

PUBLIC DISCLOSURE COPY

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

**SANTA FE COMMUNITY FOUNDATION**

**85-0303044**

Name and title of officer or person subject to tax

**DOLORES OVERTON  
TREASURER**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>26,179,829.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize MOSS ADAMS LLP to enter my PIN 11111  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

9/27/2021

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

8533482222

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Pamela Alexanderson Date ▶ 09/22/21

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

# 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 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** 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.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2020 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>89,478,942.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SANTA FE, NM 87504</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>CHRISTOPHER GOETT SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
<b>J</b> Website: ▶ <b>HTTP://WWW.SANTAFECF.ORG</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1981</b>	<b>M</b> State of legal domicile: <b>NM</b>

**Part I Summary**

<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>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>33</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>30</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, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 21,090,077.	<b>Current Year</b> 20,833,910.
	<b>9</b> Program service revenue (Part VIII, line 2g)	37,910.	15,010.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,973,259.	5,303,849.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,801.	27,060.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,168,047.	26,179,829.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,958,485.	17,298,642.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,865,171.	1,998,249.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>459,839.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,419,724.	2,398,955.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,243,380.	21,695,846.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	8,924,667.	4,483,983.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 97,826,011.	<b>End of Year</b> 107,508,749.
	<b>21</b> Total liabilities (Part X, line 26)	4,363,463.	4,963,588.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	93,462,548.	102,545,161.

**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>DOLORES OVERTON, 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>09/28/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01218925</b>
	Firm's name ▶ <b>MOSS ADAMS LLP</b>	Firm's address ▶ <b>6565 AMERICAS PARKWAY NE STE 600 ALBUQUERQUE, NM 87110</b>	Firm's EIN ▶ <b>91-0189318</b>	Phone no. <b>505-878-7200</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 \$ 15,167,002. including grants of \$ 15,167,002. ) (Revenue \$ ) GRANTS ARE MADE FROM DONOR ADVISED, DESIGNATED, SCHOLARSHIP, DISCRETIONARY, AND EMERGENCY FUNDS. 85,000 SERVED.

4b (Code: ) (Expenses \$ 2,849,078. including grants of \$ ) (Revenue \$ 15,010. ) 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. 10,000 SERVED

4c (Code: ) (Expenses \$ 2,131,640. including grants of \$ 2,131,640. ) (Revenue \$ -29,638. ) 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 \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 20,147,720.

**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 response boxes. 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		19
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		19
<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>		X	
<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>15a</b>		X	
<b>15b</b>			X
<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) WILLIAM SMITH PRESIDENT & CEO (THROUGH AUGUST 2020)	40.00 2.00			X				213,209.	0.	14,887.
(2) CHRISTIANA FRANKLIN VP COMMUNITY PHILANTHROPY	40.00 2.00			X				129,699.	0.	18,714.
(3) KEVIN SOKOL-WHITE CFO / VP FINANCE & OPERATIONS	40.00 2.00			X				118,607.	0.	20,137.
(4) GABRIELA GOMEZ VP ADVANCEMENT	40.00 2.00			X				81,506.	0.	11,681.
(5) SUE COLITON, BOARD MEMBER, INTERIM CEO AND PRESIDENT (SEPT 2020)	40.00 2.00	X						54,647.	0.	173.
(6) BETH BELOFF CHAIR	10.00 2.00	X		X				0.	0.	0.
(7) LISA ENFIELD CHAIR (THROUGH OCTOBER 2020)	10.00 2.00	X		X				0.	0.	0.
(8) WILLIAM FINNOFF VICE-CHAIR	10.00 2.00	X		X				0.	0.	0.
(9) ELIZABETH RICE VICE-CHAIR (THROUGH OCTOBER 2020)	10.00 2.00	X		X				0.	0.	0.
(10) DEBORAH HOLLOWAY VICE-CHAIR	10.00 2.00	X		X				0.	0.	0.
(11) DOLORES OVERTON TREASURER	10.00 2.00	X		X				0.	0.	0.
(12) RICHARD MOORE TREASURER (THROUGH OCTOBER 2020)	10.00 2.00	X		X				0.	0.	0.
(13) MARCOS ZUBIA SECRETARY	10.00 2.00	X		X				0.	0.	0.
(14) PATRICIA MARCUS CURTIS BOARD MEMBER	8.00 2.00	X		X				0.	0.	0.
(15) JAVIER GONZALES BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(16) SUZANNE ORTEGA CISNEROS BOARD MEMBER (THROUGH OCTOBER 2020)	8.00 2.00	X						0.	0.	0.
(17) ELMO BACA 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) MANUEL MONASTERIO BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(19) LILLIAN MONTOYA BOARD MEMBER (THROUGH OCTOBER 2020)	8.00 2.00	X						0.	0.	0.
(20) CAROLE BRITO BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(21) ROBERT "VINCE" SMITH BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(22) MARY ANNE LARSEN BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(23) EMILY HAOZOUS BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(24) DOLLY NARANJO NEIKRUG BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(25) TRICIA ROSENBERG BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(26) RICK HERRMAN BOARD MEMBER (STARTED DECEMBER 2020)	8.00 2.00	X						0.	0.	0.
<b>1b Subtotal</b>								597,668.	0.	65,592.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								597,668.	0.	65,592.

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 3

	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	280,016.

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>	211,595.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	20622315.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$2,393,702.				
	<b>h Total.</b> Add lines 1a-1f			20833910.			
Program Service Revenue	<b>2 a</b> HUB FEES	Business Code	611430	13,260.	13,260.		
	<b>b</b> FUND SET-UP FEE		522100	1,750.	1,750.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			15,010.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			2,842,609.		2842609.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	56,698.				
		(ii) Personal					
		<b>6b</b> Less: rental expenses	0.				
	<b>6c</b> Rental income or (loss)	56,698.					
	<b>d</b> Net rental income or (loss)			56,698.		56,698.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	65492220				
		(ii) Other					
		<b>7b</b> Less: cost or other basis and sales expenses	63030980				
	<b>7c</b> Gain or (loss)	2461240.					
	<b>d</b> Net gain or (loss)			2,461,240.		2461240.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
	<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>9a</b>						
	<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	<b>10a</b>	238,495.					
	<b>10b</b> Less: cost of goods sold	268,133.					
	<b>c</b> Net income or (loss) from sales of inventory			-29,638.	-29,638.		
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			26179829.	-14,628.	0.	5360547.	

**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	17,298,642.	17,298,642.		
<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	663,259.	352,799.	152,954.	157,506.
<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	1,059,527.	668,084.	276,222.	115,221.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,079.	14,928.	6,038.	3,113.
<b>9</b> Other employee benefits	129,985.	81,555.	29,456.	18,974.
<b>10</b> Payroll taxes	121,399.	72,840.	30,191.	18,368.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	27,200.		27,200.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	468,804.		468,804.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	914,007.	839,107.	30,471.	44,429.
<b>12</b> Advertising and promotion	14,850.	11,294.	1,316.	2,240.
<b>13</b> Office expenses	175,682.	127,804.	18,969.	28,909.
<b>14</b> Information technology	203,143.	149,734.	21,332.	32,077.
<b>15</b> Royalties				
<b>16</b> Occupancy	96,972.	86,000.	7,559.	3,413.
<b>17</b> Travel	31,826.	19,925.	2,657.	9,244.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	178,603.	173,577.	618.	4,408.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	87,216.	83,988.	1,291.	1,937.
<b>23</b> Insurance	17,846.	12,481.	2,146.	3,219.
<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>WORKSHOP EXPENSE</b>	122,621.	122,621.		
<b>b</b> <b>EQUIPMENT MAINTENANCE</b>	57,015.	29,598.	10,967.	16,450.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	3,170.	2,743.	96.	331.
<b>25</b> Total functional expenses. Add lines 1 through 24e	21,695,846.	20,147,720.	1,088,287.	459,839.
<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 .....	9,871,624.	<b>2</b>	16,825,597.
	<b>3</b> Pledges and grants receivable, net .....	135,689.	<b>3</b>	2,040.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	14,174.
	<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 .....	6,720.	<b>9</b>	95,250.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,404,317.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,134,840.		
	<b>11</b> Investments - publicly traded securities .....	2,325,782.	<b>10c</b>	2,269,477.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	78,678,222.	<b>11</b>	85,712,443.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	4,397,194.	<b>12</b>	0.
	<b>14</b> Intangible assets .....	1,894,717.	<b>13</b>	2,047,307.
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	516,063.	<b>15</b>	542,461.	
	97,826,011.	<b>16</b>	107,508,749.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	203,411.	<b>17</b>	412,068.
	<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 .....	4,160,052.	<b>25</b>	4,551,520.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	4,363,463.	<b>26</b>	4,963,588.
<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 .....	12,399,384.	<b>27</b>	10,835,798.
	<b>28</b> Net assets with donor restrictions .....	81,063,164.	<b>28</b>	91,709,363.
	<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 .....	93,462,548.	<b>32</b>	102,545,161.
	<b>33</b> Total liabilities and net assets/fund balances .....	97,826,011.	<b>33</b>	107,508,749.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,179,829.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,695,846.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,483,983.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	93,462,548.
5	Net unrealized gains (losses) on investments	5	4,672,717.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-74,087.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	102,545,161.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
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 _____		

Form 990 (2020)





**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13538266.	10992500.	13035184.	21090077.	20833910.	79489937.
<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 .....	13538266.	10992500.	13035184.	21090077.	20833910.	79489937.
<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) .....						9391326.
<b>6 Public support.</b> Subtract line 5 from line 4.						70098611.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	13538266.	10992500.	13035184.	21090077.	20833910.	79489937.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1325198.	1581825.	1862435.	2240506.	2899310.	9909274.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<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						89400435.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	941,682.
<b>13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	78.41 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	75.25 %
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>1</b>		
<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>		
<b>2</b>		

**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>		
<b>1</b>		

**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>1</b>		
<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>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, 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>		
<b>3</b>		

**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 governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b 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>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, 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>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<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>		
<b>3b</b>		

**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 ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	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 0.85 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>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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.

Multiple horizontal lines for providing additional information.



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

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), 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>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</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>690,000.</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>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>488,846.</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>480,000.</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	<hr/> <hr/> <hr/>	\$ <u>464,509.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	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
5	58,910 SHARES OF GENERAL ELECTRIC CO <hr/> <hr/> <hr/>	\$ 458,846.	03/25/20
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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	
(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	
(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	
(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	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**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) 2020**

**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 .....	21,236,007.	0.												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	21,236,007.	0.												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	0.												
<table border="1" style="width: 100%; border-collapse: collapse;"> <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) .....	250,000.	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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	676,625.	844,428.	839,916.	1,000,000.	3,360,969.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,041,454.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	169,156.	211,107.	209,979.	250,000.	840,242.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,260,363.
<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
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<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

**2020**

**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 .....	151	
2 Aggregate value of contributions to (during year) .....	6,145,050.	
3 Aggregate value of grants from (during year) .....	5,619,387.	
4 Aggregate value at end of year .....	52,659,477.	
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? .....

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)? .....

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 .....

b Assets included in Form 990, Part X .....

**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	85,791,545.	67,215,291.	69,567,951.	60,243,731.	56,769,686.
b Contributions	5,266,864.	12,049,521.	4,760,351.	3,730,043.	4,164,553.
c Net investment earnings, gains, and losses	13,662,815.	14,876,694.	-3,053,777.	8,702,769.	3,549,698.
d Grants or scholarships	6,211,822.	4,263,363.	4,059,234.	2,915,925.	4,093,926.
e Other expenditures for facilities and programs	5,494,000.	4,086,598.			
f Administrative expenses				192,667.	146,280.
g End of year balance	93,015,402.	85,791,545.	67,215,291.	69,567,951.	60,243,731.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  10.2800 %
  - b Permanent endowment  52.2200 %
  - c Term endowment  37.5000 %
- 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   |     | X  |
| (ii) Related organizations  |     | X  |
| 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.	634,066.	2,199,624.
c Leasehold improvements				
d Equipment		570,627.	500,774.	69,853.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,269,477.

**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	123,791.
(3) SFAS 136 FUNDS HELD FOR AGENCIES	4,423,809.
(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.) ▶	4,551,520.

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>	30,453,080.
<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>	4,672,717.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	12,600.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	273,133.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,958,450.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	25,494,630.
<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>	468,804.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	216,395.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	685,199.
<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>	26,179,829.

**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>	21,366,542.
<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>	12,600.
<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>	269,208.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	281,808.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	21,084,734.
<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>	468,804.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	142,308.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	611,112.
<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>	21,695,846.

**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	268,133.
LAS VEGAS NM IMPACT LLC INCOME	5,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	273,133.

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

CHANGE IN SPLIT INTEREST AGREEMENT	4,401.
AGENCY FUND REVENUE	211,994.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	216,395.

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

COGS	268,133.
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**Part XIII** Supplemental Information *(continued)*

LAS VEGAS NM IMPACT LLC EXPENSES 1,075.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 269,208.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND EXPENSE 142,308.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ 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

**2020**

Open to Public  
Inspection

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

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		1,038,663.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		30,000.
<b>3 a</b> Subtotal .....	0	0			1,068,663.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			1,068,663.







**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

**2020**

**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 87501	85-0456141	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT FOR MUSIC PROGRAM
ADVAITA FELLOWSHIP P.O. BOX 3479 REDONDO BEACH, CA 90277	33-0301894	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT
AGRICULTURE IMPLEMENTATION RESEARCH & EDUCATION - 908 SOL FELIZ - TAOS, NM 87571	27-4417875	501(C)3	45,000.	0.			GENERAL OPERATING SUPPORT
ALBUQUERQUE COMMUNITY FOUNDATION PO BOX 25266 ALBUQUERQUE, NM 87125-0266	85-0295444	501(C)3	584,745.	0.			GENERAL OPERATING SUPPORT
ALDER GRADUATE SCHOOL OF EDUCATION 2946 BROADWAY ST, SUITE B REDWOOD CITY, CA 94062	47-4649648	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
ALL SPECIES PROJECT INCORPORATED 615 CORTEZ STREET SANTA FE, NM 87505	85-0366750	501(C)3	30,000.	0.			GENERAL OPERATING SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 332.**
- 3** Enter total number of other organizations listed in the line 1 table **▶**

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ALLIANCE FOR LOCAL ECONOMIC PROSPERITY - P.O. BOX 421 - SANTA FE, NM 87504	48-1275323	501(C)3	28,750.	0.			GENERAL OPERATING SUPPORT
AMERICAN CIVIL LIBERTIES UNION OF NEW MEXICO FOUNDATION - P.O. BOX 566 - ALBUQUERQUE, NM 87103	85-0275276	501(C)3	76,750.	0.			GENERAL OPERATING SUPPORT
AMERICANS FOR INDIAN OPPORTUNITY 1001 MARQUETTE AVE NW ALBUQUERQUE, NM 87102	52-0900964	501(C)3	17,000.	0.			GENERAL OPERATING SUPPORT
AMIGOS BRAVOS PO BOX 238 TAOS, NM 87571-0238	85-0363268	501(C)3	29,890.	0.			GENERAL OPERATING SUPPORT
AMP CONCERTS 1013 VASSAR DR NE ALBUQUERQUE, NM 87106	56-2644410	501(C)3	20,500.	0.			GENERAL OPERATING SUPPORT
ANIMAL PROTECTION OF NEW MEXICO, INC. - P.O. BOX 11395 - ALBUQUERQUE, NM 87192-0395	85-0283292	501(C)3	7,750.	0.			GENERAL OPERATING SUPPORT
ANIMAL WELFARE COALITION OF NORTHEASTERN NEW MEXICO - P.O. BOX 524 - LAS VEGAS, NM 87701	26-3140054	501(C)3	8,250.	0.			GENERAL OPERATING SUPPORT
ARMAND HAMMER UNITED WORLD COLLEGE OF THE AMERICAN WEST - P.O. BOX 248 - MONTEZUMA, NM 87731-0248	85-0297355	501(C)3	34,500.	0.			GENERAL OPERATING SUPPORT
ARTS COUNCIL SANTA CRUZ COUNTY 1070 RIVER ST SANTA CRUZ, CA 95060-1709	94-2600140	501(C)3	11,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ASSISTANCE DOGS OF THE WEST P.O. BOX 31027 SANTA FE, NM 87594-1027	85-0431646	501(C)3	26,129.	0.			GENERAL OPERATING SUPPORT
AUDUBON NEW MEXICO RANDALL DAVEY CENTER - PO BOX 9314 - SANTA FE, NM 87504-9314	13-1624102	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT
AVENUES EARLY CHILDHOOD SERVICES 821 S FORD DR GALLUP, NM 87301	47-4070270	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
BABSON COLLEGE 231 FOREST STREET BABSON PARK, NM 02457	04-2103544	501(C)3	6,000.	0.			GENERAL OPERATING SUPPORT
BARRIOS UNIDOS #7 JOHN HYSON DRIVE CHIMAYO, NM 87522	81-0867528	501(C)3	16,000.	0.			GENERAL OPERATING SUPPORT
BERNAL COMMUNITY CENTER PO BOX 113 SERAFINA, NM 87569-0113	85-0298421	501(C)3	7,000.	0.			GENERAL OPERATING SUPPORT
BIENVENIDOS OUTREACH, INC. PO BOX 5873 SANTA FE, NM 87502-5873	85-0375278	501(C)3	39,250.	0.			GENERAL OPERATING SUPPORT
BIG BROTHERS BIG SISTERS MOUNTAIN REGION - 1229 ST. FRANCIS DRIVE SUITE C - SANTA FE, NM 87505	85-0276498	501(C)3	16,500.	0.			GENERAL OPERATING SUPPORT
BLACK HEALTH NEW MEXICO PO BOX 4362 SANTA FE, NM 87502	82-4558762	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BOLD FUTURES 309 GOLD AVE SW ALBUQUERQUE, NM 87102	85-0481224	501(C)3	12,000.	0.			GENERAL OPERATING SUPPORT
BOSQUE SCHOOL 2300 W. ALAMEDA, A6 SANTA FE, NM 87507	85-0420092	501(C)3	11,000.	0.			GENERAL OPERATING SUPPORT
BREATH OF MY HEART BIRTH PLACE 905 CALLE ARMADA ESPANOLA, NM 87532	46-2669219	501(C)3	31,000.	0.			GENERAL OPERATING SUPPORT
BRIDGES PROJECT FOR EDUCATION P.O. BOX 308 TAOS, NM 87571	85-0448942	501(C)3	5,500.	0.			GENERAL OPERATING SUPPORT
C. G. JUNG INSTITUTE OF NEW MEXICO P.O. BOX 5933 SANTA FE, NM 87502-5933	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	72,000.	0.			GENERAL OPERATING SUPPORT
CANONES EARLY CHILDHOOD CENTER PO BOX 55 CANONES, NM 87516	85-0367878	501(C)3	5,500.	0.			GENERAL OPERATING SUPPORT
CAREER GUIDANCE INSTITUTE GREATER ALBUQUERQUE CHAMBER OF COMMERCE, 400 TIJERAS AVE - ALBUQUERQUE, NM 8	85-0323322	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CARLSBAD COMMUNITY FOUNDATION 114 SOUTH CANYON CARLSBAD, NM 88220	85-0206472	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT
CASA MILAGRO 49 CAMINO BAJO SANTA FE, NM 87508	85-0443188	501(C)3	14,750.	0.			GENERAL OPERATING SUPPORT
CASA Q P.O. BOX 36168 ALBUQUERQUE, NM 87176	46-1245391	501(C)3	11,250.	0.			GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES 3301 CANDELARIA RD NE, SUITE B ALBUQUERQUE, NM 87107	85-0110070	501(C)3	11,341.	0.			GENERAL OPERATING SUPPORT
CELEBRATE PLANET EARTH P.O. BOX 1536 SANTA FE, NM 87504	13-3500637	501(C)3	11,082.	0.			GENERAL OPERATING SUPPORT
CENTER FOR CIVIC POLICY PO BOX 27616 ALBUQUERQUE, NM 87125	01-0869701	501(C)3	11,250.	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	12,250.	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
CERES COMMUNITY PROJECT 7351 BODEGA AVE SEBASTOPOL, CA 95472-3727	26-2250997	501(C)3	8,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CHAINBREAKER COLLECTIVE P O BOX 31666 SANTA FE, NM 87594-1666	80-0420443	501(C)3	96,000.	0.			GENERAL OPERATING SUPPORT
CHANGING WOMAN INITIATIVE 460 ST. MICHAEL'S DR. SUITE 804 SANTA FE, NM 87505	81-1078799	501(C)3	12,000.	0.			GENERAL OPERATING SUPPORT
CHILD COUNSELING CTR & PLAY THERAPY INSTITUTE OF NEW MEXICO - 1400 MACLOVIA SUITE 1 - SANTA FE, NM 87504	84-1884927	501(C)3	16,500.	0.			GENERAL OPERATING SUPPORT
CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER - P.O. BOX 12025 - SANTA FE, NM 87504	85-0106941	501(C)3	250,000.	0.			GENERAL OPERATING SUPPORT
CITY OF SANTA FE PO BOX 909 SANTA FE, NM 87504-0909	85-6000168	115	47,392.	0.			GENERAL OPERATING SUPPORT
CLARK HULINGS FUND FOR VISUAL ARTISTS, THE - 1012 PLACITA DON ANDRES - SANTA FE, NM 87501	47-1101236	501(C)3	21,500.	0.			GENERAL OPERATING SUPPORT
CLIMATE ADVOCATES VOCES UNIDAS 518 OLD SANTA FE TRL STE 1405 SANTA FE, NM 87505	20-3287015	501(C)3	6,000.	0.			GENERAL OPERATING SUPPORT
COLORES UNITED P.O. BOX 1499 DEMING, NM 88030	84-2330004	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
COMEDOR DE SAN PASQUAL PO BOX 2 LAS VEGAS, NM 87701	27-3643047	501(C)3	26,750.	0.			GENERAL OPERATING SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
COMING HOME CONNECTION 418 CERILLOS RD STE 27 SANTA FE, NM 87501-2664	74-2853467	501(C)3	10,500.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES IN SCHOOLS NEW MEXICO PO BOX 367 SANTA FE, NM 87504-0367	85-0481104	501(C)3	141,700.	0.			GENERAL OPERATING SUPPORT
COMMUNITY AGAINST VIOLENCE 945 SALAZAR ROAD TAOS, NM 87571	85-0285504	501(C)3	6,250.	0.			GENERAL OPERATING SUPPORT
COMMUNITY FOUNDATION OF SOUTHERN NEW MEXICO - 2600 EL PASEO RD - LAS CRUCES, NM 88001	85-0455682	501(C)3	360,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY PANTRY P.O. BOX 520 GALLUP, NM 87301	85-0460193	501(C)3	66,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY PARTNERSHIP FOR CHILDREN P.O. BOX 1543 SILVER CITY, NM 88062	20-5390102	501(C)3	5,500.	0.			GENERAL OPERATING SUPPORT
COMMUNITY SERVICES CENTER 1100 COMMUNITY WAY PORTALES, NM 88130	85-6013260	501(C)3	14,000.	0.			GENERAL OPERATING SUPPORT
COMPASSIONATE TOUCH NETWORK 1000 CORDOVA PLACE #436 SANTA FE, NM 87505	45-4188899	501(C)3	6,250.	0.			GENERAL OPERATING SUPPORT
CON ALMA HEALTH FOUNDATION, INC. 144 PARK AVENUE SANTA FE, NM 87501	85-0484396	501(C)3	25,000.	0.			GENERAL OPERATING SUPPORT

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COOKING WITH KIDS 3508 CAMINO JALISCO SANTA FE, NM 87507-0490	20-4396207	501(C)3	8,500.	0.			GENERAL OPERATING SUPPORT
CORNELL COLLEGE STUDENT ACCOUNTS OFFICE, 600 FIRST 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	10,000.	0.			GENERAL OPERATING SUPPORT
COUNCIL ON FOUNDATIONS 1255 23RD STREET NW, SUITE 200 WASHINGTON, DC 20037	13-6068327	501(C)3	5,250.	0.			GENERAL OPERATING SUPPORT
COURT APPOINTED SPECIAL ADVOCATES, FIRST JUDICIAL DISTRICT - 466 W. SAN FRANCISCO STREET - SANTA FE, NM 87501	85-0432642	501(C)3	32,750.	0.			GENERAL OPERATING SUPPORT
CREEDE REPERTORY THEATRE PO BOX 269 CREEDE, CO 81130	84-0660026	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
CRESTWOOD COMMUNITY MIDDLE SCHOOL CHORUS AND H ANDBELL DEPARTMENT, 64 SPARROW DRIVE - ROYAL PALM BEACH, FL 334	85-8013897	501(C)3	20,000.	0.			GENERAL OPERATING SUPPORT
CRUCES CREATIVES 205 EAST LOHMAN AVENUE LAS CRUCES, NM 88001	81-5340614	501(C)3	90,000.	0.			GENERAL OPERATING SUPPORT
CUIDANDO LOS NINOS P.O. BOX 12786 ALBUQUERQUE, NM 87195	85-0366029	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT

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DESERT MONTESSORI SCHOOL 316 CAMINO DELORA SANTA FE, NM 87505-5928	85-0423730	501(C)3	8,000.	0.			GENERAL OPERATING SUPPORT
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)3	10,250.	0.			GENERAL OPERATING SUPPORT
DREAMSPRING 20 FIRST PLAZA NW, SUITE 417 ALBUQUERQUE, NM 87102	85-0417347	501(C)3	220,000.	0.			GENERAL OPERATING SUPPORT
DREAMTREE PROJECT, INC. P. O. BOX 1677 TAOS, NM 87571	85-0462470	501(C)3	11,000.	0.			GENERAL OPERATING SUPPORT
DUAL LANGUAGE EDUCATION OF NEW MEXICO - 2501 YALE BLVD SE STE 303 - ALBUQUERQUE, NM 87106-4358	85-0477820	501(C)3	6,500.	0.			GENERAL OPERATING SUPPORT
EARTH CARE INTERNATIONAL 6600 VALENTINE WAY, BUILDING A SANTA FE, NM 87507	33-1017279	501(C)3	85,350.	0.			GENERAL OPERATING SUPPORT
EARTH ISLAND INSTITUTE 2150 ALLSTON WAY, SUITE 460 BERKELEY, CA 94704	94-2889684	501(C)3	6,500.	0.			GENERAL OPERATING SUPPORT
EARTHWORKS 1612 K ST., NW, SUITE 808 WASHINGTON, DC 20006	52-1557765	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT
ECONOMIC COUNCIL HELPING OTHERS (ECHO) INC - 1921 E. MURRAY DRIVE - FARMINGTON, NM 87401	85-0196667	501(C)3	53,800.	0.			GENERAL OPERATING SUPPORT

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EL RANCHO DE LAS GOLONDRINAS, INC. 334 LOS PINOS ROAD SANTA FE, NM 87507	85-0310988	501(C)3	5,500.	0.			GENERAL OPERATING SUPPORT
EL RITO PUBLIC LIBRARY P.O. BOX 5 EL RITO, NM 87530-0005	85-0459285	501(C)3	10,813.	0.			GENERAL OPERATING SUPPORT
EMBUDO VALLEY LIBRARY AND COMMUNITY CENTER - P.O. BOX 310 - DIXON, NM 87527-0310	85-0314391	501(C)3	22,478.	0.			GENERAL OPERATING SUPPORT
EMBUDO VALLEY TUTORING ASSOCIATION PO BOX 267 DIXON, NM 87527	47-0935180	501(C)3	11,000.	0.			GENERAL OPERATING SUPPORT
ENLACE COMUNITARIO PO BOX 8919 ALBUQUERQUE, NM 87198-8919	85-0473384	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
ESPANOLA VALLEY HUMANE SOCIETY 108 HAMM PARKWAY ESPANOLA, NM 87532-9655	85-0406234	501(C)3	32,640.	0.			GENERAL OPERATING SUPPORT
ESPERANZA SHELTER FOR BATTERED FAMILIES - P.O. BOX 5701 - SANTA FE, NM 87502-5701	85-0313174	501(C)3	60,750.	0.			GENERAL OPERATING SUPPORT
EXPLORA SCIENCE CENTER & CHILDRENS MUSEUM OF ALBUQUERQUE - 1701 MOUNTAIN ROAD NW - ALBUQUERQUE, NM 87104	85-0442062	501(C)3	7,500.	0.			GENERAL OPERATING SUPPORT
FAIRVIEW CEMETERY PRESERVATION ASSOCIATION - PO BOX 5958 - SANTA FE, NM 87502-5958	85-0305350	501(C)3	15,768.	0.			GENERAL OPERATING SUPPORT

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FAMILY INDEPENDENCE INITIATIVE P.O. BOX 71363 OAKLAND, CA 94612	02-0784790	501(C)3	20,000.	0.			GENERAL OPERATING SUPPORT
FEEDING SANTA FE P.O. BOX 5758 SANTA FE, NM 87502-5758	85-0416027	501(C)3	58,705.	0.			GENERAL OPERATING SUPPORT
FIRST BAPTIST CHURCH 499 MAPLE AVE CHAMA, NM 87520	85-0259950	501(C)3	7,000.	0.			GENERAL OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH OF SANTA FE - 208 GRANT AVE. - SANTA FE, NM 87501	85-0125823	501(C)3	16,500.	0.			GENERAL OPERATING SUPPORT
FIRST SERVE - NM, INC. PO BOX 31904 SANTA FE, NM 87594-1904	27-0044395	501(C)3	12,250.	0.			GENERAL OPERATING SUPPORT
FOOD BANK OF EASTERN NEW MEXICO 2217 E. BRADY CLOVIS, NM 88101	85-0320784	501(C)3	31,400.	0.			GENERAL OPERATING SUPPORT
FOOD DEPOT 1222 SILER ROAD, SUITE A SANTA FE, NM 87507	85-0416803	501(C)3	448,831.	0.			GENERAL OPERATING SUPPORT
FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436-1608	68-0181095	501(C)3	6,000.	0.			GENERAL OPERATING SUPPORT
FOREST STEWARDS GUILD 612 W. MAIN ST. SUITE 300. MADISON, WI 53703	85-0446866	501(C)3	42,000.	0.			GENERAL OPERATING SUPPORT

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FOREST TRUST P.O. BOX 519 SANTA FE, NM 87504-0519	36-4561968	501(C)3	5,500.	0.			GENERAL OPERATING SUPPORT
FORWARD TOGETHER STRONG FAMILIES NEW MEXICO - 400 GOLD AVENUE SW, SUITE 900 - ALBUQUERQUE, NM 87102	94-3311784	501(C)3	17,000.	0.			GENERAL OPERATING SUPPORT
FOUNDATION FOR CULTURAL REVIEW INC. - C/O THE NEW CRITERION, 900 BROADWAY STE 602 - NEW YORK, NY 10003-1237	13-3108424	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
FOUNDATION FOR MONTE DEL SOL CHARTER SCHOOL - 4157 WALKING RAIN ROAD - SANTA FE, NM 87507	85-0456767	501(C)3	11,000.	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	10,425.	0.			GENERAL OPERATING SUPPORT
GARCIA STREET CLUB, INC. 569 GARCIA STREET SANTA FE, NM 87505	85-0115138	501(C)3	7,000.	0.			GENERAL OPERATING SUPPORT
GEORGE WASHINGTON UNIVERSITY STUDENT ACCOUNTS OFFICE, FINANCE DI ASHBURN, VA 20147	53-0196584	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
GEORGIA O'KEEFKE MUSEUM 217 JOHNSON ST SANTA FE, NM 87501-1826	85-0437114	501(C)3	28,812.	0.			GENERAL OPERATING SUPPORT

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GERARD'S HOUSE PO BOX 28693 SANTA FE, NM 87592	74-2834283	501(C)3	77,750.	0.			GENERAL OPERATING SUPPORT
GIRLS INCORPORATED OF SANTA FE, INC. - 301 HILLSIDE AVENUE - SANTA FE, NM 87501-2217	85-0129250	501(C)3	79,500.	0.			GENERAL OPERATING SUPPORT
GOLDEN APPLE FOUNDATION OF NEW MEXICO - PO BOX 40469 - ALBUQUERQUE, NM 87196-0469	85-0420305	501(C)3	33,478.	0.			GENERAL OPERATING SUPPORT
HEART AND SOUL ANIMAL SANCTUARY 369 MONTEZUMA # 130 SANTA FE, NM 87501-2626	31-1549681	501(C)3	14,000.	0.			GENERAL OPERATING SUPPORT
HISTORIC SANTA FE FOUNDATION, INC. 545 CANYON ROAD, STE 2 SANTA FE, NM 87501-2754	85-6011261	501(C)3	5,481.	0.			GENERAL OPERATING SUPPORT
HOMESCHOOL CLASSROOM SANTA FE LEARNING CENTER - 1500 5TH STREET, SUITE 3 - SANTA FE, NM 87505	82-3321493	501(C)3	10,250.	0.			GENERAL OPERATING SUPPORT
HOMEWISER, INC. 1301 SILER ROAD BUILDING D SANTA FE, NM 87507	85-0346325	501(C)3	83,500.	0.			GENERAL OPERATING SUPPORT
HORSE SHELTER 1600 LENA STREET, C10 SANTA FE, NM 87505	52-2214286	501(C)3	11,750.	0.			GENERAL OPERATING SUPPORT
HOSPITALITY INDUSTRY EDUCATION FOUNDATION - 9201 MONTGOMERY BLVD NE - ALBUQUERQUE, NM 87111	20-0384367	501(C)3	25,000.	0.			GENERAL OPERATING SUPPORT

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INDIAN COUNTRY GRASSROOTS SUPPORT 913 N ORCHARD AVENUE FARMINGTON, NM 87401	81-1906385	501(C)3	30,000.	0.			GENERAL OPERATING SUPPORT
INDIAN PUEBLO CULTURAL CENTER 2401 12TH STREET NW ALBUQUERQUE, NM 87104	85-0232968	501(C)3	17,500.	0.			GENERAL OPERATING SUPPORT
INDIGENOUSWAYS P.O. BOX 4073 SANTA FE, NM 87502	26-1656689	501(C)3	8,500.	0.			GENERAL OPERATING SUPPORT
INNOVATE-EDUCATE NM PO BOX 9919 SANTA FE, NM 87504-5919	26-3205739	501(C)3	20,250.	0.			GENERAL OPERATING SUPPORT
INSTITUTE OF AMERICAN INDIAN ARTS FOUNDATION - P.O. BOX 22370 - SANTA FE, NM 87502-2370	85-0377670	501(C)3	5,967.	0.			GENERAL OPERATING SUPPORT
INTERFAITH COMMUNITY SHELTER GROUP, INC. - P.O. BOX 22653 - SANTA FE, NM 87502	27-0736366	501(C)3	79,500.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL FOLK ART ALLIANCE, INC. - 620 CERRILLOS ROAD - SANTA FE, NM 87505	35-2285824	501(C)3	9,500.	0.			GENERAL OPERATING SUPPORT
INTERSECTION FOR THE ARTS 1446 MARKET STREET SAN FRANCISCO, CA 94102	94-1593216	501(C)3	5,500.	0.			GENERAL OPERATING SUPPORT
JUSTICE ACCESS SUPPORT AND SOLUTIONS FOR HEALTH - 1608 ISLETA BLVD SW - ALBUQUERQUE, NM 87105	42-1753563	501(C)3	7,000.	0.			GENERAL OPERATING SUPPORT

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KESHET DANCE COMPANY 4121 CUTLER AVE NE ALBUQUERQUE, NM 87110	85-0436623	501(C)3	100,000.	0.			GENERAL OPERATING SUPPORT
KIDS KITCHEN 1409 MONTEREY DRIVE SANTA FE, NM 87505	83-1826778	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
KITCHEN ANGELS 1222 SILER RD SANTA FE, NM 87507	85-0423492	501(C)3	46,149.	0.			GENERAL OPERATING SUPPORT
KIWANIS CLUB OF LAS VEGAS P.O. BOX 2999 LAS VEGAS, NM 87701	35-2274827	501(C)3	5,360.	0.			GENERAL OPERATING SUPPORT
KQED INC 2601 MARIPOSA ST SAN FRANCISCO, CA 94110	94-1241309	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
KUNDALINI RESEARCH INSTITUTE PO BOX 1819 SANTA CRUZ, NM 87567	51-0179572	501(C)3	10,529.	0.			GENERAL OPERATING SUPPORT
LA FAMILIA MEDICAL CENTER 1035 ALTO ST SANTA FE, NM 87501-2406	85-0220875	501(C)3	65,121.	0.			GENERAL OPERATING SUPPORT
LAS CUMBRES COMMUNITY SERVICES, INC. - 1911 FIFTH STREET, SUITE 100 - SANTA FE, NM 87507	23-7144268	501(C)3	37,918.	0.			GENERAL OPERATING SUPPORT
LENSIC PERFORMING ARTS CENTER CORPORATION - 211 WEST SAN FRANCISCO - SANTA FE, NM 87501-2128	85-0448396	501(C)3	74,200.	0.			GENERAL OPERATING SUPPORT

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LIFE LINK P.O. BOX 6094 SANTA FE, NM 87502-6094	85-0360455	501(C)3	145,750.	0.			GENERAL OPERATING SUPPORT
LITERACY VOLUNTEERS OF SANTA FE 6401 RICHARDS AVE. SANTA FE, NM 87505-4887	85-0350349	501(C)3	26,258.	0.			GENERAL OPERATING SUPPORT
LITTLEGLOBE, INC. LITTLEGLOBE, INC., 223 N GUADALUPE SANTA FE, NM 87501-1868	27-0118569	501(C)3	25,000.	0.			GENERAL OPERATING SUPPORT
LUCIENTE, INC. P.O. BOX 607 ABIQUIU, NM 87510	74-2813749	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
MAINSTREET DE LAS VEGAS 500 RAILROAD LAS VEGAS, NM 87701	20-3922979	501(C)3	13,500.	0.			GENERAL OPERATING SUPPORT
MAKE SANTA FE 1352 RUFINA CIRCLE SANTA FE, NM 87507	81-1757888	501(C)3	5,250.	0.			GENERAL OPERATING SUPPORT
MANY MOTHERS P. O. BOX 23222 SANTA FE, NM 87502-3222	85-0457455	501(C)3	38,500.	0.			GENERAL OPERATING SUPPORT
MAY CENTER FOR LEARNING 2109 GALISTEO, BLDG B SANTA FE, NM 87505	45-4500854	501(C)3	18,000.	0.			GENERAL OPERATING SUPPORT
MCCALLUM THEATRE 7300 FRED WARING DRIVE PALM DESERT, CA 92260	95-2834871	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT

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MCCURDY MINISTRIES 362A S MCCURDY ROAD ESPANOLA, NM 87532	85-0127907	501(C)3	6,000.	0.			GENERAL OPERATING SUPPORT
MENTORING KIDS WORKS NM 809 ST MICHAEL'S DRIVE SANTA FE, NM 87505	35-2395701	501(C)3	16,750.	0.			GENERAL OPERATING SUPPORT
MESA TO MESA P.O. BOX 1008 ESPANOLA, NM 87532	47-2594591	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
MN350 4407 E. LAKE STREET MINNEAPOLIS, MN 55406	45-2754381	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
MORA CREATIVE COUNCIL PO BOX 364 MORA, NM 87732	84-2157893	501(C)3	6,000.	0.			GENERAL OPERATING SUPPORT
MORA VALLEY COMMUNITY HEALTH SERVICES, INC. - P.O. BOX 209 - MORA, NM 87732-0209	85-0233466	501(C)3	5,250.	0.			GENERAL OPERATING SUPPORT
MOTHER NATURE CENTER P.O. BOX 32536 SANTA FE, NM 87594	46-1322802	501(C)3	73,325.	0.			GENERAL OPERATING SUPPORT
MOTHERS OUT FRONT P.O. BOX 55071, #23686 BOSTON, MA 02205	46-5758600	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
MOUNT HOLYOKE COLLEGE STUDENT FINANCIAL SERVICES, 16 SKINNER HALL - SOUTH HADLEY, MA 01075	04-2103578	501(C)3	17,000.	0.			GENERAL OPERATING SUPPORT

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MOUNTAIN CLOUD ZEN CENTER 7241 OLD SANTA FE TRAIL SANTA FE, NM 87505	85-0319580	501(C)3	16,760.	0.			GENERAL OPERATING SUPPORT
MOUNTAIN STUDIES INSTITUTE P.O. BOX 426 SILVERTON, CO 81433	73-1644103	501(C)3	22,000.	0.			GENERAL OPERATING SUPPORT
MOVING ARTS ESPANOLA, INC. P.O. BOX 505 VELARDE, NM 87582	45-2459893	501(C)3	21,000.	0.			GENERAL OPERATING SUPPORT
MUSEUM OF NEW MEXICO FOUNDATION P. O. BOX 2065 SANTA FE, NM 87504	85-0202503	501(C)3	75,650.	0.			GENERAL OPERATING SUPPORT
NATIONAL DANCE INSTITUTE NEW MEXICO INC. - 1140 ALTO ST. - SANTA FE, NM 87501-2596	85-0431846	501(C)3	94,933.	0.			GENERAL OPERATING SUPPORT
NATIVE HEALTH INITIATIVE LOVING SERVICE - P.O. BOX 26374 - ALBUQUERQUE, NM 87125	35-2416421	501(C)3	9,000.	0.			GENERAL OPERATING SUPPORT
NEW ENERGY ECONOMY 600 LOS ALTOS NORTE SANTA FE, NM 87501	20-2845513	501(C)3	77,500.	0.			GENERAL OPERATING SUPPORT
NEW ENGLAND CONSERVATORY OF MUSIC ATTN: BUSINESS OFFICE, 290 HUNTING BOSTON, MA 02115	23-7225104	501(C)3	10,000.	0.			SCHOLARSHIPS
NEW MEXICO ACTORS LAB 1908 MEADOW CT SANTA FE, NM 87505	47-4400214	501(C)3	7,500.	0.			GENERAL OPERATING SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NEW MEXICO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 1208 SAN PEDRO DR. NE, #258 - ALBUQUERQUE, NM 87110	51-0137970	501(C)3	30,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO ASSOCIATION OF GRANTMAKERS - P. O. BOX 70126 - ALBUQUERQUE, NM 87197	85-0437031	501(C)3	125,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO CENTER FOR THERAPEUTIC RIDING - PO BOX 32505 - SANTA FE, NM 87594-2505	46-5184226	501(C)3	10,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO COALITION TO END HOMELESSNESS - PO BOX 865 - SANTA FE, NM 87504	85-0482896	501(C)3	63,750.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO COMMUNITY CAPITAL 219 CENTRAL AVE. NW, SUITE 200 ALBUQUERQUE, NM 87102	20-1798654	501(C)3	140,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO ENVIRONMENTAL LAW CENTER - 1405 LUISA ST. STE 5 - SANTA FE, NM 87505-4074	85-0360664	501(C)3	65,890.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO FARMERS' MARKETING ASSOCIATION - 1219 LUISA ST STE 1 - SANTA FE, NM 87505	85-0430744	501(C)3	153,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO FIRST PO BOX 56549 ALBUQUERQUE, NM 87187-6549	85-0350387	501(C)3	41,568.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO FOUNDATION 502 WEST CORDOVA ROAD, SUITE 1 SANTA FE, NM 87505	85-0311210	501(C)3	181,925.	0.			GENERAL OPERATING SUPPORT

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NEW MEXICO HIGHLANDS UNIVERSITY FINANCIAL AID OFFICE, FELIX MARTINEZ BUILDING - LAS VEGAS, NM 87701	85-6000406	501(C)3	13,895.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO IMMIGRANT LAW CENTER PO BOX 7040 ALBUQUERQUE, NM 87194-7040	27-3303237	501(C)3	146,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO IN DEPTH, INC. 6937 MERLOT DR NE RIO RANCHO, NM 87144	45-4011138	501(C)3	26,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO KIDS MATTER INC. 2340 ALAMO AVE. SE SUITE 112 ALBUQUERQUE, NM 87106	85-0424064	501(C)3	7,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO PBS 1130 UNIVERSITY BLVD NE, UNM MAILSTOP CODE: MSC 12-7110 - ALBUQUERQUE, NM 87	85-6000642	501(C)3	8,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO PERFORMING ARTS SOCIETY 7038 CAMINO ROJO SANTA FE, NM 87507	45-3733690	501(C)3	9,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO SCHOOL FOR THE ARTS - ART INSTITUTE - 500 MONTEZUMA AVENUE, SUITE 200 - SANTA FE, NM 87501	26-4764395	501(C)3	19,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO SCHOOL FOR THE DEAF 1060 CERRILLOS ROAD SANTA FE, NM 87505	85-6000544	501(C)3	20,361.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO STATE UNIVERSITY SCHOLARSHIP AND FINANCIAL AID OFFICE, PO BOX 30001, MSC 5100 - LAS CRUCES, N	85-6000401	115	82,128.	0.			GENERAL OPERATING SUPPORT

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NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVENUE SW, SUITE 195 ALBUQUERQUE, NM 87102	85-0348301	501(C)3	6,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO WILDERNESS ALLIANCE P.O. BOX 25464 ALBUQUERQUE, NM 87125	85-0457916	501(C)3	45,550.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO WILDLIFE CENTER P.O. BOX 246 ESPANOLA, NM 87532	85-0346210	501(C)3	19,461.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO WOMEN.ORG 1807 2ND ST UNIT 76 SANTA FE, NM 87505	81-4638850	501(C)3	13,890.	0.			GENERAL OPERATING SUPPORT
NGAGE NEW MEXICO 3880 FOOTHILLS RD STE A LAS CRUCES, NM 88011	27-0573305	501(C)3	32,000.	0.			GENERAL OPERATING SUPPORT
NOAH'S ARK CHILDREN'S FOUNDATION 4001 MONTGOMERY BLVD NE ALBUQUERQUE, NM 87109	85-0464738	501(C)3	9,950.	0.			GENERAL OPERATING SUPPORT
NORTH AMERICAN DIGITAL FABRICATION ALLIANCE - 3900 PASEO DEL SOL - SANTA FE, NM 87507	82-3999984	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
NORTHERN NEW MEXICO CHILDRENS FOOTBALL LEAGUE - 6720 JAGUAR DRIVE - SANTA FE, NM 87507	46-5043758	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT
NORTHERN NEW MEXICO COLLEGE FOUNDATION - 921 PASEO DE ONATE - ESPANOLA, NM 87532	74-2835828	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT

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NORTHERN NEW MEXICO RADIO FOUNDATION (KSFR) - PO BOX 28670 - SANTA FE, NM 87592-8670	85-8439833	501(C)3	13,250.	0.			GENERAL OPERATING SUPPORT
NORTHERN NEW MEXICO REGIONAL ART CENTER - PO BOX 1295 - ESPANOLA, NM 87532	85-0304852	501(C)3	7,000.	0.			GENERAL OPERATING SUPPORT
NORTHERN NEW MEXICO STREET HOMELESS ANIMAL PROJECT INC - 1000 CORDOVA PL #34 - SANTA FE, NM 87505-1725	80-0254858	501(C)3	6,500.	0.			GENERAL OPERATING SUPPORT
NORTHERN YOUTH PROJECT PO BOX 1332 ABIQUIU, NM 87510	47-4024191	501(C)3	12,000.	0.			GENERAL OPERATING SUPPORT
NORTHWEST NEW MEXICO FIRST BORN PROGRAM (FARMINGTON) - 108 N. BEHREND AVENUE, SUITE H - FARMINGTON, NM 87401	46-4534773	501(C)3	19,000.	0.			GENERAL OPERATING SUPPORT
NORTHWESTERN UNIVERSITY MEDILL SCHOOL OF JOURNALISM, NORTHWESTERN ANNUAL FUND - EVANSTON, IL 60208	36-2167817	501(C)3	6,000.	0.			GENERAL OPERATING SUPPORT
NUESTRA TIERRA CONSERVATION PROJECT - 300 NORTH MAIN STREET - LAS CRUCES, NM 88001	84-2294981	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT
OJO SARCO COMMUNITY CENTER P.O. BOX 106 OJO SARCO, NM 87521-0106	85-0369329	501(C)3	24,000.	0.			GENERAL OPERATING SUPPORT
OTIS COLLEGE OF ART AND DESIGN STUDENT FINANCIAL SERVICES, 9045 LINCOLN BLVD - LOS ANGELES, CA 90045	13-2981115	501(C)3	21,585.	0.			GENERAL OPERATING SUPPORT

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PARTNERS IN EDUCATION FOUNDATION FOR THE SFPS - P.O. BOX 23374 - SANTA FE, NM 87502	85-0392417	501(C)3	222,576.	0.			GENERAL OPERATING SUPPORT
PARTNERSHIP FOR ARTS IN MEDICINE 1904 DARTMOUTH DRIVE, N.E. ALBUQUERQUE, NM 87106	20-1892142	501(C)3	6,150.	0.			GENERAL OPERATING SUPPORT
PARTNERSHIP FOR COMMUNITY ACTION P.O. BOX 12320 ALBUQUERQUE, NM 87195	31-1815692	501(C)3	53,000.	0.			GENERAL OPERATING SUPPORT
PEACE AT ANY PACE 3060 TULLY PLACE OAKLAND, CA 94605	84-3186345	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
PECOS PEOPLE FOR ANIMAL WELFARE SOCIETY - 75 CAMINO CABO - SANTA FE, NM 87508	85-0408082	501(C)3	15,250.	0.			GENERAL OPERATING SUPPORT
PERFORMANCE SANTA FE 300 PASEO DE PERALTA, SUITE 102 SANTA FE, NM 87501	23-7265489	501(C)3	38,975.	0.			GENERAL OPERATING SUPPORT
PFLAG LAS CRUCES P.O. BOX 2495 LAS CRUCES, NM 88004	85-0435162	501(C)3	6,000.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF NEW MEXICO, INC. - 719 SAN MATEO BLVD., N.E. - ALBUQUERQUE, NM 87108-1434	85-0197745	501(C)3	44,250.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS - 7155 E 38TH AVE - DENVER, CO 80207-1630	84-0404253	501(C)3	26,800.	0.			GENERAL OPERATING SUPPORT

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POJOAQUE VALLEY SCHOOL DISTRICT 1574 HWY 502 W SANTA FE, NM 87506	85-0166355	115	10,750.	0.			GENERAL OPERATING SUPPORT
POLESTAR GARDENS, INC. 15-2662 PAHOA VILLAGE RD, PMB 8740 PAHOA, HI 96778	68-0453822	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
PONDEROSA MONTESSORI INC. 304 ROVER BLVD WHITE ROCK, NM 87547	27-2674520	501(C)3	5,500.	0.			GENERAL OPERATING SUPPORT
PRAISING EARTH INC 4772 VISTA DEL SOL SANTA FE, NM 87507	81-4688431	501(C)3	17,000.	0.			GENERAL OPERATING SUPPORT
PRESBYTERIAN MEDICAL SERVICES PO BOX 2267 SANTA FE, NM 87504-2267	85-0206810	501(C)3	6,200.	0.			GENERAL OPERATING SUPPORT
PRESBYTERIAN MEDICAL SERVICES FARMINGTON - 670 DEKALB - FARMINGTON, NM 87401	85-0206810	501(C)3	7,500.	0.			GENERAL OPERATING SUPPORT
PRESBYTERIAN MEDICAL SERVICES FOUNDATION - P.O. BOX 2267 - SANTA FE, NM 87504	85-0435792	501(C)3	9,295.	0.			GENERAL OPERATING SUPPORT
PROSPERITY WORKS 909 COPPER AVE NW ALBUQUERQUE, NM 87102-3029	85-0466059	501(C)3	85,250.	0.			GENERAL OPERATING SUPPORT
PUEBLO DE ABIQUIU LIBRARY AND CULTURAL CENTER - P.O. BOX 838 - ABIQUIU, NM 87510-0838	45-0541478	501(C)3	11,197.	0.			GENERAL OPERATING SUPPORT

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PUEBLO OF NAMBE 15 NP 102 WEST SANTA FE, NM 87506	85-0218733	115	10,000.	0.			GENERAL OPERATING SUPPORT
PUEBLO OF POJOAQUE 5 W GUTIERREZ STE 2-B SANTA FE, NM 87506	85-0219423	115	5,250.	0.			GENERAL OPERATING SUPPORT
QUIVIRA COALITION, INC. 551 CORDOVA ROAD, SUITE 423 SANTA FE, NM 87505	31-1551770	501(C)3	105,500.	0.			GENERAL OPERATING SUPPORT
R & R FOR VETS INC. 8 CENTAURUS RANCH ROAD SANTA FE, NM 87507	81-4311655	501(C)3	5,500.	0.			GENERAL OPERATING SUPPORT
RAILYARD PARK CONSERVANCY 805 EARLY STREET 204B SANTA FE, NM 87505	32-0312957	501(C)3	11,007.	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	18,500.	0.			GENERAL OPERATING SUPPORT
REEL FATHERS 6 TORNEO COURT SANTA FE, NM 87508	26-4664688	501(C)3	33,250.	0.			GENERAL OPERATING SUPPORT
REGENTS OF THE UNIVERSITY OF NEW MEXICO - CONTRACT AND GRANT ACCOUNTING, 1700 LOMAS NE, STE. 2100 - ALBUQUERQUE, NM 87131	85-6000642	115	270,000.	0.			GENERAL OPERATING SUPPORT

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RESOLVE VIOLENCE PREVENTION P. O. BOX 8350 SANTA FE, NM 87504-8350	85-0475597	501(C)3	9,000.	0.			GENERAL OPERATING SUPPORT
REUNITY RESOURCES 1000 CORDOVA PLACE #650 SANTA FE, NM 87505	45-2298696	501(C)3	30,250.	0.			GENERAL OPERATING SUPPORT
RIO ARRIBA ADULT LITERACY PROGRAM P.O. BOX 1113 ESPANOLA, NM 87532	46-0616148	501(C)3	24,500.	0.			GENERAL OPERATING SUPPORT
RIO GRANDE COMMUNITY DEVELOPMENT CORPORATION - 318 ISLETA SW - ALBUQUERQUE, NM 87105	85-0348445	501(C)3	245,685.	0.			GENERAL OPERATING SUPPORT
ROADRUNNER FOOD BANK 5840 OFFICE BLVD NE ALBUQUERQUE, NM 87109	85-0278525	501(C)3	579,400.	0.			GENERAL OPERATING SUPPORT
RURAL UTAH PROJECT EDUCATION FUND 323 S 600E, SUITE 130 SALT LAKE CITY, UT 84102	84-2842840	501(C)3	35,000.	0.			GENERAL OPERATING SUPPORT
SALVATION ARMY, SOUTHWEST DIVISIONAL HEADQUARTERS - P.O. BOX 52177 - PHOENIX, AZ 85072	94-1156347	501(C)3	9,500.	0.			GENERAL OPERATING SUPPORT
SAMARITAN HOUSE, INC. PO BOX 1687 LAS VEGAS, NM 87701-1687	75-5009107	501(C)3	28,750.	0.			GENERAL OPERATING SUPPORT
SAN JUAN CITIZENS ALLIANCE PO BOX 2461 DURANGO, CO 81302	84-1447465	501(C)3	7,000.	0.			GENERAL OPERATING SUPPORT

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SAN MARTIN DE PORRES SOUP KITCHEN 216 STATE RD 399 ESPANOLA, NM 87532	85-0405040	501(C)3	14,250.	0.			GENERAL OPERATING SUPPORT
SANGRE DE CRISTO CHORALE P.O. BOX 4462 SANTA FE, NM 87502	85-0284273	501(C)3	6,450.	0.			GENERAL OPERATING SUPPORT
SANTA ANA CATHOLIC CHURCH 400 RUBY STREET DEMING, NM 88030	85-0353818	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT
SANTA CLARA UNIVERSITY BURSAR OFFICE, 500 EL CAMINO REAL SANTA CLARA, CA 95053-0615	94-1156617	501(C)3	7,500.	0.			GENERAL OPERATING SUPPORT
SANTA CRUZ SHAKESPEARE 500 CHESTNUT STREET, SUITE 250 SANTA CRUZ, CA 95060	46-4635444	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE ALLIANCE FOR SCIENCE 369 MONTEZUMA AVENUE, #470 SANTA FE, NM 87501	20-8879193	501(C)3	7,630.	0.			GENERAL OPERATING SUPPORT
SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY - 100 CAJA DEL RIO ROAD - SANTA FE, NM 87507-3537	85-6000484	501(C)3	14,923.	0.			GENERAL OPERATING SUPPORT
SANTA FE BOTANICAL GARDEN PO BOX 23343 SANTA FE, NM 87502-3343	85-0366754	501(C)3	21,127.	0.			GENERAL OPERATING SUPPORT
SANTA FE BOYS AND GIRLS CLUBS, INC. - P. O. BOX 2403 - SANTA FE, NM 87504-2403	85-0102948	501(C)3	9,036.	0.			GENERAL OPERATING SUPPORT

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SANTA FE CHAMBER MUSIC FESTIVAL P.O. BOX 2227 SANTA FE, NM 87504-2227	85-0224461	501(C)3	65,267.	0.			GENERAL OPERATING SUPPORT
SANTA FE CHAMBER OPPORTUNITIES FUND, INC. - PO BOX 1928 - SANTA FE, NM 87504-1928	85-0460648	501(C)3	6,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE CHILDREN'S MUSEUM 1050 OLD PECOS TRAIL, SUITE B SANTA FE, NM 87501	85-0335070	501(C)3	19,500.	0.			GENERAL OPERATING SUPPORT
SANTA FE COMMUNITY COLLEGE 6401 RICHARDS AVENUE SANTA FE, NM 87505	85-0311615	501(C)3	49,719.	0.			GENERAL OPERATING SUPPORT
SANTA FE COMMUNITY COLLEGE FOUNDATION - MR. TONY ORNELAS, C/O FIRST COMMUNITY BANK - SANTA FE, NM 87505	85-0338954	501(C)3	77,794.	0.			GENERAL OPERATING SUPPORT
SANTA FE CONSERVATION TRUST P.O. BOX 23985 SANTA FE, NM 87502-3985	85-0418988	501(C)3	65,719.	0.			GENERAL OPERATING SUPPORT
SANTA FE COUNCIL ON INTERNATIONAL RELATIONS - 413 GRANT AVENUE, SUITE D - SANTA FE, NM 87501	85-0196904	501(C)3	31,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE DESERT CHORALE 311 EAST PALACE AVENUE SANTA FE, NM 87501	85-0300479	501(C)3	35,475.	0.			GENERAL OPERATING SUPPORT
SANTA FE DREAMERS PROJECT P.O. BOX 8009 SANTA FE, NM 87504	82-0839645	501(C)3	34,000.	0.			GENERAL OPERATING SUPPORT

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SANTA FE FARMERS MARKET INSTITUTE 1607 PASEO DE PERALTA, SUITE A SANTA FE, NM 87501	30-0124953	501(C)3	36,140.	0.			GENERAL OPERATING SUPPORT
SANTA FE FILM INSTITUTE 418 MONTEZUMA SUITE 21 SANTA FE, NM 87501	47-2057366	501(C)3	6,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE GIRLS SCHOOL 310 W. ZIA ROAD SANTA FE, NM 87505	85-0450769	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE HABITAT FOR HUMANITY 2520 CAMINO ENTRADA, UNIT A SANTA FE, NM 87507	85-0355135	501(C)3	17,640.	0.			GENERAL OPERATING SUPPORT
SANTA FE MOUNTAIN CENTER, INC. P.O. BOX 449 TESUQUE, NM 87474	85-0272388	501(C)3	14,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE OPERA PO BOX 2408 SANTA FE, NM 87504-2408	85-0131810	501(C)3	35,517.	0.			GENERAL OPERATING SUPPORT
SANTA FE PREPARATORY SCHOOL 1101 CAMINO DE LA CRUZ BLANCA SANTA FE, NM 87505-0396	85-0165745	501(C)3	32,500.	0.			GENERAL OPERATING SUPPORT
SANTA FE PRO MUSICA 1512 PACHECO ST D201 SANTA FE, NM 87505	85-0283203	501(C)3	5,725.	0.			GENERAL OPERATING SUPPORT
SANTA FE PUBLIC SCHOOLS DISTRICT #71 - 610 ALTA VISTA - SANTA FE, NM 87505	85-6000169	115	5,394.	0.			GENERAL OPERATING SUPPORT

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SANTA FE RECOVERY CENTER 5312 JAGUAR DRIVE SANTA FE, NM 87507	85-0216976	501(C)3	35,250.	0.			GENERAL OPERATING SUPPORT
SANTA FE SYMPHONY ORCHESTRA & CHORUS - P.O. BOX 9692 - SANTA FE, NM 87504	85-0331684	501(C)3	90,375.	0.			GENERAL OPERATING SUPPORT
SANTA FE WATERSHED ASSOCIATION 1413 SECOND ST. SUITE 3 SANTA FE, NM 87506	86-0996109	501(C)3	35,500.	0.			GENERAL OPERATING SUPPORT
SANTA FE YOUTH SYMPHONY ASSOCIATION - 1000 CORDOVA PL #190 - SANTA FE, NM 87505	85-0436819	501(C)3	26,427.	0.			GENERAL OPERATING SUPPORT
SAQ BE ORGANIZATION FOR MAYAN/INDIGENOUS SPIRITUAL STUDIES - 1625 BEN HUR DRIVE - SANTA FE, NM 87501	85-0475943	501(C)3	10,000.	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	21,753.	0.			GENERAL OPERATING SUPPORT
SCOTTS HOUSE 634 GARCIA STREET, APT 25 SANTA FE, NM 87505	46-4755884	501(C)3	11,750.	0.			GENERAL OPERATING SUPPORT
SEARCHLIGHT NEW MEXICO NEWS 202 E. MARCY STREET SANTA FE, NM 87501	81-3234552	501(C)3	53,000.	0.			GENERAL OPERATING SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SELF HELP, INC. 2390 NORTH ROAD LOS ALAMOS, NM 87544	85-0209449	501(C)3	16,000.	0.			GENERAL OPERATING SUPPORT
SEXUAL ASSAULT SERVICES OF NORTHWEST NEW MEXICO - 622 W MAPLE ST, SUITE F - FARMINGTON, NM 87401	20-3187125	501(C)3	9,000.	0.			GENERAL OPERATING SUPPORT
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET, SUITE 1250 OAKLAND, CA 94612	94-6069890	501(C)3	32,390.	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
SILVER BULLET PRODUCTIONS 38 CALLE VENTOSO WEST SANTA FE, NM 87506	30-0275618	501(C)3	13,369.	0.			GENERAL OPERATING SUPPORT
SIMMONS COLLEGE STUDENT FINANCIAL SERVICES, P.O. BO 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	29,300.	0.			GENERAL OPERATING SUPPORT
SKY MOUNTAIN WILD HORSE SANCTUARY P. O. BOX 2946 SANTA FE, NM 87504-2946	87-0805652	501(C)3	5,500.	0.			GENERAL OPERATING SUPPORT
SOLACE CRISIS TREATMENT CENTER P.O. BOX 16346 SANTA FE, NM 87507-7301	85-0242274	501(C)3	59,202.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SOMOS UN PUEBLO UNIDO 1804 ESPINACITAS SANTA FE, NM 87505-3854	20-4216836	501(C)3	66,250.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST C.A.R.E. CENTER 649 HARKLE RD., STE. E SANTA FE, NM 87505-4765	85-0397444	501(C)3	37,556.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST ORGANIZING PROJECT 211 10TH STREET SW ALBUQUERQUE, NM 87102-2919	85-0368743	501(C)3	10,070.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST RESEARCH AND INFORMATION CENTER - P. O. BOX 4524 - ALBUQUERQUE, NM 87106	23-7159949	501(C)3	14,500.	0.			GENERAL OPERATING SUPPORT
SOUTHWESTERN ASSOCIATION FOR INDIAN ARTS - PO BOX 969 - SANTA FE, NM 87504-0969	85-0212504	501(C)3	11,500.	0.			GENERAL OPERATING SUPPORT
SOUTHWESTERN COLLEGE P.O. BOX 4788 SANTA FE, NM 87502-4788	85-0271348	501(C)3	17,750.	0.			GENERAL OPERATING SUPPORT
ST. EDWARD'S UNIVERSITY STUDENT FINANCIAL SERVICES, 3001 S CONGRESS AVE BOX 1031 - AUSTIN, TX 78704	74-1109641	501(C)3	5,360.	0.			GENERAL OPERATING SUPPORT
ST. ELIZABETH SHELTER 804 ALARID ST. SANTA FE, NM 87505-3040	85-0347650	501(C)3	174,291.	0.			GENERAL OPERATING SUPPORT
ST. JOHN'S UNITED METHODIST CHURCH 1200 OLD PECOS TRAIL SANTA FE, NM 87505	23-7140865	501(C)3	21,500.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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. JOSEPH MISSION SCHOOL P.O. BOX 370 SAN FIDEL, NM 87049	85-0222309	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT
STEM SANTA FE P.O. BOX 33103 SANTA FE, NM 87594	82-2358193	501(C)3	57,661.	0.			GENERAL OPERATING SUPPORT
STREETSQUASH INC. 40 WEST 116TH STREET NEW YORK, NY 10026	13-4061809	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
STRENGTHENING NATIONS 1800 RED ROCK DRIVE GALLUP, NM 87301	84-2615248	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
SUFFOLK UNIVERSITY OFFICE OF ADVANCEMENT, 8 ASHBURTON BOSTON, MA 02108-2770	04-2133255	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
TAOS COMMUNITY FOUNDATION P.O. BOX 1925 TAOS, NM 87571	85-0425147	501(C)3	175,750.	0.			GENERAL OPERATING SUPPORT
TAOS PUEBLO P. O. BOX 1846 TAOS, NM 87571	85-0222954	501(C)3	14,459.	0.			GENERAL OPERATING SUPPORT
TEATRO PARAGUAS INC. 3205 CALLE MARIE STE B SANTA FE, NM 87507	27-0410452	501(C)3	6,000.	0.			GENERAL OPERATING SUPPORT
TEWA WOMEN UNITED PO BOX 397 SANTA CRUZ, NM 87567-0397	85-0480836	501(C)3	72,500.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 LOMASUMINAGWTUKWSIUMANI, PO BOX 301 KYKOTSMOVI, AZ 86039	74-2488628	501(C)3	12,500.	0.			GENERAL OPERATING SUPPORT
THE NATURE CONSERVANCY IN NEW MEXICO - 1613 PASEO DE PERALTA STE 200 - SANTA FE, NM 87501	53-0242652	501(C)3	31,140.	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	36,250.	0.			GENERAL OPERATING SUPPORT
THINK NEW MEXICO 1227 PASEO DE PERALTA SANTA FE, NM 87501-2758	31-1611995	501(C)3	63,600.	0.			GENERAL OPERATING SUPPORT
THREE SISTERS KITCHEN 109 GOLD AVE SW ALBUQUERQUE, NM 87102	82-4882255	501(C)3	57,500.	0.			GENERAL OPERATING SUPPORT
T-N-T BOXING CLUB 81 SANDHILL ROAD LOS LUNAS, NM 87031	74-3220889	501(C)3	6,000.	0.			GENERAL OPERATING SUPPORT
TRANSGENDER RESOURCE CENTER OF NEW MEXICO - P O BOX 87198 - ALBUQUERQUE, NM 87198	39-2076744	501(C)3	11,750.	0.			GENERAL OPERATING SUPPORT
TRUCHAS SERVICES CENTER, INC. PO BOX 330 TRUCHAS, NM 87578-0330	23-7319699	501(C)3	24,063.	0.			GENERAL OPERATING SUPPORT
TRUST FOR PUBLIC LAND NEW MEXICO OFFICE - 1600 LENA STREET, SUITE C - SANTA FE, NM 87505	23-7222333	501(C)3	5,250.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
UNITARIAN UNIVERSALIST CONGREGATION OF SANTA FE - PO BOX 4637 - SANTA FE, NM 87502	04-2103733	501(C)3	7,200.	0.			GENERAL OPERATING SUPPORT
UNITED STATES COURT TENNIS PRESERVATION FOUNDATION - P.O. BOX 194 - JAMESTOWN, RI 02835	23-2765064	501(C)3	30,000.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF EASTERN NEW MEXICO 1200 N THORNTON SUITE G CLOVIS, NM 88101	23-7109243	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF EDDY COUNTY 116 S CANYON DR CARLSBAD, NM 88220	85-6004416	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF LEA COUNTY INC P.O. BOX 1834 HOBBS, NM 88241	85-0196186	501(C)3	7,500.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF SANTA FE COUNTY 440 CERRILLOS ROAD, STE A SANTA FE, NM 87501-2644	85-0163601	501(C)3	173,663.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - PO BOX 45339 - SAN FRANCISCO, CA 94145	94-2829914	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF DENVER UNIVERSITY HALL, FINANCIAL AID OFFI DENVER, CO 80208	84-0404231	501(C)3	20,000.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF NEW MEXICO CHILDREN'S CAMPUS - MSC074020, 1 UNIVERSITY OF NEW MEXICO - ALBUQUERQUE, NM 87131	85-0275408	115	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
UNIVERSITY OF NEW MEXICO FOUNDATION, INC. - 700 LOMAS NE, TWO WOODWARD CENTER, SUITE 100 - ALBUQUERQUE, NM 87102	85-0275408	501(C)3	25,500.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF NEW MEXICO SCHOLARSHIP OFFICE - MSC 11-6320, ONE UNIVERSITY OF NEW MEXICO - ALBUQUERQUE, NM 87131-0001	85-6000642	115	130,531.	0.			SCHOLARSHIPS
UNIVERSITY OF ROCHESTER OFFICE OF FINANCIAL AID, PO BOX 270 ROCHESTER, NY 14627-0261	16-0743209	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
UNLOCKED MINDS P.O. BOX 22521 SANTA FE, NM 87502-2521	82-1283209	501(C)3	5,250.	0.			GENERAL OPERATING SUPPORT
UPPER PECOS WATERSHED ASSOCIATION P.O. BOX 140 PECOS, NM 87552	20-5654749	501(C)3	19,000.	0.			GENERAL OPERATING SUPPORT
VICTORY CENTER BAPTIST CHURCH 300 EAST MARLAND HOBBS, NM 88240	85-0435794	501(C)3	6,000.	0.			GENERAL OPERATING SUPPORT
VILLA THERESE CATHOLIC CLINIC 219 CATHEDRAL PL SANTA FE, NM 87501-2028	85-0229019	501(C)3	6,500.	0.			GENERAL OPERATING SUPPORT
VILLAGE OF CHAMA/ ELEANOR DAGGETT MEMORIAL LIBRARY - 299 4TH STREET PO BOX 795 - CHAMA, NM 87520	85-0163302	501(C)3	6,750.	0.			GENERAL OPERATING SUPPORT
VITAL SPACES INC. 1200 HICKOX ST SANTA FE, NM 87505	83-3490221	501(C)3	26,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 ENVIRONMENTAL LAW CENTER 208 PASEO DEL PUEBLO SUR #602 TAOS, NM 87571	93-1010269	501(C)3	33,000.	0.			GENERAL OPERATING SUPPORT
WESTERN NEW MEXICO UNIVERSITY P.O. BOX 680 SILVER CITY, NM 88062	31-1009680	115	13,000.	0.			GENERAL OPERATING SUPPORT
WILDEARTH GUARDIANS 301 N. GUADALUPE ST., SUITE 201 SANTA FE, NM 87501	85-0406306	501(C)3	36,770.	0.			GENERAL OPERATING SUPPORT
WINGS OF AMERICA 901 WEST SAN MATEO, SUITE M SANTA FE, NM 87505	85-0359622	501(C)3	14,000.	0.			GENERAL OPERATING SUPPORT
WISE POOL NEW MEXICO 1131 B SILER ROAD SANTA FE, NM 87507	85-0473796	501(C)3	28,500.	0.			GENERAL OPERATING SUPPORT
WOMEN'S ECONOMIC SELF-SUFFICIENCY TEAM - 414 SILVER SW - ALBUQUERQUE, NM 87102	85-0367809	501(C)3	347,800.	0.			GENERAL OPERATING SUPPORT
YMCA OF CENTRAL NEW MEXICO 6537 AIRPORT ROAD SANTA FE, NM 87507	85-0105592	501(C)3	6,000.	0.			GENERAL OPERATING SUPPORT
YMCA TWIN CITIES NW 5901, PO BOX 1450 MINNEAPOLIS, MN 55485	45-2563299	501(C)3	7,500.	0.			GENERAL OPERATING SUPPORT
YOUTH SHELTERS AND FAMILY SERVICES P.O. BOX 28279 SANTA FE, NM 87592-8279	85-0324625	501(C)3	63,900.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)





**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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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.

OMB No. 1545-0047

**2020**

Open to Public Inspection

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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

**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 (THROUGH AUGUST 2020)	(i)	146,159.	10,000.	57,050.	5,171.	9,716.	228,096.	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 4A:

WILLIAM SMITH RECEIVED A SEVERANCE PAYMENT UPON HIS DEPARTURE FROM THE FOUNDATION.

PART I, LINE 7:

BONUSES WERE PAID TO OFFICERS BASED ON OVERALL FOUNDATION PERFORMANCE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		1,289.	
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	69	2,374,613.	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 (REFURBISHED D)	X	30	17,800.	FMV
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 V, Donee Acknowledgement **29** **0**

	Yes	No
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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

**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

**2020**

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. THE PINON AWARDS  
WERE NOT HELD IN 2020 DUE TO THE COVID-19 PANDEMIC.

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  
IS 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) 2020

032211 11-20-20



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 2020 SALARIES, THIS PROCESS WAS LAST COMPLETED IN DECEMBER 2019.

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 FINANCE COMMITTEE AND THE BOARD OF DIRECTORS. THIS PROCESS INCLUDES AN ANNUAL EVALUATION OF PERFORMANCE AND REVIEW OF COMPARABLE SALARIES PAID TO PERSONS IN COMPARABLE POSITIONS. FOR 2020, THIS

Name of the organization

SANTA FE COMMUNITY FOUNDATION

Employer identification number

85-0303044

REVIEW OF COMPARABLE SALARIES WAS DONE FOR ALL POSITIONS.

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	-4,401.
BOOK TAX DIFFERENCE AGENCY FUND ADJUSTMENT	-69,686.
TOTAL TO FORM 990, PART XI, LINE 9	-74,087.

**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

**2020**

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	56,698.	2,305,279.	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	247,894.	38,352.	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) 2020



**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 (i) interest, (ii) annuities, (iii) royalties, or (iv) 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)				



