

PUBLIC DISCLOSURE COPY

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2019** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SANTA FE COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>85-0303044</b>
	Doing business as		<b>E</b> Telephone number <b>505-988-9715</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>PO BOX 1827</b>		<b>G</b> Gross receipts \$ <b>29,506,743.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SANTA FE, NM 87504</b>		
<b>F</b> Name and address of principal officer: <b>KEVIN SOKOL-WHITE</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **HTTP://WWW.SANTAFECF.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1981** **M** State of legal domicile: **NM**

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE IMPROVE THE QUALITY OF LIFE FOR PEOPLE IN SANTA FE AND NORTHERN NEW MEXICO, NOW AND FOR FUTURE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>32</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>150</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>13,035,184.</b>	<b>21,090,077.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>39,165.</b>	<b>37,910.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>15,145,368.</b>	<b>1,973,259.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>75,719.</b>	<b>66,801.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>28,295,436.</b>	<b>23,168,047.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>9,900,437.</b>	<b>9,958,485.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,745,107.</b>	<b>1,865,171.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>447,695.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,551,876.</b>	<b>2,419,724.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>15,197,420.</b>	<b>14,243,380.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>13,098,016.</b>	<b>8,924,667.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>78,053,484.</b>	<b>97,826,011.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,769,393.</b>	<b>4,363,463.</b>
		<b>74,284,091.</b>	<b>93,462,548.</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 officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	<b>RICHARD MOORE, TREASURER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PAMELA ALEXANDERSON</b>	Preparer's signature <b>PAMELA ALEXANDERSON</b>	Date <b>10/27/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01218925</b>
	Firm's name ▶ <b>MOSS ADAMS LLP</b>	Firm's EIN ▶ <b>91-0189318</b>	Phone no. <b>505-878-7200</b>		
Firm's address ▶ <b>6565 AMERICAS PARKWAY NE STE 600</b>		<b>ALBUQUERQUE, NM 87110</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: WE IMPROVE THE QUALITY OF LIFE FOR PEOPLE IN SANTA FE AND NORTHERN NEW MEXICO, NOW AND FOR FUTURE GENERATIONS, BY: 1) BUILDING AND MANAGING ENDOWMENT FUNDS IN ORDER TO AWARD GRANTS; 2) HELPING NONPROFITS OPERATE MORE EFFECTIVELY;

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 8,517,289. including grants of \$ 8,517,289. ) (Revenue \$ ) GRANTS ARE MADE FROM DONOR ADVISED, DESIGNATED, SCHOLARSHIP, DISCRETIONARY, AND EMERGENCY FUNDS. 85,000 SERVED.

4b (Code: ) (Expenses \$ 2,850,960. including grants of \$ ) (Revenue \$ 14,060. ) PROGRAM SERVICES INCLUDE GRANTS PROGRAM MANAGEMENT, LITERACY PROGRAM SUPPORT AND TECHNICAL ASSISTANCE TRAININGS FOR LOCAL NONPROFIT ORGANIZATIONS IN GRANTS RESEARCH, FINANCIAL MANAGEMENT, AND BOARD DEVELOPMENT. 8,000 SERVED

4c (Code: ) (Expenses \$ 1,425,196. including grants of \$ 1,425,196. ) (Revenue \$ 9,158. ) GRANTS ARE MADE FROM ENDOWMENT FUNDS TO LOCAL NONPROFIT ORGANIZATIONS IN THE ARTS, CIVIC AFFAIRS, EDUCATION, ENVIRONMENT, AND HEALTH AND HUMAN SERVICES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 28,792. including grants of \$ 16,000. ) (Revenue \$ 23,850. )

4e Total program service expenses 12,822,237.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		21
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b		21
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>15b</b>			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NM**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**KEVIN SOKOL-WHITE - 505-988-9715**  
**501 HALONA STREET, SANTA FE, NM 87505**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA ENFIELD CHAIR	10.00 2.00	X		X				0.	0.	0.
(2) ELIZABETH RICE VICE-CHAIR	10.00 2.00	X		X				0.	0.	0.
(3) RICHARD MOORE TREASURER	10.00 2.00	X		X				0.	0.	0.
(4) DIANE MARTINEZ SECRETARY (THROUGH OCTOBER 2019)	8.00 2.00	X		X				0.	0.	0.
(5) PATRICIA MARCUS CURTIS, BOARD MEMBER/SECRETARY (STARTED OCT 2019)	8.00 2.00	X		X				0.	0.	0.
(6) JAVIER GONZALES BOARD MEMBER (STARTED OCTOBER 2019)	8.00 2.00	X						0.	0.	0.
(7) SUZANNE ORTEGA CISNEROS BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(8) BRIAN VALLO BOARD MEMBER (THROUGH JANUARY 2019)	8.00 2.00	X						0.	0.	0.
(9) SUE COLITON BOARD MEMBER (STARTED OCTOBER 2019)	8.00 2.00	X						0.	0.	0.
(10) ELMO BACA BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(11) MANUEL MONASTERIO BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(12) LILLIAN MONTOYA BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(13) CAROL BRITO BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(14) VINCE SMITH BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(15) BETH BELOFF BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(16) JEFF BINGAMAN BOARD MEMBER (THROUGH OCTOBER 2019)	8.00 2.00	X						0.	0.	0.
(17) MARY ANNE LARSEN BOARD MEMBER	8.00 2.00	X						0.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM FINNOFF BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(19) EMILY HAOZOUS BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(20) DEBORAH HOLLOWAY BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(21) BUD HAMILTON BOARD MEMBER (THROUGH OCTOBER 2019)	8.00 2.00	X						0.	0.	0.
(22) DOLLY NARANJO NEIKRUG BOARD MEMBER (STARTED OCTOBER 2019)	8.00 2.00	X						0.	0.	0.
(23) DOLORES OVERTON BOARD MEMBER (STARTED OCTOBER 2019)	8.00 2.00	X						0.	0.	0.
(24) TRICIA ROSENBERG BOARD MEMBER (STARTED OCTOBER 2019)	8.00 2.00	X						0.	0.	0.
(25) MARCOS ZUBIA BOARD MEMBER (STARTED OCTOBER 2019)	8.00 2.00	X						0.	0.	0.
(26) WILLIAM SMITH PRESIDENT & CEO	40.00 2.00			X				170,546.	0.	17,950.
<b>1b Subtotal</b>								170,546.	0.	17,950.
<b>c Total from continuation sheets to Part VII, Section A</b>								441,354.	0.	48,260.
<b>d Total (add lines 1b and 1c)</b>								611,900.	0.	66,210.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GRAYSTONE CONSULTING, 1999 AVENUE OF THE STARS, SUITE 2400, LOS ANGELES, CA 90067	INVESTMENT ADVISORY SERVICES	211,722.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	173,422.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	20916655.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$7,852,020.				
	<b>h Total.</b> Add lines 1a-1f			21090077.			
Program Service Revenue	<b>2 a</b> PINON AWARDS	Business Code	713990	23,850.	23,850.		
	<b>b</b> WORKSHOP INCOME		611600	7,235.	7,235.		
	<b>c</b> FUND SET-UP FEE		522100	4,250.	4,250.		
	<b>d</b> HUB FEES		611430	2,575.	2,575.		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			37,910.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			2,182,863.		2182863.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	57,643.				
		(ii) Personal					
		<b>6b</b> Less: rental expenses	0.				
	<b>6c</b> Rental income or (loss)	57,643.					
	<b>d</b> Net rental income or (loss)			57,643.		57,643.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	5941325.				
		(ii) Other					
		<b>7b</b> Less: cost or other basis and sales expenses	6150929.				
	<b>7c</b> Gain or (loss)	-209604.					
	<b>d</b> Net gain or (loss)			-209,604.		-209,604.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
	<b>8b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances		196,925.					
	<b>10b</b> Less: cost of goods sold	187,767.					
	<b>c</b> Net income or (loss) from sales of inventory			9,158.	9,158.		
Miscellaneous Revenue	<b>11 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			23168047.	47,068.	0.	2030902.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,958,485.	9,958,485.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	562,707.	281,077.	193,426.	88,204.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,037,418.	706,005.	195,479.	135,934.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,465.	19,565.	4,212.	2,688.
<b>9</b> Other employee benefits	123,377.	69,612.	16,624.	37,141.
<b>10</b> Payroll taxes	115,204.	70,895.	29,487.	14,822.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	21,126.		21,126.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	417,135.		417,135.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	750,994.	712,921.	15,229.	22,844.
<b>12</b> Advertising and promotion	15,383.	10,796.	846.	3,741.
<b>13</b> Office expenses	201,408.	148,384.	20,736.	32,288.
<b>14</b> Information technology	198,847.	136,808.	24,440.	37,599.
<b>15</b> Royalties				
<b>16</b> Occupancy	100,871.	88,974.	7,941.	3,956.
<b>17</b> Travel	125,609.	94,030.	9,491.	22,088.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	341,435.	319,464.	844.	21,127.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	91,755.	86,414.	2,136.	3,205.
<b>23</b> Insurance	21,820.	18,248.	1,429.	2,143.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>EQUIPMENT MAINTENANCE</b>	65,716.	34,289.	12,571.	18,856.
<b>b</b> <b>WORKSHOP EXPENSE</b>	61,909.	61,909.		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	5,716.	4,361.	296.	1,059.
<b>25</b> Total functional expenses. Add lines 1 through 24e	14,243,380.	12,822,237.	973,448.	447,695.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	9,961,665.	<b>2</b>	9,871,624.
	<b>3</b> Pledges and grants receivable, net .....	168,456.	<b>3</b>	135,689.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	8,109.	<b>9</b>	6,720.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,373,406.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,047,624.	<b>10c</b>	2,325,782.
	<b>11</b> Investments - publicly traded securities .....	59,217,617.	<b>11</b>	78,678,222.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,122,145.	<b>12</b>	4,397,194.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,811,801.	<b>13</b>	1,894,717.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	475,552.	<b>15</b>	516,063.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	78,053,484.	<b>16</b>	97,826,011.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	105,309.	<b>17</b>	203,411.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,664,084.	<b>25</b>	4,160,052.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,769,393.	<b>26</b>	4,363,463.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,424,584.	<b>27</b>	12,399,384.
	<b>28</b> Net assets with donor restrictions .....	71,859,507.	<b>28</b>	81,063,164.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	74,284,091.	<b>32</b>	93,462,548.
<b>33</b> Total liabilities and net assets/fund balances .....	78,053,484.	<b>33</b>	97,826,011.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	23,168,047.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	14,243,380.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	8,924,667.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	74,284,091.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	10,295,648.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-100,476.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	58,618.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	93,462,548.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2019)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10751247.	13538266.	10992500.	13035184.	21090077.	69407274.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10751247.	13538266.	10992500.	13035184.	21090077.	69407274.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						10864877.
<b>6 Public support.</b> Subtract line 5 from line 4.						58542397.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	10751247.	13538266.	10992500.	13035184.	21090077.	69407274.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1373671.	1325198.	1581825.	1862435.	2240506.	8383635.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	41.					41.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			578.	646.		1,224.
<b>11 Total support.</b> Add lines 7 through 10						77792174.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	837,334.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	75.25 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	77.40 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2017 AMOUNT: \$ 578.

2018 AMOUNT: \$ 646.

2019 AMOUNT: \$ 0.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

SANTA FE COMMUNITY FOUNDATION

Employer identification number

85-0303044

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>SANTA FE COMMUNITY FOUNDATION</b>	Employer identification number  <b>85-0303044</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>5,621,750.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,416,699.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>783,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>768,157.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>636,656.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>SANTA FE COMMUNITY FOUNDATION</b>	Employer identification number  <b>85-0303044</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>475,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>456,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>435,953.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SANTA FE COMMUNITY FOUNDATION</b>	Employer identification number  <b>85-0303044</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	VARIOUS SECURITIES _____ _____ _____	\$ 5,621,750.	12/26/19
4	VARIOUS SECURITIES _____ _____ _____	\$ 585,838.	11/04/19
5	VARIOUS SECURITIES _____ _____ _____	\$ 629,656.	01/11/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>SANTA FE COMMUNITY FOUNDATION</b>	Employer identification number  <b>85-0303044</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ► Complete if the organization is described below. ► 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.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>SANTA FE COMMUNITY FOUNDATION</b>	Employer identification number <b>85-0303044</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ► \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	0.	0.												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	0.	0.												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	0.	0.												
<b>d</b>	Other exempt purpose expenditures .....	13,798,328.	0.												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	13,798,328.	0.												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	839,916.	0.												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	209,979.	0.												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	680,883.	676,625.	844,428.	839,916.	3,041,852.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,562,778.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	170,221.	169,156.	211,107.	209,979.	760,463.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,140,695.
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization **SANTA FE COMMUNITY FOUNDATION** Employer identification number **85-0303044**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	140	
2 Aggregate value of contributions to (during year)	6,805,959.	
3 Aggregate value of grants from (during year)	5,711,860.	
4 Aggregate value at end of year	47,508,543.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ 10,000.

b Assets included in Form 990, Part X ▶ \$ 10,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	67,215,291.	69,567,951.	60,243,731.	56,769,686.	57,585,824.
b Contributions	12,049,521.	4,760,351.	3,730,043.	4,164,553.	2,758,939.
c Net investment earnings, gains, and losses	14,876,694.	-3,053,777.	8,702,769.	3,549,698.	-849,488.
d Grants or scholarships	4,263,363.	4,059,234.	2,915,925.	4,093,926.	2,534,838.
e Other expenditures for facilities and programs	4,086,598.				
f Administrative expenses			192,667.	146,280.	190,751.
g End of year balance	85,791,545.	67,215,291.	69,567,951.	60,243,731.	56,769,686.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  11.51 %
  - b Permanent endowment  49.68 %
  - c Term endowment  38.81 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No                                  |
|---|-----|-------------------------------------|
| (i) Unrelated organizations   |     | <input checked="" type="checkbox"/> |
| (ii) Related organizations  |     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |                                     |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,833,690.	558,202.	2,275,488.
c Leasehold improvements				
d Equipment		539,716.	489,422.	50,294.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,325,782.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	133,290.
(3) SFAS 136 FUNDS HELD FOR AGENCIES	4,022,842.
(4) RENT DEPOSIT	3,920.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,160,052.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	33,158,556.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	10,295,648.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	192,767.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	10,488,415.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	22,670,141.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	417,135.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	80,771.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	497,906.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	23,168,047.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	13,877,266.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	190,410.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	190,410.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	13,686,856.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	417,135.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	139,389.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	556,524.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	14,243,380.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE EARNINGS FROM THE ENDOWMENT FUNDS PROVIDE FOR THE GRANTS DISTRIBUTED IN THE COMPETITIVE GRANTS CYCLE, GRANTS FROM DONOR ADVISED FUNDS, AND FUNDING TO SUPPORT THE SERVICES PROVIDED TO THE COMMUNITY BY THE FOUNDATION.

**PART X, LINE 2:**

THE FOUNDATION IS A NON-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION IS SUBJECT TO THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THAT ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE

**Part XIII** Supplemental Information (continued)

CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT EVALUATED THE TAX POSITIONS FOR THE FOUNDATION AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN INCOME TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

COGS	187,767.
LAS VEGAS NM IMPACT LLC INCOME	5,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	192,767.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENT	4,693.
AGENCY FUND REVENUE	76,078.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	80,771.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS	187,767.
LAS VEGAS NM IMPACT LLC EXPENSES	2,643.

**Part XIII** Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XII, LINE 2D 190,410.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND EXPENSE 139,389.

Multiple horizontal lines for supplemental information.







**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **SANTA FE COMMUNITY FOUNDATION** Employer identification number **85-0303044**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACEQUIA MADRE PTC, INC. 700 ACEQUIA MADRE SANTA FE, NM 87505-2815	85-0456141	501(C)(3)	18,000.	0.			GENERAL OPERATING SUPPORT FOR MUSIC PROGRAM
ADVAITA FELLOWSHIP 927 B 6TH STREET HERMOSA BEACH, CA 90254-4818	33-0301894	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ALBUQUERQUE SIGN LANGUAGE ACADEMY 620 LOMAS BLVD NW ALBUQUERQUE, NM 87102	27-1007207	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
ALL FAITHS 1709 MOON ST. NE ALBUQUERQUE, NM 87112	85-0165284	501(C)(3)	6,562.	0.			GENERAL OPERATING SUPPORT
AMERICAN CIVIL LIBERTIES UNION OF NEW MEXICO FOUNDATION - PO BOX 566 - ALBUQUERQUE, NM 87103	13-6213516	501(C)(3)	191,750.	0.			GENERAL OPERATING SUPPORT
AMERICAN RED CROSS IN NEW MEXICO 2121 OSUNA RD. NE ALBUQUERQUE, NM 87113	53-0196605	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **265.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMIGOS BRAVOS PO BOX 238 TAOS, NM 87571-0238	85-0363268	501(C)(3)	74,801.	0.			GENERAL OPERATING SUPPORT
ANIMAL HUMANE ASSOCIATION OF NM, INC. - 615 VIRGINIA ST SE - ALBUQUERQUE, NM 87108	85-0207652	501(C)(3)	5,250.	0.			GENERAL OPERATING SUPPORT
ANIMAL PROTECTION OF NEW MEXICO, INC. - PO BOX 11395 - ALBUQUERQUE, NM 87192-0395	85-0283292	501(C)(3)	13,250.	0.			GENERAL OPERATING SUPPORT
ARIZONA COMMUNITY FOUNDATION OF FLAGSTAFF - 113 EAST BIRCH STREET - FLAGSTAFF, AZ 86001	86-0348306	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ARTS COUNCIL SANTA CRUZ COUNTY 1070 RIVER ST SANTA CRUZ, CA 95060-1709	94-2600140	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ARTSMART PO BOX 22363 SANTA FE, NM 87502-2363	74-2810762	501(C)(3)	27,256.	0.			GENERAL OPERATING SUPPORT
ASSISTANCE DOGS OF THE WEST PO BOX 31027 SANTA FE, NM 87594-1027	85-0431646	501(C)(3)	6,377.	0.			GENERAL OPERATING SUPPORT
AUDUBON NEW MEXICO RANDALL DAVEY CENTER - PO BOX 9314 - SANTA FE, NM 87504	13-1624102	501(C)(3)	10,099.	0.			GENERAL OPERATING SUPPORT
BARRIOS UNIDOS #7 JOHN HYSON DRIVE CHIMAYO, NM 87522	81-0867528	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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BIENVENIDOS OUTREACH, INC. PO BOX 5873 SANTA FE, NM 87502	85-0375278	501(C)(3)	19,250.	0.			GENERAL OPERATING SUPPORT
BIG BROTHERS BIG SISTERS MOUNTAIN REGION - 1229 S ST FRANCIS DR #C - SANTA FE, NM 87505	85-0276498	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
BLUE DEMON FOUNDATION 119 EAST MARCY STREET, #203 SANTA FE, NM 87501	20-3384370	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BLUE GRIFFIN FOUNDATION 119 E MARCY ST STE 203 SANTA FE, NM 87501	85-0165745	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BREATH OF MY HEART BIRTH PLACE 905B CALLE ARMADA ESPANOLA, NM 87532	46-2669219	501(C)(3)	31,500.	0.			GENERAL OPERATING SUPPORT
BUCKNELL UNIVERSITY 1 DENT DR LEWISBURG, PA 17837-2005	24-0772407	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
C. G. JUNG INSTITUTE OF NEW MEXICO 172 COUNTY ROAD 113 SANTA FE, NM 87506	85-0383780	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CAMPING AND EDUCATION FOUNDATION 3515 MICHIGAN AVE CINCINNATI, OH 45208-1409	31-0650653	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
CANCER FOUNDATION FOR NEW MEXICO PO BOX 5038 SANTA FE, NM 87502-5038	41-2079799	501(C)(3)	9,500.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAREER GUIDANCE INSTITUTE 400 TIJERAS AVE ALBUQUERQUE, NM 87102	85-0323322	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CASA DE PEREGRINOS INC. 999 W AMADOR AVE LAS CRUCES, NM 88005	85-0312057	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CASA MILAGRO 49 CAMINO BAJO SANTA FE, NM 87508	85-0443188	501(C)(3)	31,750.	0.			GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES 2010 BRIDGE BOULEVARD SW ALBUQUERQUE, NM 87105-3104	85-0110070	501(C)(3)	11,387.	0.			GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES OF SOUTHERN NEW MEXICO - 125 WEST MOUNTAIN AVENUE - LAS CRUCES, NM 88005	20-1144913	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CENTER FOR CIVIC POLICY PO BOX 27616 ALBUQUERQUE, NM 87125	01-0869701	501(C)(3)	43,530.	0.			GENERAL OPERATING SUPPORT
CENTER FOR CONTEMPORARY ARTS OF SANTA FE, INC. - 1050 OLD PECOS TRL - SANTA FE, NM 87505	85-0313183	501(C)(3)	33,000.	0.			GENERAL OPERATING SUPPORT
CENTER FOR LAND USE INTERPRETATION 9331 VENICE BLVD CULVER CITY, CA 90232	94-3198743	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CENTER FOR YOUTH IN CONSERVATION 2359 RUTA CORTA ST. SANTA FE, NM 87507	82-3179354	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CERES COMMUNITY PROJECT 7351 BODEGA AVE SEBASTOPOL, CA 95472-3727	26-2250997	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
CHAINBREAKER COLLECTIVE PO BOX 31666 SANTA FE, NM 87594-1666	85-0432731	501(C)(3)	22,500.	0.			GENERAL OPERATING SUPPORT
CHAMA PEAK LAND ALLIANCE P.O. BOX 1544 SANTA FE, NM 87504-1544	27-4506183	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CHILDREN'S GRIEF CENTER OF NEW MEXICO - 3001 TRELIS DRIVE NW - ALBUQUERQUE, NM 87107	85-0474099	501(C)(3)	32,000.	0.			GENERAL OPERATING SUPPORT
CLIMATE ADVOCATES VOCES UNIDAS 518 OLD SANTA FE TRL STE 1405 SANTA FE, NM 87505	20-3287015	501(C)(3)	122,000.	0.			GENERAL OPERATING SUPPORT
COLORADO PLATEAU FOUNDATION 113 EAST BIRCH STREET FLAGSTAFF, AZ 86001	83-0959411	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
COMEDOR DE SAN PASQUAL PO BOX 2 LAS VEGAS, NM 87701	27-3643047	501(C)(3)	10,250.	0.			GENERAL OPERATING SUPPORT
COMING HOME CONNECTION 418 CERRILLOS RD STE 27 SANTA FE, NM 87501-2664	74-2853467	501(C)(3)	33,380.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES IN SCHOOLS NEW MEXICO PO BOX 367 SANTA FE, NM 87504-0367	85-0481104	501(C)(3)	97,550.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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COMMUNITY AGAINST VIOLENCE 945 SALAZAR RD TAOS, NM 87571	23-7395681	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
COMMUNITY LEARNING NETWORK PO BOX 33423 SANTA FE, NM 87594	47-2654167	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CONCORDIA UNIVERSITY CHICAGO 7400 AUGUSTA STREET RIVER FOREST, IL 60305	36-2191242	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CONFLUENCE PHILANTHROPY 436 14TH STREET, SUITE 900 OAKLAND, CA 94612	27-3018135	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
CONSERVATION VOTERS NEW MEXICO EDUCATION FUND - 200 W DE VARGAS ST STE 1 - SANTA FE, NM 87501	91-1982332	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
COOKING WITH KIDS 3508 CAMINO JALISCO SANTA FE, NM 87507-0490	20-4396207	501(C)(3)	25,500.	0.			GENERAL OPERATING SUPPORT
COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.(CARE) - P.O. BOX 1870 - MERRIFIELD, VA 22116-8070	13-1635039	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
CORNELL COLLEGE 600 FIRST STREET SW MOUNT VERNON, IA 52314	42-0680335	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
COUNCIL FOR A STRONG AMERICA 1212 NEW YORK AVENUE NW, SUITE 300 WASHINGTON, DC 20005	13-3840271	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COURT APPOINTED SPECIAL ADVOCATES, FIRST JUDICIAL DISTRICT - 466 W. SAN FRANCISCO ST. - SANTA FE, NM 87501	85-0432642	501(C)(3)	19,000.	0.			GENERAL OPERATING SUPPORT
CREATIVE SANTA FE PO BOX 2388 SANTA FE, NM 87504-2388	85-0467912	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
CREATIVITY FOR PEACE INC. 369 MONTEZUMA AVE # 566 SANTA FE, NM 87501-2835	85-0366087	501(C)(3)	22,000.	0.			GENERAL OPERATING SUPPORT
CURTIS INSTITUTE OF MUSIC 1726 LOCUST ST PHILADELPHIA, PA 19103-6107	23-1585611	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
DENVER ZOOLOGICAL FOUNDATION, INC. 2300 STEELE STREET DENVER, CO 80205	84-0502539	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
DEPAUW UNIVERSITY P.O. BOX 37 GREENCASTLE, IN 46135-0037	35-0869045	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
DREAMTREE PROJECT, INC. PO BOX 1677 TAOS, NM 87571	85-0462470	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
EARTH CARE INTERNATIONAL 6600 VALENTINE WAY BLDG A SANTA FE, NM 87507-7314	33-1017279	501(C)(3)	35,750.	0.			GENERAL OPERATING SUPPORT
EL CALVARIO UNITED METHODIST CHURCH - 316 NORTH CAMPO STREET - LAS CRUCES, NM 88001	85-0351974	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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EL CENTRO DE IGUALDAD Y DERECHOS 714 4TH STREET SW ALBUQUERQUE, NM 87102	26-4675255	501(C)(3)	43,530.	0.			GENERAL OPERATING SUPPORT
EL CENTRO FAMILY HEALTH P.O. BOX 158 ESPANOLA, NM 87532	85-0244568	501(C)(3)	102,500.	0.			GENERAL OPERATING SUPPORT
EL RANCHITO DE LOS NINOS FOUNDATION - PO BOX 2400 - LOS LUNAS, NM 87031	85-0471183	501(C)(3)	7,250.	0.			GENERAL OPERATING SUPPORT
EL RANCHO DE LAS GOLONDRINAS, INC. 334 LOS PINOS ROAD SANTA FE, NM 87507	85-0310988	501(C)(3)	15,999.	0.			GENERAL OPERATING SUPPORT
EL RITO PUBLIC LIBRARY 182 PLACITAS RD EL RITO, NM 87530	85-0249591	501(C)(3)	9,294.	0.			GENERAL OPERATING SUPPORT
EMBUDO VALLEY LIBRARY AND COMMUNITY CENTER - PO BOX 310 - DIXON, NM 87527-0310	85-0314391	501(C)(3)	30,447.	0.			GENERAL OPERATING SUPPORT
ENVIRONMENT NEW MEXICO RESEARCH & POLICY CENTER - PO BOX 40173 - ALBUQUERQUE, NM 87196-0173	13-4342661	501(C)(3)	15,500.	0.			GENERAL OPERATING SUPPORT
EQUALITY NEW MEXICO FOUNDATION P.O. BOX 27070 ALBUQUERQUE, NM 87125	85-0417115	501(C)(3)	6,206.	0.			GENERAL OPERATING SUPPORT
ESPANOLA VALLEY FIBER ARTS CENTER 325 PASEO DE ONATE ESPANOLA, NM 87532	85-0442395	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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ESPANOLA VALLEY HUMANE SOCIETY 108 HAMM PKWY ESPANOLA, NM 87532-9655	85-0406234	501(C)(3)	17,208.	0.			GENERAL OPERATING SUPPORT
ESPERANZA SHELTER FOR BATTERED FAMILIES - 3130 RUFINA ST. - SANTA FE, NM 87507	85-0313174	501(C)(3)	37,500.	0.			GENERAL OPERATING SUPPORT
FAIRVIEW CEMETERY PRESERVATION ASSOCIATION - PO BOX 5958 - SANTA FE, NM 87502-5958	85-0305350	501(C)(3)	16,715.	0.			GENERAL OPERATING SUPPORT
FEEDING SANTA FE PO BOX 31086 SANTA FE, NM 87594-1086	85-0416027	501(C)(3)	33,779.	0.			GENERAL OPERATING SUPPORT
FIRST NATIONS DEVELOPMENT INSTITUTE - 2432 MAIN ST FL 2 - LONGMONT, CO 80501	54-1254491	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
FIRST SERVE - NM, INC. PO BOX 31904 SANTA FE, NM 87594-1904	27-0044395	501(C)(3)	14,750.	0.			GENERAL OPERATING SUPPORT
FOOD DEPOT 1222 SILER RD STE A SANTA FE, NM 87507-4107	85-0416803	501(C)(3)	131,993.	0.			GENERAL OPERATING SUPPORT
FOOD FOR SOUL, INC. 205 BROW STREET LIVERPOOL, NY 13088	83-1434658	501(C)(3)	6,950.	0.			GENERAL OPERATING SUPPORT
FOREST STEWARDS GUILD 2019 GALISTEO ST. SUITE N-7 SANTA FE, NM 87505	85-0446866	501(C)(3)	39,500.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FORWARD TOGETHER 300 FRANK H OGAWA PLZ STE 700 OAKLAND, CA 94612	94-3311784	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
FOUNDATION FOR THE SANTA FE SYMPHONY ORCHESTRA AND CHORUS - PO BOX 9692 - SANTA FE, NM 87504	85-0478786	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE SANTA FE PUBLIC LIBRARY - PO BOX 31332 - SANTA FE, NM 87594	51-0161692	501(C)(3)	8,925.	0.			GENERAL OPERATING SUPPORT
FUND FOR SANTA BARBARA 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	77-0070742	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
G L A S FOUNDATION 4 CIBOLA CIRCLE SANTA FE, NM 87505	35-2253800	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE ASHBURN, VA 20147	53-0196584	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
GEORGIA O'KEEFE MUSEUM 217 JOHNSON ST SANTA FE, NM 87501-1826	85-0437114	501(C)(3)	11,825.	0.			GENERAL OPERATING SUPPORT
GERARD'S HOUSE PO BOX 28693 SANTA FE, NM 87592	74-2834283	501(C)(3)	73,900.	0.			GENERAL OPERATING SUPPORT
GIRLS INCORPORATED OF SANTA FE, INC. - 301 HILLSIDE AVE - SANTA FE, NM 87501-2217	85-0129250	501(C)(3)	120,500.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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GOLDEN APPLE FOUNDATION OF NEW MEXICO - PO BOX 40469 - ALBUQUERQUE, NM 87196-0469	85-0420305	501(C)(3)	33,539.	0.			GENERAL OPERATING SUPPORT
GROUNDTRUTH PROJECT (FOR REPORT FOR AMERICA) - 10 GUEST STREET - BRIGHTON, MA 02135	46-0908502	501(C)(3)	61,000.	0.			GENERAL OPERATING SUPPORT
GULLIVER SCHOOLS 6675 N. KENDALL DRIVE MIAMI, FL 33156	65-0900712	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
HAMPSHIRE COLLEGE 893 WEST STREET AMHERST, MA 01002-3359	04-6130872	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
HOMEWISER, INC. 1301 SILER RD BLDG D SANTA FE, NM 87507	85-0346325	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
INDIAN COUNTRY GRASSROOTS SUPPORT 913 NORTH ORCHARD AVENUE FARMINGTON, NM 87401	81-1906385	501(C)(3)	81,938.	0.			GENERAL OPERATING SUPPORT
INNOVATE-EDUCATE NM PO BOX 9919 SANTA FE, NM 87504-5919	26-3205739	501(C)(3)	26,000.	0.			GENERAL OPERATING SUPPORT
INSTITUTE OF AMERICAN INDIAN ARTS FOUNDATION - PO BOX 22370 - SANTA FE, NM 87502-2370	85-0377670	501(C)(3)	5,989.	0.			GENERAL OPERATING SUPPORT
INTERFAITH COMMUNITY SHELTER GROUP, INC. - PO BOX 22653 - SANTA FE, NM 87502-2653	27-0736366	501(C)(3)	71,500.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL SOCIETY FOR THE PSYCHOLOGICAL TREATMENTS - P.O. BOX 491 - NARBERTH, PA 19072	13-4037724	501(C)(3)	5,613.	0.			GENERAL OPERATING SUPPORT
INTERSECTION OF THE ARTS/ DANCING EARTH CREATIONS - 5 CANYON CLIFF DRIVE - SANTA FE, NM 87508	94-1593216	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ISLETA RESORT & CASINO 11000 BROADWAY SE ALBUQUERQUE, NM 87105	85-0436027	115	11,040.	0.			GENERAL OPERATING SUPPORT
KERES CHILDREN'S LEARNING CENTER PO BOX 113 COCHITI PUEBLO, NM 87072-0113	45-4511408	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
KESHET DANCE COMPANY 4121 CUTLER AVE NE ALBUQUERQUE, NM 87110	85-0436623	501(C)(3)	104,500.	0.			GENERAL OPERATING SUPPORT
KINDRED SPIRITS ANIMAL SANCTUARY ST HWY 14 #3749A SANTA FE, NM 87508	52-2377846	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT
KITCHEN ANGELS 1222 SILER RD SANTA FE, NM 87507	85-0423492	501(C)(3)	25,183.	0.			GENERAL OPERATING SUPPORT
KQED INC 2601 MARIPOSA ST SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LA FAMILIA MEDICAL CENTER PO BOX 5395 SANTA FE, NM 87502-5395	85-0220875	501(C)(3)	18,299.	0.			GENERAL OPERATING SUPPORT

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LAS CUMBRES COMMUNITY SERVICES, INC. - 1911 FIFTH ST STE 100 - SANTA FE, NM 87507	23-7144268	501(C)(3)	26,912.	0.			GENERAL OPERATING SUPPORT
LEADERSHIP INSTITUTE AT THE SANTA FE INDIAN SCHOOL - 1501 CERRILLOS RD - SANTA FE, NM 87501	85-0346497	501(C)(3)	17,000.	0.			GENERAL OPERATING SUPPORT
LEADERSHIP NEW MEXICO PO BOX 35696 ALBUQUERQUE, NM 87176	85-0437219	501(C)(3)	6,205.	0.			GENERAL OPERATING SUPPORT
LENSIC PERFORMING ARTS CENTER CORPORATION - 211 W. SAN FRANCISCO ST. - SANTA FE, NM 87501	85-0448396	501(C)(3)	84,157.	0.			GENERAL OPERATING SUPPORT
LEWIS AND CLARK COLLEGE O-615 SW PALATINE HILL RD PORTLAND, OR 97219-7879	93-0386858	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LIFE LINK PO BOX 6094 SANTA FE, NM 87502-6094	85-0360455	501(C)(3)	34,750.	0.			GENERAL OPERATING SUPPORT
LITERACY VOLUNTEERS OF SANTA FE 6401 RICHARDS AVE RM 514A SANTA FE, NM 87508	85-0350349	501(C)(3)	17,465.	0.			GENERAL OPERATING SUPPORT
LITTLEGLOBE, INC. PO BOX 24213 SANTA FE, NM 87502	27-0118569	501(C)(3)	19,000.	0.			GENERAL OPERATING SUPPORT
LOS ALAMOS NATIONAL LABORATORY FOUNDATION - 1112 PLAZA DEL NORTE - ESPANOLA, NM 87532	74-2853972	501(C)(3)	28,500.	0.			GENERAL OPERATING SUPPORT

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MCCURDY MINISTRIES 362A S MCCURDY RD ESPANOLA, NM 87532	85-0127907	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
MENTORING KIDS WORKS NM 809 ST. MICHAEL'S DRIVE SANTA FE, NM 87505	35-2395701	501(C)(3)	7,750.	0.			GENERAL OPERATING SUPPORT
MORA VALLEY COMMUNITY HEALTH SERVICES, INC. - PO BOX 209 - MORA, NM 87732-0209	85-0233466	501(C)(3)	27,750.	0.			GENERAL OPERATING SUPPORT
MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MOUNTAIN STUDIES INSTITUTE P.O. BOX 426 SILVERTON, CO 81433	73-1644103	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MUSEUM OF NEW MEXICO FOUNDATION 710 CAMINO LEJO SANTA FE, NM 87505	85-0202503	501(C)(3)	35,872.	0.			GENERAL OPERATING SUPPORT
NATIONAL DANCE INSTITUTE NEW MEXICO INC. - 1140 ALTO ST - SANTA FE, NM 87505	85-0431846	501(C)(3)	117,465.	0.			GENERAL OPERATING SUPPORT
NATIONAL PARKS CONSERVATION ASSOCIATION - P.O. BOX 537 - ARROYO HONDO, NM 87513	53-0225165	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190-5362	53-0204616	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

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NATURE CONSERVANCY IN NEW MEXICO 1613 PASEO DE PERALTA STE 200 SANTA FE, NM 87501	53-0242652	501(C)(3)	17,562.	0.			GENERAL OPERATING SUPPORT
NEW ENERGY ECONOMY 343 E ALAMEDA ST SANTA FE, NM 87501-2229	20-2845513	501(C)(3)	64,500.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO APPLESEED 222 EAST MARCY STREET, SUITE 20 SANTA FE, NM 87501	20-4985257	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO ASSOCIATION FOR INFANT MENTAL HEALTH - 630 MANZANO STREET, NE SUITE B - ALBUQUERQUE, NM 87110-6360	20-2281691	501(C)(3)	14,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO CENTER ON LAW AND POVERTY - 924 PARK AVENUE SW, SUITE C - ALBUQUERQUE, NM 87102-3023	85-0437960	501(C)(3)	78,530.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO COALITION AGAINST DOMESTIC VIOLENCE - 2340 ALAMO AVE SE - ALBUQUERQUE, NM 87106	93-0792163	501(C)(3)	15,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO DEPARTMENT OF HEALTH - PROGRAM SUPPORT BUREAU - 1190 ST. FRANCIS DRIVE, S-1110 - SANTA FE, NM 87505		115	14,500.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO ENVIRONMENTAL LAW CENTER - 1405 LUISA ST STE 5 - SANTA FE, NM 87505-4074	85-0360664	501(C)(3)	89,812.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO FAITH COALITION FOR IMMIGRANT JUSTICE - PO BOX 40679 - ALBUQUERQUE, NM 87196	32-0466290	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT

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NEW MEXICO FIRST PO BOX 56549 ALBUQUERQUE, NM 87187-6549	85-0350387	501(C)(3)	200,832.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO FOUNDATION/NEW MEXICO COMMUNITY FOUNDATION - 8 CALLE MEDICO - SANTA FE, NM 87505	85-0311210	501(C)(3)	44,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO HIGHLANDS UNIVERSITY BOX 9000 LAS VEGAS, NM 87701	85-6000406	115	16,240.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO IMMIGRANT LAW CENTER PO BOX 7040 ALBUQUERQUE, NM 87194-7040	27-3303237	501(C)(3)	101,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO INTERFAITH POWER AND LIGHT - PO BOX 27162 - ALBUQUERQUE, NM 87125-7162	26-4654545	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO KIDS MATTER INC. 2340 ALAMO AVE. SE SUITE 112 ALBUQUERQUE, NM 87106	85-0424064	501(C)(3)	8,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO LAND CONSERVANCY PO BOX 6759 SANTA FE, NM 87502	06-1648104	501(C)(3)	28,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO LEGAL AID PO BOX 25486 ALBUQUERQUE, NM 87125	85-0116950	501(C)(3)	7,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO PBS 1130 UNIVERSITY BLVD NE ALBUQUERQUE, NM 87102	85-6000642	501(C)(3)	16,250.	0.			GENERAL OPERATING SUPPORT

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NEW MEXICO RECYCLING COALITION PO BOX 24364 SANTA FE, NM 87502	85-0413563	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO SCHOOL FOR THE ARTS - ART INSTITUTE - 500 MONTEZUMA AVE STE 200 - SANTA FE, NM 87501	26-4764395	501(C)(3)	36,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO SCHOOL FOR THE DEAF 1060 CERRILLOS RD SANTA FE, NM 87503	85-6000544	501(C)(3)	22,002.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO STATE UNIVERSITY PO BOX 30001, MSC 5100 LAS CRUCES, NM 88003	85-6000401	115	98,469.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVE SW STE 195 ALBUQUERQUE, NM 87102	85-0348301	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO WILDERNESS ALLIANCE PO BOX 25464 ALBUQUERQUE, NM 87125	85-0457916	501(C)(3)	20,500.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO WILDLIFE CENTER 19 WHEAT STREET ESPANOLA, NM 87532	85-0346210	501(C)(3)	20,123.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO WILDLIFE FEDERATION 6100 SEAGULL STREET SUITE B-105 ALBUQUERQUE, NM 87102	85-0160947	501(C)(3)	21,500.	0.			GENERAL OPERATING SUPPORT
NM COMUNIDADES EN ACCION Y DE FE P.O. BOX 2624 ANTHONY, NM 88021	27-3310051	501(C)(3)	58,530.	0.			GENERAL OPERATING SUPPORT

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NORTHERN NEW MEXICO STREET HOMELESS ANIMAL PROJECT INC - 1000 CORDOVA PL # 34 - SANTA FE, NM 87505-1725	80-0254858	501(C)(3)	9,750.	0.			GENERAL OPERATING SUPPORT
OFFICE OF STUDENT WELLNESS, SANTA FE PUBLIC SCHOOLS - 610 ALTA VISTA - SANTA FE, NM 87501	85-6000169	115	5,250.	0.			GENERAL OPERATING SUPPORT
OHKAY OWINGEH HOUSING AUTHORITY PO BOX 1059 OHKAY OWINGEH, NM 87566	85-0446828	115	15,000.	0.			GENERAL OPERATING SUPPORT
OJO SARCO COMMUNITY CENTER HCR 65 BOX 99 OJO SARCO, NM 87521	85-0369329	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
OLE EDUCATION FUND 411 BELLAMAH AVE NW ALBUQUERQUE, NM 87102	27-1275857	501(C)(3)	43,530.	0.			GENERAL OPERATING SUPPORT
PARENTS REACHING OUT TO HELP 1920 COLUMBIA DRIVE, SE SUITE B ALBUQUERQUE, NM 87106	85-0340120	501(C)(3)	14,000.	0.			GENERAL OPERATING SUPPORT
PARTNERS IN EDUCATION FOUNDATION FOR THE SFPS - PO BOX 23374 - SANTA FE, NM 87502	85-0392417	501(C)(3)	84,288.	0.			GENERAL OPERATING SUPPORT
PEGASUS LEGAL SERVICES FOR CHILDREN - 3201 4TH ST NW - ALBUQUERQUE, NM 87107-1321	46-0509987	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF NEW MEXICO, INC. - 719 SAN MATEO BLVD NE - ALBUQUERQUE, NM 87108-1434	85-0197745	501(C)(3)	41,050.	0.			GENERAL OPERATING SUPPORT

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PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS - 7155 E 38TH AVE - DENVER, CO 80207-1630	84-0404253	501(C)(3)	16,000.	0.			GENERAL OPERATING SUPPORT
POLESTAR GARDENS, INC. 19090 PURDON ROAD NEVADA CITY, CA 95959	68-0453822	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
PORTLAND STATE UNIVERSITY CASHIER'S OFFICE P.O. BOX 908 PORTLAND, OR 97207	93-0619733	115	10,000.	0.			GENERAL OPERATING SUPPORT
PRAISING EARTH INC 4772 VISTA DEL SOL SANTA FE, NM 87507	81-4688431	501(C)(3)	7,832.	0.			GENERAL OPERATING SUPPORT
PRESBYTERIAN MEDICAL SERVICES 1422 PASEO DE PERALTA SANTA FE, NM 87501	85-0206810	501(C)(3)	15,250.	0.			GENERAL OPERATING SUPPORT
PRESBYTERIAN MEDICAL SERVICES FOUNDATION - PO BOX 2267 - SANTA FE, NM 87504-2267	85-0435792	501(C)(3)	11,500.	0.			GENERAL OPERATING SUPPORT
PROPUBLICA 155 AVENUE OF THE AMERICAS, 13TH FL NEW YORK, NY 10013	14-2007220	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
PROSPERITY WORKS 909 COPPER AVE NW ALBUQUERQUE, NM 87102-3029	85-0466059	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PUEBLO DE ABIQUIU LIBRARY AND CULTURAL CENTER - PO BOX 838 - ABIQUIU, NM 87510-0838	85-0249591	501(C)(3)	10,689.	0.			GENERAL OPERATING SUPPORT

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PUEBLO OF JEMEZ 110 SHEEP SPRINGS WAY JEMEZ PUEBLO, NM 87024	85-0216473	115	10,000.	0.			GENERAL OPERATING SUPPORT
R & R FOR VETS INC. 8 CENTAURUS RANCH ROAD SANTA FE, NM 87507	81-4311655	501(C)(3)	12,750.	0.			GENERAL OPERATING SUPPORT
RAILYARD PARK CONSERVANCY 805 EARLY ST 204 B SANTA FE, NM 87505	32-0312957	501(C)(3)	7,825.	0.			GENERAL OPERATING SUPPORT
RATON HIGH SCHOOL 1535 TIGER CIR RATON, NM 87740-4300	85-6001641	115	20,000.	0.			GENERAL OPERATING SUPPORT
READING QUEST PMB #652 369 MONTEZUMA AVE - SANTA FE, NM 87501	47-3350742	501(C)(3)	24,500.	0.			GENERAL OPERATING SUPPORT
REEL FATHERS 6 TORNEO COURT SANTA FE, NM 87508	26-4664688	501(C)(3)	25,500.	0.			GENERAL OPERATING SUPPORT
REGENTS OF THE UNIVERSITY OF NEW MEXICO - 1700 LOMAS, NE SUITE 2100 - ALBUQUERQUE, NM 87131	85-6000642	115	100,000.	0.			GENERAL OPERATING SUPPORT
RENEWABLE TAOS, INC. P.O. BOX 1453 TAOS, NM 87571-1453	46-4500323	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
RESOLVE VIOLENCE PREVENTION PO BOX 8350 SANTA FE, NM 87504-8350	85-0475597	501(C)(3)	20,250.	0.			GENERAL OPERATING SUPPORT

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REUNITY RESOURCES 1000 CORDOVA PLACE #650 SANTA FE, NM 87505	45-2298696	501(C)(3)	22,000.	0.			GENERAL OPERATING SUPPORT
RIO GRANDE COMMUNITY DEVELOPMENT CORPORATION - 318 ISLETA SW - ALBUQUERQUE, NM 87105	85-0348445	501(C)(3)	169,961.	0.			GENERAL OPERATING SUPPORT
ROCKY MOUNTAIN YOUTH CORPS PO BOX 1960 RANCHOS DE TAOS, NM 87557-1960	85-0404817	501(C)(3)	9,500.	0.			GENERAL OPERATING SUPPORT
ROMAN CATHOLIC DIOCESE OF LAS CRUCES - 1280 MED PARK DRIVE - LAS CRUCES, NM 88005	85-0303816	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SALVATION ARMY LAS CRUCES 1590 CALIFORNIA AVENUE LAS CRUCES, NM 88001	94-1156347	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SAN JUAN CITIZENS ALLIANCE PO BOX 2461 DURANGO, CO 81302	84-1447465	501(C)(3)	13,000.	0.			GENERAL OPERATING SUPPORT
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053-0615	94-1156617	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
SANTA FE ALLIANCE FOR SCIENCE 369 MONTEZUMA AVE., #470 SANTA FE, NM 87501	20-8879193	501(C)(3)	20,250.	0.			GENERAL OPERATING SUPPORT
SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY - 100 CAJA DEL RIO RD - SANTA FE, NM 87507	85-6000484	501(C)(3)	24,079.	0.			GENERAL OPERATING SUPPORT

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SANTA FE BOTANICAL GARDEN PO BOX 23343 SANTA FE, NM 87502-3343	85-0366754	501(C)(3)	34,900.	0.			GENERAL OPERATING SUPPORT
SANTA FE BOYS AND GIRLS CLUBS, INC. - P.O. BOX 29805 - SANTA FE, NM 87592	85-0102948	501(C)(3)	18,033.	0.			GENERAL OPERATING SUPPORT
SANTA FE CHAMBER MUSIC FESTIVAL PO BOX 2227 SANTA FE, NM 87504-2227	85-0224461	501(C)(3)	79,550.	0.			GENERAL OPERATING SUPPORT
SANTA FE CHILDREN'S MUSEUM 1050 OLD PECOS TRAIL SANTA FE, NM 87505	85-0335070	501(C)(3)	25,500.	0.			GENERAL OPERATING SUPPORT
SANTA FE COMMUNITY COLLEGE 6401 RICHARDS AVENUE SANTA FE, NM 87508	85-0311615	115	83,569.	0.			GENERAL OPERATING SUPPORT
SANTA FE COMMUNITY COLLEGE FOUNDATION - 6401 RICHARDS AVE - SANTA FE, NM 87508	85-0338954	501(C)(3)	26,992.	0.			GENERAL OPERATING SUPPORT
SANTA FE COMMUNITY ORCHESTRA 1000 CORDOVA PL #211 SANTA FE, NM 87505	85-0301342	501(C)(3)	8,100.	0.			GENERAL OPERATING SUPPORT
SANTA FE CONCERT ASSOCIATION DBA PERFORMANCE SANTA FE - 300 PASEO DE PERALTA, SUITE 102 - SANTA FE, NM 87501	23-7265489	501(C)(3)	19,500.	0.			GENERAL OPERATING SUPPORT
SANTA FE CONSERVATION TRUST PO BOX 23985 SANTA FE, NM 87502-3985	85-0418988	501(C)(3)	97,233.	0.			GENERAL OPERATING SUPPORT

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SANTA FE COUNCIL ON INTERNATIONAL RELATIONS - 413 GRANT AVE STE D - SANTA FE, NM 87501-1301	85-0196904	501(C)(3)	10,400.	0.			GENERAL OPERATING SUPPORT
SANTA FE DESERT CHORALE 311 E PALACE AVE SANTA FE, NM 87501	85-0300479	501(C)(3)	10,750.	0.			GENERAL OPERATING SUPPORT
SANTA FE DREAMERS PROJECT P.O. BOX 8009 SANTA FE, NM 87504	82-0839645	501(C)(3)	47,500.	0.			GENERAL OPERATING SUPPORT
SANTA FE FARMERS MARKET INSTITUTE 1607 PASEO DE PERALTA STE A SANTA FE, NM 87501	30-0124953	501(C)(3)	18,062.	0.			GENERAL OPERATING SUPPORT
SANTA FE GIRLS SCHOOL 310 W ZIA RD SANTA FE, NM 87505-5723	85-0450769	501(C)(3)	9,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE HABITAT FOR HUMANITY 2520 CAMINO ENTRADA, UNIT A SANTA FE, NM 87507	58-1285159	501(C)(3)	20,562.	0.			GENERAL OPERATING SUPPORT
SANTA FE MOUNTAIN CENTER, INC. PO BOX 449 TESUQUE, NM 87574-0449	85-0272388	501(C)(3)	6,250.	0.			GENERAL OPERATING SUPPORT
SANTA FE OPERA PO BOX 2408 SANTA FE, NM 87504-2408	85-0131810	501(C)(3)	50,500.	0.			GENERAL OPERATING SUPPORT
SANTA FE PREPARATORY SCHOOL 1101 CAMINO DE LA CRUZ BLANCA SANTA FE, NM 87505-0396	85-0165745	501(C)(3)	81,750.	0.			GENERAL OPERATING SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA FE PRO MUSICA 1512 PACHECO ST. D201 SANTA FE, NM 87505	85-0283203	501(C)(3)	60,750.	0.			GENERAL OPERATING SUPPORT
SANTA FE PUBLIC SCHOOLS 610 ALTA VISTA SANTA FE, NM 87505	85-6000169	115	17,750.	0.			GENERAL OPERATING SUPPORT
SANTA FE RECOVERY CENTER 5312 JAGUAR DRIVE SANTA FE, NM 87507	85-0216967	501(C)(3)	28,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE SYMPHONY ORCHESTRA & CHORUS - PO BOX 9692 - SANTA FE, NM 87504	85-0331684	501(C)(3)	42,360.	0.			GENERAL OPERATING SUPPORT
SANTA FE WATERSHED ASSOCIATION 1413 SECOND ST STE 3 SANTA FE, NM 87505	86-0996109	501(C)(3)	22,500.	0.			GENERAL OPERATING SUPPORT
SANTA FE YOUTH SYMPHONY ASSOCIATION - 551 WEST CORDOVA RD. #190 - SANTA FE, NM 87505	85-0436819	501(C)(3)	14,975.	0.			GENERAL OPERATING SUPPORT
SARABANDE BOOKS INC 822 EAST MARKET STREET LOUISVILLE, KY 40206	61-1256352	501(C)(3)	232,000.	0.			GENERAL OPERATING SUPPORT
SAVE THE CHILDREN FEDERATION, INC. (NATIONAL) - 501 KINGS HIGHWAY EAST, SUITE 400 - FAIRFIELD, CT 06825	06-0726487	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SCHOOL FOR ADVANCED RESEARCH PO BOX 2188 SANTA FE, NM 87504	85-0125045	501(C)(3)	10,099.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCOTTS HOUSE 634 GARCIA STREET, APT 25 SANTA FE, NM 87505	46-4755884	501(C)(3)	11,500.	0.			GENERAL OPERATING SUPPORT
SEARCHLIGHT NEW MEXICO 202 E. MARCY STREET SANTA FE, NM 87501	81-3234552	501(C)(3)	56,000.	0.			GENERAL OPERATING SUPPORT
SELF HELP, INC. 2390 NORTH RD LOS ALAMOS, NM 87544	85-0209449	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SHRINERS HOSPITALS FOR CHILDREN 2900 N. ROCKY POINT DR. TAMPA, FL 33607	04-2121377	501(C)(3)	10,499.	0.			GENERAL OPERATING SUPPORT
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET, SUITE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	27,562.	0.			GENERAL OPERATING SUPPORT
SILICON VALLEY SOCIAL VENTURE FUND 350 TWIN DOLPHIN DRIVE, SUITE 103 REDWOOD CITY, CA 94065	51-0644783	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
SIMMONS COLLEGE P.O. BOX 414104 BOSTON, MA 02241-4104	04-2103629	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SITE SANTA FE 1606 PASEO DE PERALTA SANTA FE, NM 87501-3724	85-0413922	501(C)(3)	22,325.	0.			GENERAL OPERATING SUPPORT
SKY MOUNTAIN WILD HORSE SANCTUARY P.O. BOX 2946 SANTA FE, NM 87504	87-0805652	501(C)(3)	20,500.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLACE CRISIS TREATMENT CENTER 6601 VALENTINE WAY SANTA FE, NM 87507-7301	85-0242274	501(C)(3)	43,716.	0.			GENERAL OPERATING SUPPORT
SOMOS UN PUEBLO UNIDO 1804 ESPINACITAS SANTA FE, NM 87505-3854	85-0376286	501(C)(3)	81,280.	0.			GENERAL OPERATING SUPPORT
SOULFUL SERVICES, LLC 424 CROMWELL AVENUE, SW ALBUQUERQUE, NM 87102-2919	83-2377233	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST C.A.R.E. CENTER PO BOX 6880 SANTA FE, NM 87502	85-0397444	501(C)(3)	10,624.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST ENVIRONMENTAL CENTER 275 NORTH MAIN STREET LAS CRUCES, NM 88001	85-0403860	501(C)(3)	16,750.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST LEARNING CENTERS PO BOX 8627 SANTA FE, NM 87504-8627	85-0225579	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST ORGANIZING PROJECT 211 10TH STREET SW ALBUQUERQUE, NM 87102-2919	85-0361425	501(C)(3)	25,043.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST RESEARCH AND INFORMATION CENTER - PO BOX 4524 - ALBUQUERQUE, NM 87196-4524	23-7159949	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SOUTHWESTERN COLLEGE 3960 SAN FELIPE ROAD SANTA FE, NM 87507	85-0271348	501(C)(3)	16,250.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. EDWARD'S UNIVERSITY 3001 S CONGRESS AVE BOX 1031 AUSTIN, TX 78704	74-1109641	501(C)(3)	11,642.	0.			GENERAL OPERATING SUPPORT
ST. ELIZABETH SHELTER 804 ALARID ST SANTA FE, NM 87505-3040	85-0347650	501(C)(3)	130,735.	0.			GENERAL OPERATING SUPPORT
ST. JOHNS UNITED METHODIST CHURCH/BAG 'N' HAND PANTRY - 1200 OLD PECOS TRL - SANTA FE, NM 87505-0361	36-2167731	501(C)(3)	7,750.	0.			GENERAL OPERATING SUPPORT
SUFFOLK UNIVERSITY 8 ASHBURTON PLACE BOSTON, MA 02108-2770	04-2133255	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
TAOS PUEBLO P.O. BOX 1846 TAOS, NM 87571-1846	85-0222954	115	9,440.	0.			GENERAL OPERATING SUPPORT
TEATRO PARAGUAS INC. 3205 CALLE MARIE STE B SANTA FE, NM 87507	85-0422412	501(C)(3)	8,600.	0.			GENERAL OPERATING SUPPORT
TEEN SUCCESS INC 508 VALLEY WAY MILPITAS, CA 95035	45-0702884	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
TEWA WOMEN UNITED PO BOX 397 SANTA CRUZ, NM 87567-0397	85-0480836	501(C)(3)	330,500.	0.			GENERAL OPERATING SUPPORT
THE FAMILY YMCA & THE ESPAOLA YMCA TEEN CENTER - 1450 IRIS - LOS ALAMOS, NM 87544	85-0130054	501(C)(3)	11,250.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HOPI FOUNDATION PO BOX 301 KYKOTSMOVI, AZ 86039	74-2488628	501(C)(3)	35,000.	0.			GENERAL OPERATING SUPPORT
THE SKY CENTER/NEW MEXICO SUICIDE INTERVENTION PROJECT - PO BOX 6004 - SANTA FE, NM 87502-6004	85-0427990	501(C)(3)	5,250.	0.			GENERAL OPERATING SUPPORT
THE WILDERNESS SOCIETY 317 COMMERCIAL ST., NE FL3 ALBUQUERQUE, NM 87102	53-0167933	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
THEATER GROTTESCO 551 WEST CORDOVA ROAD, # 8400 SANTA FE, NM 87505	38-2812525	501(C)(3)	50,500.	0.			GENERAL OPERATING SUPPORT
THINK NEW MEXICO 1227 PASEO DE PERALTA SANTA FE, NM 87501-2758	31-1611995	501(C)(3)	25,680.	0.			GENERAL OPERATING SUPPORT
TRANSGENDER RESOURCE CENTER OF NEW MEXICO - PO BOX 80872 - ALBUQUERQUE, NM 87198	39-2076744	501(C)(3)	5,250.	0.			GENERAL OPERATING SUPPORT
TRUCHAS SERVICES CENTER, INC. P.O BOX 330 TRUCHAS, NM 87578	23-7319699	501(C)(3)	86,044.	0.			GENERAL OPERATING SUPPORT
TSNE MISSIONWORKS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	31,337.	0.			GENERAL OPERATING SUPPORT
UNITARIAN UNIVERSALIST CONGREGATION OF SANTA FE - PO BOX 4637 - SANTA FE, NM 87502	04-2103733	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SANTA FE COUNTY 440 CERRILLOS RD STE A SANTA FE, NM 87501-2644	85-0163601	501(C)(3)	113,216.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF NEW MEXICO FOUNDATION, INC. - 700 LOMAS NE, STE 108 - ALBUQUERQUE, NM 87102-2520	85-0275408	501(C)(3)	68,000.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF NEW MEXICO SCHOLARSHIP OFFICE - 1 UNIVERSITY OF NEW MEXICO - ALBUQUERQUE, NM 87131-0001	85-6000642	115	143,184.	0.			SCHOLARSHIPS
UNIVERSITY OF ROCHESTER OFFICE OF FINANCIAL AID PO BOX 270261 - ROCHESTER, NY 14627-0261	16-0743209	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF WISCONSIN-RIVER FALLS FOUNDATION - 410 SOUTH THIRD STREET - RIVER FALLS, WI 54022-5001	39-6064630	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
UPPER PECOS WATERSHED ASSOCIATION P.O. BOX 140 PECOS, NM 87552	20-5654749	501(C)(3)	18,500.	0.			GENERAL OPERATING SUPPORT
VILLAGE OF CHAMA/ ELEANOR DAGGETT MEMORIAL LIBRARY - 299 4TH STREET PO BOX 795 - CHAMA, NM 87520	85-0163302	115	6,000.	0.			GENERAL OPERATING SUPPORT
WESTERN ENVIRONMENTAL LAW CENTER 208 PASEO DEL PUEBLO SUR #602 TAOS, NM 87571	93-1010269	501(C)(3)	54,750.	0.			GENERAL OPERATING SUPPORT
WESTERN LANDOWNERS ALLIANCE PO BOX 6278 SANTA FE, NM 87502	46-1346488	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN NEW MEXICO UNIVERSITY P.O. BOX 680 SILVER CITY, NM 88062	31-1009680	115	5,718.	0.			GENERAL OPERATING SUPPORT
WILDEARTH GUARDIANS 301 NORTH GUADALUPE ST., SUITE 201 SANTA FE, NM 87501	85-0406306	501(C)(3)	65,761.	0.			GENERAL OPERATING SUPPORT
WINGS OF AMERICA 901 W. SAN MATEO ROAD, STE. M SANTA FE, NM 87505	85-0359622	501(C)(3)	6,250.	0.			GENERAL OPERATING SUPPORT
WISE POOL NEW MEXICO 1131 SILER ROAD SANTA FE, NM 87507	85-0473796	501(C)(3)	38,600.	0.			GENERAL OPERATING SUPPORT
YOUNG WOMEN UNITED/ BOLD FUTURES 309 GOLD AVE SW ALBUQUERQUE, NM 87102	85-0481224	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
YOUTH SHELTERS AND FAMILY SERVICES PO BOX 28279 SANTA FE, NM 87592	85-0324625	501(C)(3)	89,250.	0.			GENERAL OPERATING SUPPORT
YOUTHWORKS 1000 CORDOVA PLACE #415 SANTA FE, NM 87505	85-0480524	501(C)(3)	71,250.	0.			GENERAL OPERATING SUPPORT

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PRIOR TO ISSUANCE OF ANY GRANT, SFCF STAFF FOLLOWS DUE DILIGENCE PROCEDURES TO ASCERTAIN THE SUITABILITY OF ANY GRANT. GRANTEES RECEIVING FUNDS THROUGH ANY OF THE COMPETITIVE GRANT CYCLES MUST HAVE AN ON-SITE VISITATION BY SFCF STAFF OR A GRANTS COMMITTEE MEMBER. GRANTS GREATER THAN \$ 5,000 REQUIRE A FINAL REPORT. SHOULD A GRANTEE NOT BE ABLE TO MEET THE TERMS OF THE GRANT, THE GRANT IS REFUNDED TO SFCF.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **SANTA FE COMMUNITY FOUNDATION**  
 Employer identification number: **85-0303044**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM SMITH PRESIDENT & CEO	(i)	169,950.	596.	0.	8,497.	9,453.	188,496.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 7:**

**BONUSES WERE PAID TO OFFICERS BASED ON OVERALL FOUNDATION PERFORMANCE.**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **SANTA FE COMMUNITY FOUNDATION**  
Employer identification number: **85-0303044**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	10,000.	APPRAISALS
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	70	7,842,020.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** **1**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES A REALTOR TO SELL ANY DONATED REAL ESTATE.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

SANTA FE COMMUNITY FOUNDATION

Employer identification number

85-0303044

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GENERATIONS, BY:

BUILDING AND MANAGING ENDOWMENT FUNDS IN ORDER TO AWARD GRANTS.

HELPING NONPROFITS OPERATE MORE EFFECTIVELY.

CONVENING AREA RESIDENTS TO DISCUSS ISSUES OF CRITICAL IMPORTANCE TO  
THE COMMUNITY.

PROVIDING LEADERSHIP FOR KEY COMMUNITY INITIATIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

3) CONVENING AREA RESIDENTS TO DISCUSS ISSUES OF CRITICAL IMPORTANCE TO  
THE COMMUNITY;

4) PROVIDING LEADERSHIP FOR KEY COMMUNITY INITIATIVES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE PINON AWARDS IS AN ANNUAL EVENT WHEREBY THE FOUNDATION RECOGNIZES  
LOCAL NONPROFIT ORGANIZATIONS FOR THEIR ACHIEVEMENTS.

EXPENSES \$ 28,792. INCLUDING GRANTS OF \$ 16,000. REVENUE \$ 23,850.

FORM 990, PART VI, SECTION B, LINE 11B:

THE INDEPENDENT ACCOUNTING FIRM CONDUCTING THE AUDIT WILL PREPARE THE FORM  
990 BASED ON THE AUDIT WORKPAPERS AND ADDITIONAL SCHEDULES PROVIDED BY SFCF  
STAFF. THE INDEPENDENT ACCOUNTING FIRM WILL REVIEW THE LINE ITEMS OF THE  
FORM 990 WITH THE FINANCE COMMITTEE TO APPROVE THE 990. UPON APPROVAL OF  
THE FINANCE COMMITTEE, THE FORM 990 WILL BE FILED WITH THE INTERNAL REVENUE  
SERVICE AND THE STATE OF NEW MEXICO. A PUBLIC INSPECTION COPY OF THE RETURN  
WILL BE PROVIDED TO EACH BOARD MEMBER.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization SANTA FE COMMUNITY FOUNDATION	Employer identification number 85-0303044
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FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS AVAILABLE AT THE SANTA FE COMMUNITY FOUNDATION OFFICE. ALL NEW BOARD MEMBERS MUST SIGN OFF ON RECEIPT OF THE POLICY. YEARLY, ALL BOARD MEMBERS AND KEY STAFF ARE TO COMPLETE THE QUESTIONNAIRE NOTED IN THE POLICY. THE GOVERNANCE COMMITTEE SERVES AS THE CONFLICTS COMMITTEE TO MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY. AFTER THE QUESTIONNAIRES ARE COMPLETED, THEY ARE REVIEWED BY THE VICE PRESIDENT OF FINANCE & OPERATIONS, THE PRESIDENT AND CEO, AND THE GOVERNANCE COMMITTEE. ANY ISSUES THAT ARISE ARE DISCUSSED WITH THE GOVERNANCE COMMITTEE. ANY ACTION TO BE TAKEN BY THE BOARD IS RECOMMENDED BY THE GOVERNANCE COMMITTEE.

DUTY TO ABSTAIN: NO DIRECTOR SHALL VOTE ON ANY MATTER IN WHICH HE OR SHE HAS A MATERIAL AND DIRECT FINANCIAL INTEREST. DIRECTOR ABSTAINS AND THIS IS NOTED IN THE MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A:

THE SANTA FE COMMUNITY FOUNDATION INDEPENDENT BOARD OF DIRECTORS APPROVES THE COMPENSATION ARRANGEMENTS FOR THE PRESIDENT AND CEO. THIS PROCESS INCLUDES AN ANNUAL EVALUATION OF PERFORMANCE AND REVIEW OF COMPARABLE SALARIES PAID TO PERSONS IN COMPARABLE POSITIONS. THE ORGANIZATION MAINTAINS CONTEMPORANEOUS DOCUMENTATION OF THE DECISIONS. FOR 2019 SALARIES, THIS PROCESS WAS LAST COMPLETED IN DECEMBER 2018.

LINE 15B: THE PRESIDENT & CEO APPROVES THE COMPENSATION ARRANGEMENTS FOR THE REMAINING STAFF MEMBERS OF THE SANTA FE COMMUNITY FOUNDATION WITHIN THE BUDGET ESTABLISHED BY THE BOARD OF DIRECTORS. THIS PROCESS INCLUDES AN ANNUAL EVALUATION OF PERFORMANCE AND REVIEW OF COMPARABLE SALARIES PAID TO PERSONS IN COMPARABLE POSITIONS. FOR 2019, THE VICE PRESIDENT OF COMMUNITY

Name of the organization

SANTA FE COMMUNITY FOUNDATION

Employer identification number

85-0303044

PHILANTHROPY AND THE VICE PRESIDENT OF FINANCE & OPERATIONS WERE EVALUATED ACCORDING TO THIS PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING/ORGANIZING DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE SANTA FE COMMUNITY FOUNDATION OFFICE.

THE CONFLICT OF INTEREST POLICY IS AVAILABLE AT THE SANTA FE COMMUNITY FOUNDATION OFFICE. ALL NEW BOARD MEMBERS MUST SIGN OFF ON RECEIPT OF THE POLICY. YEARLY, ALL BOARD MEMBERS MUST SIGN OFF ON THE RECEIPT OF THE POLICY. YEARLY, ALL BOARD MEMBERS AND KEY STAFF ARE TO COMPLETE THE QUESTIONNAIRE NOTED IN THE POLICY.

THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT THE SANTA FE COMMUNITY FOUNDATION OFFICE. THE AUDITED FINANCIAL STATEMENTS AND THE PUBLIC INSPECTION COPY OF THE FORM 990 ARE POSTED ON THE SANTA FE COMMUNITY FOUNDATION WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN SPLIT INTEREST AGREEMENTS	-4,693.
BOOK TAX DIFFERENCE AGENCY FUND ADJUSTMENT	63,311.
TOTAL TO FORM 990, PART XI, LINE 9	58,618.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **SANTA FE COMMUNITY FOUNDATION** Employer identification number **85-0303044**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SFCF, LLC - 45-3479032 501 HALONA STREET SANTA FE, NM 87505	HOLDS THE BUILDING IN WHICH THE SANTA FE COMMUNITY FOUNDATION OFFICES ARE LO	NEW MEXICO	57,643.	2,275,488.	SANTA FE COMMUNITY FOUNDATION
SFCF PINON LEGACY, LLC - 85-0303044 501 HALONA STREET SANTA FE, NM 87505	HOLDS PROPERTY DONATED TO THE SANTA FE COMMUNITY FOUNDATION	NEW MEXICO	0.	0.	SANTA FE COMMUNITY FOUNDATION
SFCF SPECIAL PROJECTS, LLC - 46-2729347 501 HALONA STREET SANTA FE, NM 87505	HOLDS PROPERTY AND OPERATIONS OF THE MOBILE GROCERY "MOGRO" PROJECT	NEW MEXICO	196,925.	1,060,746.	SANTA FE COMMUNITY FOUNDATION

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2019



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....	X	
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				





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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SANTA FE COMMUNITY FOUNDATION</b>	Taxpayer identification number (TIN) <b>85-0303044</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 1827</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SANTA FE, NM 87504</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KEVIN SOKOL-WHITE**

- The books are in the care of ▶ **501 HALONA STREET - SANTA FE, NM 87505**  
Telephone No. ▶ **505-988-9715** 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.