

**Form 990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0397

**2013**CROSS-REFERENCED  
INSTRUCTIONS(Under section 501(c)(3), 501(c)(4), or 509(a)(2) of the Internal Revenue Code) Except private foundations  
In the name under Social Security number on this form as it appears in the 2009 OMB No. 1545-0397  
or information about Form 990 and its instructions at [www.irs.gov](http://www.irs.gov))

<input type="checkbox"/> Check if applicable	1 Name of organization: <b>THE ALBUQUERQUE LIBRARY</b>	<input type="checkbox"/> Employment identification number <b>031-002-0014</b>
<input type="checkbox"/> Interest charge	2 Address of organization: <b>1000 LIVELY AVENUE, ALBUQUERQUE, NM 87501</b>	<input type="checkbox"/> EIN issued date <b>03-1827314</b>
<input type="checkbox"/> Nonresident	3 Business address: <b>NEW MEXICO</b>	<input type="checkbox"/> Telephone number <b>(505) 243-2800</b>
<input type="checkbox"/> Total assets	4 City or towns where principal place(s) of business is located: <b>ALBUQUERQUE, NM</b>	<input type="checkbox"/> Fax number <b></b>
<input type="checkbox"/> Partnership	5 ZIP code: <b>87102</b>	<input type="checkbox"/> Other numbers <b>00000000</b>
<input type="checkbox"/> Accredited	6 Type of organization checked: <b>NON-PROFIT ORGANIZATION</b>	<input type="checkbox"/> File 990-p for organization <b>Yes</b>
<input type="checkbox"/> Accredited persons	7 Type of organization checked: <b>ORGANIZATION EXEMPT FROM INCOME TAX</b>	<input type="checkbox"/> File 990-p for part-year return <b>No</b>
<input type="checkbox"/> Accredited persons	8 Type of organization checked: <b>OTHER</b>	<input type="checkbox"/> If "Yes" attach a copy of document <b></b>
<input type="checkbox"/> Accredited persons	9 Type of organization checked: <b>NON-PROFIT ORGANIZATION EXEMPT FROM INCOME TAX</b>	<input type="checkbox"/> File 990-p for organization <b>No</b>
<input type="checkbox"/> Accredited persons	10 Type of organization checked: <b>ORGANIZATION EXEMPT FROM INCOME TAX</b>	<input type="checkbox"/> File 990-p for part-year return <b>No</b>
<input type="checkbox"/> Accredited persons	11 Type of organization checked: <b>OTHER</b>	<input type="checkbox"/> If "Yes" attach a copy of document <b></b>

**Part I: Organization & Activities**1. Briefly describe the organization's mission or most significant activities: **PUBLIC LIBRARY FOR THE ALBUQUERQUE AREA**

2. Check this box if  the organization discontinued its operations or disposed of more than 20% of its fair market value.
3. Number of voting members of the governing body: **0**
4. Number of independent voting members of the governing body: **0**
5. Total number of individuals employed full-time during year ended **12/31**: **0**
6. Total number of volunteers estimate if necessary:
7. Total unearned business revenue from Part III, column (2), line 18:
8. Net unrelated business taxable income from Form 990-T, line 24:

	Fair Value	Carried Over
9. Contributions and grants (Part VIII, line 19)	<b>100,271</b>	<b>300,000</b>
10. Investment income (Part VIII, line 20)	<b>60,000</b>	<b>70,000</b>
11. Product sales (Part VIII, columns (2), lines 2, 3, 4, and 10)	<b>70,000</b>	<b>10,000</b>
12. Other revenues (Part VIII, column (2), lines 5, 6, 7a, 8, 9a, 10a, and 11a)	<b>4,000</b>	<b>50,000</b>
13. Total revenue amount (add lines 9 through 11) (see Part VIII, column (2), line 12)	<b>180,271</b>	<b>380,000</b>
14. Disbursements to or for members (Part VIII, column (2), line 4c)	<b>301,754</b>	<b>200,000</b>
15. Disbursements to employees (Part VIII, column (2), line 4d)	<b>100,000</b>	<b>100,000</b>
16. Professional fundraising fees (Part VIII, column (2), line 25)	<b>200,000</b>	<b>200,000</b>
17. Total fundraising expenses (Part VIII, column (2), line 26)	<b>200,000</b>	<b>200,000</b>
18. Other expenses (Part VIII, column (2), line 27)	<b>100,000</b>	<b>100,000</b>
19. Total expenses (add lines 15-17) (see Part VIII, column (2), line 28)	<b>601,754</b>	<b>500,000</b>
20. Revenue less expenses (Subtract line 18 from line 13)	<b>(421,483)</b>	<b>(200,000)</b>
21. Ending retained net assets (End of Year)	<b>(360,211)</b>	<b>(700,000)</b>
22. Total assets (Part X, line 16)	<b>180,000</b>	<b>180,000</b>
23. Total liabilities (Part X, line 17)	<b>60,000</b>	<b>70,000</b>
24. Net assets or fund balances (Subtract line 23 from line 22)	<b>120,000</b>	<b>110,000</b>

**Part II: Signature Block**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 filer) if applicable (check if applicable) Sign  
Here*Sander Helms  
Linda Helms Library Director**releaser*Paid  
Preparer  
Use Only

Printed Name/Signature	Prepared by/Signature
<b>Sander C. Helms</b>	<b>Linda C. Turner, CPA</b>

For preparer reductions add: Retiree, see the separate instructions.