

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**A For the 2021 calendar year, or tax year beginning** \_\_\_\_\_, **2021, and ending** \_\_\_\_\_, **20**

|  |   |  |
|--|---|--|
| <p><b>B</b> Check if applicable:</p> <p><input checked="" type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p> | <p><b>C</b> Name of organization<br/><b>AFME FOUNDATION</b></p> <hr/> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</p> <p><b>6313 MITCHELL AVE SE</b></p> <hr/> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p><b>Albuquerque, NM 87108</b></p> | <p><b>D</b> Employer identification number<br/><b>46-3626358</b></p> <hr/> <p><b>E</b> Telephone number<br/><b>(505) 350-8572</b></p> <hr/> <p><b>F</b> Group Exemption Number ▶</p> |
|--|---|--|

**G** Accounting Method:  Cash  Accrual  Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ [WWW.ABQFILMX.COM](http://WWW.ABQFILMX.COM) **H** Check  if the organization is **not** required to attach Schedule B (Form 990).

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **30,648**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

|                   |  |  |                 |                 |
|-------------------|--|--|-----------------|-----------------|
| <b>Revenue</b>    | <b>1</b>   | Contributions, gifts, grants, and similar amounts received . . . . .   |                 |                 |
|                   | <b>2</b>   | Program service revenue including government fees and contracts . . . . .  |                 |                 |
|                   | <b>3</b>   | Membership dues and assessments . . . . .  |                 |                 |
|                   | <b>4</b>   | Investment income . . . . .  |                 |                 |
|                   | <b>5a</b>  | Gross amount from sale of assets other than inventory . . . . .  | <b>5a</b>       |                 |
|                   | <b>5b</b>  | Less: cost or other basis and sales expenses . . . . .   | <b>5b</b>       |                 |
|                   | <b>5c</b>  | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .  |                 |                 |
|                   | <b>6</b>   | Gaming and fundraising events:   |                 |                 |
|                   | <b>6a</b>  | a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .  | <b>6a</b>       |                 |
|                   | <b>6b</b>  | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . | <b>6b</b>       | <b>16,648</b>   |
| <b>6c</b>         | c Less: direct expenses from gaming and fundraising events . . . . .   | <b>6c</b>  |                 |                 |
| <b>6d</b>         | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . |  | <b>16,648</b>   |                 |
| <b>7a</b>         | a Gross sales of inventory, less returns and allowances . . . . .  | <b>7a</b>  |                 |                 |
| <b>7b</b>         | b Less: cost of goods sold . . . . .   | <b>7b</b>  | <b>14,231</b>   |                 |
| <b>7c</b>         | c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .                     |  | <b>(14,231)</b> |                 |
| <b>8</b>          | Other revenue (describe in Schedule O) . . . . .   | <b>8</b>   | <b>14,000</b>   |                 |
| <b>9</b>          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶                                      | <b>9</b>   | <b>16,417</b>   |                 |
| <b>Expenses</b>   | <b>10</b>  | Grants and similar amounts paid (list in Schedule O) . . . . .   | <b>10</b>       |                 |
|                   | <b>11</b>  | Benefits paid to or for members . . . . .  | <b>11</b>       |                 |
|                   | <b>12</b>  | Salaries, other compensation, and employee benefits . . . . .  | <b>12</b>       |                 |
|                   | <b>13</b>  | Professional fees and other payments to independent contractors . . . . .  | <b>13</b>       | <b>9,696</b>    |
|                   | <b>14</b>  | Occupancy, rent, utilities, and maintenance . . . . .  | <b>14</b>       | <b>2,564</b>    |
|                   | <b>15</b>  | Printing, publications, postage, and shipping . . . . .  | <b>15</b>       |                 |
|                   | <b>16</b>  | Other expenses (describe in Schedule O) . . . . .  | <b>16</b>       | <b>24,142</b>   |
| <b>17</b>         | <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶   | <b>17</b>  | <b>36,402</b>   |                 |
| <b>Net Assets</b> | <b>18</b>  | Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .  | <b>18</b>       | <b>(19,985)</b> |
|                   | <b>19</b>  | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .   | <b>19</b>       | <b>33,935</b>   |
|                   | <b>20</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | <b>20</b>       |                 |
|                   | <b>21</b>  | Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶  | <b>21</b>       | <b>13,950</b>   |

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|  | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments  | 27,435                | 39,350          |
| 23 Land and buildings  | 0                     | 0               |
| 24 Other assets (describe in Schedule O)                                       | 10,000                | 0               |
| 25 Total assets  | 37,435                | 39,350          |
| 26 Total liabilities (describe in Schedule O)                                  | 3,500                 | 25,400          |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 33,935                | 13,950          |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? EDUCATIONAL EVENTS FOR YOUTH

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

|   |     |   |
|---|-----|---|
| 28 <b>PROMOTERS OF PERFORMING ARTS EVENTS FOR EDUCATIONAL AND MENTORSHIP PURPOSES FOR YOUTH</b> |     |   |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>        | 28a | 0 |
| 29  |     |   |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>        | 29a |   |
| 30  |     |   |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>        | 30a |   |
| 31 Other program services (describe in Schedule O)  |     |   |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>        | 31a |   |
| 32 Total program service expenses (add lines 28a through 31a)                                   | 32  | 0 |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title                | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-----------------------------------|--|---|---|--|
| IVAN WIENER<br>EXECUTIVE DIRECTOR | 20.00  | 5,890   | 0   | 0  |
| JEFF BAKER<br>PRESIDENT           | 5.00   | 0   | 0   | 0  |
| STEPHANIE BECKER<br>BOARD MEMBER  | 5.00   | 0   | 0   | 0  |
| BRUCE MALOTT<br>BOARD MEMBER      | 5.00   | 0   | 0   | 0  |
| LARRY SCHWARTZ<br>BOARD MEMBER    | 5.00   | 0   | 0   | 0  |
|                                   |  |   |   |  |
|                                   |  |   |   |  |
|                                   |  |   |   |  |
|                                   |  |   |   |  |
|                                   |  |   |   |  |
|                                   |  |   |   |  |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

|    |     |    |
|----|-----|----|
|    | Yes | No |
| 46 |     | X  |

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . 

|    |     |    |
|----|-----|----|
|    | Yes | No |
| 47 |     | X  |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

|    |     |    |
|----|-----|----|
|    | Yes | No |
| 48 |     | X  |

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

|     |     |    |
|-----|-----|----|
|     | Yes | No |
| 49a |     | X  |

b If "Yes," was the related organization a section 527 organization? . . . . . 

|     |     |    |
|-----|-----|----|
|     | Yes | No |
| 49b |     |    |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
| NONE                                |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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.

**Sign Here** Date  
 Signature of officer  
**IVAN WIENER, EXECUTIVE DIRECTOR**  
 Type or print name and title

**Paid Preparer Use Only**

|  |                      |                           |   |                          |
|--|----------------------|---------------------------|---|--------------------------|
| Print/Type preparer's name<br><b>CELENE M BARELA</b> | Preparer's signature | Date<br><b>11-13-2023</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00204698</b> |
| Firm's name ▶ <b>BARELA TAX &amp; BOOKS</b>          | Firm's EIN ▶         |                           |   |                          |
| Firm's address ▶ <b>1504 PRESTO WAY NW</b>           | Albuquerque NM 87104 |                           | Phone no. <b>505-259-8259</b>                   |                          |

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

|  |   |
|--|---|
| <b>Name of the organization</b><br>AFME FOUNDATION | <b>Employer identification number</b><br>46-3626358 |
|--|---|

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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 exempt 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)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions)) | (iv) Is the organization<br>listed in your governing<br>document? |    | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public  
Inspection**

Name of the organization

**AFME FOUNDATION**

Employer identification number

**46-3626358**

**01. Description of other revenue (Part I, line 8)**

| Description       | Amount |
|-------------------|--------|
| PPE LOAN FORGIVEN | 14,000 |

**02. Description of other expenses (Part I, line 16)**

| Description             | Amount |
|-------------------------|--------|
| ADVERTISING             | 2,905  |
| INSURANCE               | 562    |
| LICENSES AND FEES       | 2,039  |
| MEALS AND ENTERTAINMENT | 2,891  |
| OFFICE EXPENSES         | 13,539 |
| TRAVEL                  | 216    |
| VEHICLE                 | 1,990  |

**03. Description of other assets (Part II, line 24)**

| Category            | Beginning of Year | End of Year |
|---------------------|-------------------|-------------|
| ACCOUNTS RECEIVABLE | 10,000            | 0           |

**04. Description of total liabilities (Part II, line 26)**

| Category         | Beginning of Year | End of Year |
|------------------|-------------------|-------------|
| CREDIT CARD      | 3,500             | 0           |
| SBA NOTE PAYABLE | 0                 | 25,400      |