- publicly-traded securities			54a	
	b Investments -- other securities (attach schedule) ..			54b	
	55a Investments -- land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)			55a		
			55b		
			55c		
56 Investments -- other (attach schedule)			56		
57a Land, buildings, and equipment: basis #6 ..	21,121				
b Less: accumulated depreciation (attach schedule)			57a		
	19,225	1,338	57b		
			57c	1,896	
58 Other assets, including program-related investments (describe ► See attachment #7)		2,873,950	58	2,481,131	
59 Total assets (must equal line 74) Add lines 45 through 58		4,843,813	59	5,258,538	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	553,613	60	205,943	
	61 Grants payable		61		
	62 Deferred revenue		62	117,600	
	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)	3,170,270	64b	3,719,438	
	65 Other liabilities (describe ►)		65		
66 Total liabilities. Add lines 60 through 65		3,723,883	66	4,042,981	
N E T A S S E T B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	1,018,210	67	1,185,143	
	68 Temporarily restricted	101,720	68	30,414	
	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)	1,119,930	73	1,215,557	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4,843,813	74	5,258,538	

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

a	Total revenue, gains, and other support per audited financial statements		a	789,415
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	789,415
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	789,415

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

a	Total expenses and losses per audited financial statements		a	693,788
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	693,788
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	693,788

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				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>8</u>		
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)	75b	X
c	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 the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	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 (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
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
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures (See line 81 instructions.)	81a	N/A
b	Did the organization file Form 1120-POL for this year?	81b	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
85a	501(c)(4), (5), or (6). 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
88a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
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 ▶ <u>N/A</u>		
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>N/A</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed ▶ <u>N/A</u>		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	3
91a	The books are in care of ▶ <u>See attachment #10</u> 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

Part VI Other Information (continued)

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
- If "Yes," enter the name of the foreign country ▶ _____
- 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**

Part VII Analysis of Income-Producing Activities (See the 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) Excl. code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	87,974	
96 Dividends and 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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					9,829
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b See attachment #11					831
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		87,974	10,660
105 Total (add line 104, columns (B), (D), and (E))					98,634

Note: Line 105 plus line 1e, 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 #12

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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? N/A
 If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? N/A
 If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? N/A Yes No

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: *[Signature]* Date: 07/21/2007

Type or print name and title: Joe Miern, President, B.O.D.

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 7-15-08 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

Preparer's SSN or PTIN (See Gen. Inst X): _____ EIN: _____
 Phone no.: 505-889-4595

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

2007

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) 2007

Part III Statements About Activities (See the instructions)

Yes No

<p>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 I of Part VI-B.)</p> <p>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</p>	<p>1</p>		<p>X</p>
<p>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.)</p>			
<p>a Sale, exchange, or leasing of property?</p>	<p>2a</p>		<p>X</p>
<p>b Lending of money or other extension of credit?</p>	<p>2b</p>		<p>X</p>
<p>c Furnishing of goods, services, or facilities?</p>	<p>2c</p>		<p>X</p>
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<p>2d</p>		<p>X</p>
<p>e Transfer of any part of its income or assets?</p>	<p>2e</p>		<p>X</p>
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	<p>3a</p>		<p>X</p>
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	<p>3b</p>		<p>X</p>
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	<p>3c</p>		<p>X</p>
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<p>3d</p>		<p>X</p>
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	<p>4a</p>		<p>X</p>
<p>b Did the organization make any taxable distributions under section 4966?</p>	<p>4b</p>		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<p>4c</p>		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____</p>			<p>0</p>
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____</p>			<p>0</p>

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

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III -- Functionally Integrated
 - Type III -- Other

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

(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	340,893	297,594	218,752	274,871	1,132,110
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	2,386,400	1,261,104		109,367	3,756,871
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	73,420	19,833	4,779	4,270	102,302
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					
23 Total of lines 15 through 22	2,800,713	1,578,531	223,531	388,508	4,991,283
24 Line 23 minus line 17	414,313	317,427	223,531	279,141	1,234,412
25 Enter 1% of line 23	28,007	15,785	2,235	3,885	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 24,688
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 25,312
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,234,412
d Add: Amounts from column (e) for lines	18 102,302	19	22 25,312	26b	26d 127,614
e Public support (line 26c minus line 26d total)					26e 1,106,798
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 89.66 %
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				
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
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:					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines	15 _____	16 _____	17 _____	20 _____	27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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
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?	29	
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?	30	
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?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<hr/> <hr/> <hr/>		
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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the 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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
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 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable 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 page 14 of the 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		2,000
		2,000

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?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (I) Cash
- (II) Other assets

	Yes	No
51a(I)		X
a(II)		X
b(I)		X
b(II)		X
b(III)		X
b(IV)		X
b(V)		X
b(VI)		X
c		X

b Other transactions:

- (I) Sales or exchanges of assets with a noncharitable exempt organization
- (II) Purchases of assets from a noncharitable exempt organization
- (III) Rental of facilities, equipment, or other assets
- (IV) Reimbursement arrangements
- (V) Loans or loan guarantees
- (VI) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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) Description of transfers, transactions, and 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 Name of Organization GREATER ALBUQUERQUE HOUSING PARTNERSHIP	For Calendar year 2007, or tax year period beginning	and ending Employer Identification Number 85-0412352
--	--	--

Name of Security or Description of Property	Acquisition Date	How Acquired	Date Sold
Other Noninventory Assets: AFFORDABLE HOMES		CONSTRUCTED	
To Whom Sold	Gross Sale Price	Basis	Sales Expense
VARIOUS ELIGIBLE BUYERS	3,330,596	3,320,767	9,829
Total	3,330,596	3,320,767	9,829
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 2007, or tax year period beginning		and ending		
Name of Organization		Employer Identification Number				
GREATER ALBUQUERQUE HOUSING PARTNERSHIP		85-0412352				
Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
OFFICE EQUIPMENT		21,121	18,051	VARIOUS	5	1,174
Total		21,121	18,051			1,174

SCHEDULE OF OTHER EXPENSES

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

Open to Public Inspection	For calendar year 2007 or tax period beginning , and ending	Employer Identification Number 85-0412352
Name of Organization GREATER ALBUQUERQUE HOUSING PARTNERSHIP		

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
CONTRACTUAL SERVICES	13,760	11,008	2,752	
DONATIONS	1,500	1,500		
DOWN PAYMENT ASSISTANCE	395,481	395,481		
INSURANCE	4,756	3,805	951	
LOBBYING	2,000		2,000	
MISCELLANEOUS	5,254	4,205	1,049	
PROJECT COSTS	7,800	7,800		
Total	430,551	423,799	6,752	

PRIMARY EXEMPT PURPOSE

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

Open to Public Inspection	For calendar year 2007 or tax period beginning	, and ending
Name of Organization GREATER ALBUQUERQUE HOUSING PARTNERSHIP	Employer Identification Number 85-0412352	

Primary Purpose

TO RAISE THE SOCIAL AND ECONOMIC LEVELS OF ALBUQUERQUE RESIDENTS BY PROVIDING OPPORTUNITIES TO ACQUIRE AFFORDABLE HOUSING.

PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2007, or tax period beginning	, and ending
Name of Organization GREATER ALBUQUERQUE HOUSING PARTNERSHIP		Employer Identification Number 85-0412352
Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses 634,387

Exempt Purpose Achievements

SOLD AFFORDABLE HOUSING TO 18 ELIGIBLE HOMEBUYERS DURING THE YEAR. CONSTRUCTED 7 ADDITIONAL HOMES THAT WERE NOT YET SOLD. PROVIDED DOWN PAYMENT ASSISTANCE AND COUNSELING TO MOST HOMEBUYERS. DEVELOPMENT PLANNING AND INFRASTRUCTURE CONSTRUCTION CONTINUED ON SEVERAL OTHER PROJECTS.

SCHEDULE OF LAND, BUILDINGS & EQUIPMENT

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

Open to Public Inspection

For Calendar year 2007, 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)
OFFICE EQUIPMENT	21,121	19,225	1,896	
Total	21,121	19,225	1,896	

SCHEDULE OF OTHER ASSETS

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

Open to Public Inspection For calendar year 2007 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, INFRASTRUCTURE, AFFORDABLE HOUSING HELD FOR RESALE	2,821,451	2,253,402	
MORTGAGE NOTES RECEIVABLE	52,499	227,729	
Totals	2,873,950	2,481,131	

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 2007, 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
WELLS FARGO COMM. DEV. FDN	600,000	600,000		2009-09	INTEREST DUE QUARTERLY	2.0000
NONE CATHOLIC HEALTH INITIATIVE	900,000	900,000		2011-03	INTEREST DUE ANNUALLY	2.0000
NONE BANK OF ALBUQUERQUE	300,000	300,000		2008-07	INTEREST DUE QUARTERLY	7.2800
NONE NM MORTGAGE FINANCE AUTHORITY	800,000	800,000		2009-06	INTEREST DUE MONTHLY	2.0000
Total	2,600,000	2,600,000				

Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
UNSECURED	DEVELOPMENT	CASH	
UNSECURED	DEVELOPMENT	CASH	
SECURED BY \$175,000 CD	DEVELOPMENT	CASH	
REAL ESTATE	DEVELOPMENT	CASH	
REAL ESTATE	DEVELOPMENT	CASH	
Total			Total amount of mortgages

SCHEDULE OF MORTGAGES AND OTHER NOTES PAYABLE

Attachment 8: page 2 - 990 Page 4, Part IV, Line 64b

Open to Public Inspection For Calendar year 2007, 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
NONE CITY OF ALBUQUERQUE	300,000	300,000		2009-09	DUE AS HOUSING SOLD	5.0000
NONE CITY OF ALBUQUERQUE	651,251	40,723			DUE AS HOUSING SOLD	
NONE CITY OF ALBUQUERQUE	200,000	74,629			DUE AS HOUSING SOLD	
NONE CITY OF ALBUQUERQUE	600,000	599,995			DUE AS HOUSING SOLD	
NONE CITY OF ALBUQUERQUE	229,000	104,091			DUE AS HOUSING SOLD	
Total	1,980,251	1,119,438				

Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
REAL ESTATE	DEVELOPMENT	CASH	
REAL ESTATE	DEVELOPMENT	CASH	
REAL ESTATE	DEVELOPMENT	CASH	
REAL ESTATE	DEVELOPMENT	CASH	
Total		Total amount of mortgages	

THE GREATER ALBUQUERQUE HOUSING PARTNERSHIP (GAHP)

Board of Directors - 2007

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

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

@ 12/31/07

Name: Joe Miera, President
Term Date: July 2008
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

Name: Chris Calott, Board Member
Term Date: December 2008
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: calotteinfillsolutions.com

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

Name: Alvorn Clifton, Board Member
Term Date: December 2008
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: 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

Name: Carol Sue Nordengren
Term Date: December 2007
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

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 or jburch@knme.org

Name: Andrea R. Guendelman
Term Date: October 2009
Affiliation:
Employer: SUTIN, THAYER & BROWNE
Address: P.O. BOX 1945 Albuquerque, NM 87103
Phone: (505) 883-3324
Fax: (505) 855-9534
E-mail: ARG@sutinfirm.com

BOOKS ARE IN CARE OF

Attachment 10 - 990 Page 7, Part VI, Line 91a

For calendar year 2007 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

Fax Number

SCHEDULE OF OTHER REVENUE

Attachment 11: page 1 - 990 Page 8, Part VII, Line 103

Open to Public Inspection	For calendar year 2007 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					831
Totals						831

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

Attachment 12: page 1 990 Page 8, Part VIII

Open to Public Inspection	For calendar year 2007 or tax period beginning	, and ending
Name of Organization GREATER ALBUQUERQUE HOUSING PARTNERSHIP		Employer Identification Number 85-0412352

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

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ 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)

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization GREATER ALBUQUERQUE HOUSING PARTNERSHIP	Employer Identification number 85-0412352
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. 320 GOLD SW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. 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 (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 #10
- 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 corporation required to file Form 990-T) extension of time until AUGUST 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2007 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.	3a	\$	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.	3b	\$	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.	3c	\$	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.