Form	990-T	E	Exempt Organization	Bus	sine	ss Income	e Ta	x Return	·	OMB No. 1545-0687
			(and proxy tax lendar year 2018 or other tax year beginning JUL					30 201	اه	2018
		For ca	endar year 2018 or other tax year beginning 000  ■ Go to www.irs.gov/Form990						<del>-</del>	2010
	ment of the Treasury I Revenue Service	▶	Do not enter SSN numbers on this form as							Open to Public Inspection for 501(c)(3) Organizations Only
A [	Check box if address changed		Name of organization ( Check box if i	name o	changed	l and see instruction	s.)		(Emp	oyer identification number loyees' trust, see ictions )
B Ex	empt under section	Print	Albuquerque Academy		5-0129165					
X	501(c <b>(</b> )(3)	or Type	Number, street, and room or suite no. If a P		x, see II	nstructions.				ated business activity code natructions )
	408(e)220(e)	Type	6400 Wyoming Blvd N			<del></del>			ļ	
	408A   530(a)   529(a)		City or town, state or province, country, and Albuquerque, NM 87.	523	000					
C Boo	k value of all assets nd of year		F Group exemption number (See instruction		<u> </u>	···				
	143,245,3		G Check organization type ► X 501	c) cor	poratio			401(a)		Other trust
			tion's unrelated trades or businesses.		2			ne only (or first) un		
			tnership investments			<del></del>		omplete Parts I-V.		
			ce at the end of the previous sentence, comp	lete Pa	arts I an	id II, complete a Sch	iedule N	A for each additiona	al trade	or
	ness, then complete I				at auba	diant controlled are			Ye	es X No
			oration a subsidiary in an affiliated group or attribute of the parent corporation.	а раге	nt-suos	idiary controlled gro	upr		16	S LAL NO
			Sandy Timmons		•	T	elenhor	ne number 🕨 5	05-	828-3200
Par	t I Unrelated	Trac	de or Business Income			(A) Income	T	(B) Expenses		(C) Net
1a	Gross receipts or sale	s							•	
	Less returns and allov		c Balance		10					
2	Cost of goods sold (S	chedule	A, line 7)		2					
3	Gross profit. Subtract	line 2 fi	rom line 1c		3					
3 4a	Capital gain net incom	ne (attac	h Schedule D)		48		$\rightarrow$			
<b>b</b>	Net gaın (loss) (Form	4797, P	art II, line 17) (attach Form 4797)		4b					
_	Capital loss deduction				4c	13 (1	<del>-</del>			12 (12
_			ship or an S corporation (attach statement)		5	13,61	.3.			13,613.
<b>-</b>	Rent income (Schedul		(O-h-4-4-5)		6					
•	Unrelated debt-finance		ne (Schedule E) nd rents from a controlled organization (Sche	44.5	8		-+	· · · · · · · · · · · · · · · · · · ·		
1			on 501(c)(7), (9), or (17) organization (Sched		<del></del>		-	<del></del>		
	Exploited exempt activ			uic u,	10					
_	Advertising income (S	•	,		11					
•	Other income (See ins		•		12					
) <sub>13</sub>	Total. Combine lines	3 throu	gh 12		13	13,61	3.			13,613.
Pai			ot Taken Elsewhere (See instruction					1.		
	(Except for o	ontribu	utions, deductions must be directly conf	nected	y with	Fem Felated Pala	ness ir	(come		
14		cers, di	rectors, and trustees (Schedule K)	က	-		၂၁	1	14	
15	Salaries and wages			C333	Α	PR 10 2526		1	15	
16	Repairs and mainten	ance		10	L			İ	16 17	
17	Bad debts Interest (attach sche	dulo) (c			O.	GDEN, UT	7		18	
18 19	Taxes and licenses	uuic) (si	se man actions)	<u> </u>		Control Control	~~~~	ł	19	1,635.
20		ons (See	e instructions for limitation rules) Stat	eme	ent	3 See S	tate	ement 2	20	879.
21	Depreciation (attach					21				
22			n Schedule A and elsewhere on return			228			22b	
23	Depletion								23	
24	Contributions to defe	rred co	mpensation plans						24	
25	Employee benefit pro	-							25	
26	Excess exempt exper	nses (So	chedule I)						26	
27	Excess readership co	•	•						27	
28	Other deductions (at							20	28	2 514
29	Total deductions. Ad				t line O	3 from less 40		28	28	2,514. 11,099.
30			ncome before net operating loss deduction. S				٠١		30	11,033.
31 22		-	oss arising in tax years beginning on or after ncome. Subtract line 31 from line 30	Janua	uyı,∠l	ภา <i>ด (จะเ</i> ราแรนานิตเกิดกร	» <i>)</i>	mi	31:	11,099.
32 823701			work Reduction Act Notice, see instructions						- <del></del>	Form <b>990-T</b> (2018)

Form 990-	T (2018	Albuquerque Academ	у		85-01	29165	Page 2
Part I	11	Total Unrelated Business Taxal	ole Income				
33	Total	of unrelated business taxable income compute	ed from all unrelated trades or businesses	(see instructions)		33	11,099.
34	,Amo	unts paid for disallowed fringes				34	
35	Dedu	iction for net operating loss arising in tax years	s beginning before January 1, 2018 (see in	structions) S	tmt 4	35	1,989.
36	Total	of unrelated business taxable income before s	specific deduction. Subtract line 35 from the	ne sum of			
	lines	33 and 34				36	9,110.
37	Spec	afic deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)		3	37	1,000.
38	Unre	lated business taxable income. Subtract line	37 from line 36. If line 37 is greater than I	ine 36,			
		the smaller of zero or line 36				38	8,110.
Part I	<u>V</u>	Tax Computation					
39	Orga	nizations Taxable as Corporations. Multiply I	ine 38 by 21% (0.21)		Ų.	≥ 39	1,703.
40	Trust	ts Taxable at Trust Rates. See instructions for	r tax computation. Income tax on the amoi	unt on line 38 from:		_ _	
		Tax rate schedule or Schedule D (For	rm 1041)		•	► 40 L	<u> </u>
41	Prox	y tax. See instructions			•	► 41 <u> </u>	
42	Alter	native minimum tax (trusts only)				42	
43		on Noncompliant Facility Income. See instruc			, 1)	<b>√</b> 43	
44		L. Add lines 41, 42, and 43 to line 39 or 40, whi	chever applies		45		1,703.
Part \	_	Tax and Payments				<del></del>	<del></del>
		gn tax credit (corporations attach Form 1118; t	trusts attach Form 1116)	45a	·· <u>·</u>	<b>⊣</b>	
b		r credits (see instructions)		45b	<del></del>		
C		ral business credit. Attach Form 3800		45c		_	
		it for prior year minimum tax (attach Form 880	1 or 8827)	4\$d			
		credits. Add lines 45a through 45d		`		45e	1 700
46		ract line 45e from line 44	5 0044 C 5 0007 C 5			46	1,703.
47		r taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	1 8866 Other	(attach schedule		1,703.
48		tax. Add lines 46 and 47 (see instructions)	Saura OCS D. Dant H. andrews (b) June O.		ū	(9) 18	
49		net 965 tax liability paid from Form 965-A or F	-orm 965-8, Part II, Column (K), line 2	l so. l		19	0.
	-	nents: A 2017 overpayment credited to 2018		50a			
		estimated tax payments	4	C 50c	5,700	-	
		deposited with Form 8868	on (one instructions)	50d	3,700	+	
		gn organizations: Tax paid or withheld at sourc up withholding (see instructions)	e (see instructions)	50e	<del></del>	-	
		up withholding (see instructions) it for small employer health insurance premium	ne (attach Form 89/1)	50f		<b>-</b>	
a		, -	orm 2439	301		<b>⊣</b> ।	
y	Other		ther Total	50g		1	
51	Total	payments. Add lines 50a through 50g	Tomi 1	Logal	<del></del>	51	5,700.
52		nated tax penalty (see instructions). Check if Fo	orm 2220 is attached > X			52	71.
53		iue. If line 51 is less than the total of lines 48,			<b>b</b>	<b>►</b> 5,8	
a 254		payment. If line 51 is larger than the total of lir			4	54	3,926.
V55'		the amount of line 54 you want. Credited to 2		' 1	funded	55	0.
Part \		Statements Regarding Certain		tion (see instru	ctions)		
56	At an	y time during the 2018 calendar year, did the o	organization have an interest in or a signati	ure or other authorn	ty		Yes No
	over	a financial account (bank, securities, or other)	ın a foreign country? If "Yes," the organiza	tion may have to file	e		
	FinCE	N Form 114, Report of Foreign Bank and Finar	ncial Accounts. If "Yes," enter the name of	the foreign country			
	here	<b>&gt;</b>				****	X
57	Durin	ig the tax year, did the organization receive a d	istribution from, or was it the grantor of, o	r transferor to, a fo	reign trust?		Х
	If "Ye	s," see instructions for other forms the organiz	ation may have to file.				
58		the amount of tax-exempt interest received or					
Ci	Ur	nder penalties of perjury, I declare that I have examined to errect, and complete. Declaration of preparer (other than	this return, including accompanying schedules and taxpayer) is based on all information of which ore:	d statements, and to the parer has any knowledg	best of my knove	vledge and belief,	it is true,
Sign		30	00/00/0000		•	May the IRS disc	uss this return with
Here			03/30/2020 CFO Title			the preparer show	vn below (see
		Signature of officer	·· · · · · · · · · · · · · · · · · · ·	<del></del>		instructions)?	X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check	If PTIN	
Paid			W o	2/20/20	self- employe		212402
Prepa	rer	Mark Shelton		3/26/20	1		213482
Use C	nly	Firm's name ► KPMG LLP	0.55		Firm's EIN	<u>► 13-</u> !	5565207
			ve, Suite 2650		Dhama	40E220	5.4.1.1
923711 01-		Firm's address > Oklahoma C:	1ty, UK /3102		Prione no.	4052396	990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation > N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold. St	ubtract li	ne 6			
3 Cost of labor	3		╛	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			1	line 2		L	7		
(attach schedule)	4a		8	Do the rules of section	•	•		Yes	No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		4	property produced or a	cquired	for resale) apply to			_
5 Total. Add lines 1 through 4b	5		<u>L</u>	the organization?					X
Schedule C - Rent Income ( (see instructions)	From Real	Property and	Per	sonal Property L	.ease	with Real Prope	erty) 	·	
1. Description of property									
(1)									
(2)									
(3)									<del></del>
(4)		<u></u>		<del></del>					
	<b>L</b> .	ed or accrued				3(a) Deductions directly	connecte	d with the income	ın
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	ersonal	onal property (if the percentar property exceeds 50% or if ed on profit or income)	ge	columns 2(a) an	d 2(b) (att	ach schedule)	
(1)									
(2)									
(3)									
(4)							_		
Total	0.	Total			0.	(1) T-1-1 4-44			
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column	(A)	<b></b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)			<del></del>		
			2	. Gross Income from		3. Deductions directly conn to debt-finance			
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(	(b) Other deduction (attach schedule	
(1)						· · · · · · · · · · · · · · · · · · ·			
(2)									
(3)							T		
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(cc	B. Allocable deductions 6 x total of c 3(a) and 3(b))	enmulo
(1)				%					
(2)			<u> </u>	%			<u> </u>		
(3)			<u> </u>	%%		····	<del>                                     </del>		
(4)	· · · · · · · · · · · · · · · · · · ·		<u> </u>	%			1		
						nter here and on page 1, eart I, line 7, column (A)		ter here and on pa art I, line 7, column	
Totals				▶		0.			0.
Total dividends-received deductions in	cluded in columr	18							0.
<u> </u>								Form 990-1	r (2018)

1. Name of periodical

2. Gross advertising and periodical

3. Direct advertising costs

or (loss) (col 2 minus col 3) if a gain, compute costs

(1)

(2)

(3)

(4)

Totals (carry to Part II, line (5))

3. Direct advertising costs

or (loss) (col 2 minus col 3) if a gain, compute costs (rolumn 4).

5. Circulation income

costs (column 6 minus column 4).

Form 990-T (2018)

Form 990-1 (2018) Albuquerq	ue Academy	Y				012310	5 raye a	
Part II Income From Perio columns 2 through 7 on a			rate Basis (For each	ch penodical list	ed in Pa	rt II, fill in		
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. 1	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)								
(2)								
(3)								
(4)							L	
Totals from Part I	0.	0.		A 1 1 2 2 1 1 2 2 1 1 2 2 1 2 2 2 2 2 2				
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	0.	0.	1				0.	
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see in	structions)				
1, Name			2. Title	3. Perd time dev busii	oted to		pensation attributable related business	
(1)					%			
(2)					%			
(3)					%			
(4)					%			
Total. Enter here and on page 1, Part II, I	ine 14				<b></b>		0.	

Form 990-T (2018)

## Footnotes

Statement 1

Section 1.263(a)-3(n) Election - Book Conformity Election Albuquerque Academy is making the election under Treas. Reg. Section 1.263(a)-3(n) to capitalize those repair and maintenance costs that it treats as capital expenditures on its books and records for the tax year ended June 30, 2019.

Taxpayer Name: Albuquerque Academy

Address: 6400 Wyoming Blvd NE

Albuquerque, NM 87109

Taxpayer Identification Number: 85-0129165

Section 1.263(a)-1(f) De Minimis Safe Harbor Election Albuquerque Academy hereby makes the de minimus safe harbor election under Section 1.263(a)-1(f) of the Treasury Regulations, effective for the tax year ending June 30, 2019. Taxpayer has Applicable Financial Statement for the year of the election. This election permits the taxpayer to deduct for tax purposes any item deducted under its book policy that does not exceed \$5,000 per invoice (or per item, as substantiated by the invoice) or items having an economic useful life of twelve months or less as described in Section 1.263(a)-1(f)(1)(i).

Taxpayer Name: Albuquerque Academy

Address: 6400 Wyoming Blvd NE

Albuquerque, NM 87109

Taxpayer Identification Number: 85-0129165

Form 990-T	Contributions	Statement 2
Description/Kind of Property	Method Used to Determine FMV	Amount
Cash Only	N/A	6.
Total to Form 990-T, Page 1, 1	ine 20	6.

orm 990-T	Contributions Summary	Stat	ement 3
Qualified Contributions Sub	eject to 100% Limit		
Carryover of Prior Years Un	used Contributions		
For Tax Year 2013			
For Tax Year 2014	227		
For Tax Year 2015	220		
For Tax Year 2016	200		
For Tax Year 2017	226		
Total Carryover		873 `	
Total Current Year 10% Cont	ributions	6	
Total Contributions Availab	ole	879	
Taxable Income Limitation a	s Adjusted	899	
Excess 10% Contributions	<del>- 12.11</del>	0	
Excess 100% Contributions		0	
Total Excess Contributions		0	
Allowable Contributions Ded	luction		879
Total Contribution Deduction		879	

Form 990-T	Net	Statement 4		
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/12	28,085.	28,085.	0.	0.
06/30/13	1,901.	1,901.	0.	0.
06/30/14	8,205.	8,205.	0.	0.
06/30/15	5,363.	5,363.	0.	0.
06/30/16	9,036.	7,047.	1,989.	1,989.
06/30/17	0.	0.	0.	0.
06/30/18	0.	0.	0.	0.
NOL Carryov	ver Available This	Year	1,989.	1,989.