

PUBLIC DISCLOSURE COPY

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

**A** For the **2018** 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 <div style="border: 1px solid black; padding: 2px;">SANTA FE COMMUNITY FOUNDATION</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">PO BOX 1827</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">SANTA FE, NM 87504</div> <b>F</b> Name and address of principal officer: WILLIAM A. SMITH <div style="border: 1px solid black; padding: 2px;">SAME AS C ABOVE</div>	<b>D</b> Employer identification number <div style="border: 1px solid black; padding: 2px;">85-0303044</div> <b>E</b> Telephone number <div style="border: 1px solid black; padding: 2px;">505-988-9715</div> <b>G</b> Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">82,468,129.</div> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<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		
<b>J</b> Website: ▶ HTTP://WWW.SANTAFECF.ORG		
<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: 1981 <b>M</b> State of legal domicile: NM		

**Part I Summary**

<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>		
	2 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>	19
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	19
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	30
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	150
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	10,992,500.
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	27,060.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	2,808,208.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	61,758.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	13,889,526.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	7,441,578.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	1,690,098.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	0.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 452,380.	<b>16b</b>	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	2,512,052.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	11,643,728.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	2,245,798.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	83,766,860.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	4,416,493.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	79,350,367.

**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 <b>RICHARD MOORE, TREASURER</b> Type or print name and title	Date <b>11/7/19</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PAMELA ALEXANDERSON</b> Preparer's signature <b>PAMELA ALEXANDERSON</b> Date <b>11/08/19</b> Check <input type="checkbox"/> self-employed <input type="checkbox"/> PTIN <b>P01218925</b> Firm's name ▶ <b>MOSS ADAMS LLP</b> Firm's EIN ▶ <b>91-0189318</b> Firm's address ▶ <b>6565 AMERICAS PARKWAY NE STE 600 ALBUQUERQUE, NM 87110</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 ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 8,446,037. including grants of \$ 8,446,037. ) (Revenue \$ )  
 GRANTS ARE MADE FROM DONOR ADVISED, DESIGNATED, SCHOLARSHIP,  
 DISCRETIONARY, AND EMERGENCY FUNDS. 85,000 SERVED.

**4b** (Code: ) (Expenses \$ 3,952,168. including grants of \$ ) (Revenue \$ 16,640. )  
 PROGRAM SERVICES INCLUDE GRANTS PROGRAM MANAGEMENT, LITERACY PROGRAM  
 SUPPORT AND TECHNICAL ASSISTANCE TRAININGS FOR LOCAL NONPROFIT  
 ORGANIZATIONS IN GRANTS RESEARCH, FINANCIAL MANAGEMENT, AND BOARD  
 DEVELOPMENT. 8,000 SERVED

**4c** (Code: ) (Expenses \$ 1,441,900. including grants of \$ 1,441,900. ) (Revenue \$ 20,928. )  
 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 in Schedule O.)(Expenses \$ 48,463. including grants of \$ 12,500. ) (Revenue \$ 22,525. )**4e** Total program service expenses 13,888,568.

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**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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		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 ComplianceCheck 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)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 30		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X

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**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 in Schedule O. See instructions.

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

☒ X

**Section A. Governing Body and Management**

	1a	1b	19	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year			19		
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 in Schedule O.					
b Enter the number of voting members included in line 1a, above, who are independent			19		
2 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?				2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				5	X
6 Did the organization have members or stockholders?				6	X
7a 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?				7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a The governing body?				8a	X
b Each committee with authority to act on behalf of the governing body?				8b	X
9 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 in Schedule O				9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
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?		
10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11b		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c	X	
13 Did the organization have a written whistleblower policy?	X	
13	X	
14 Did the organization have a written document retention and destruction policy?	X	
14	X	
15 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?		
a The organization's CEO, Executive Director, or top management official	X	
15a	X	
b Other officers or key employees of the organization		X
15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a 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
16a		X
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?		
16b		

**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 in Schedule O)

19 Describe in 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA ENFIELD CHAIR	10.00 2.00	X		X				0.	0.	0.
(2) ELIZABETH RICE VICE-CHAIR	10.00 2.00	X		X				0.	0.	0.
(3) RICHARD MOORE TREASURER	10.00 2.00	X		X				0.	0.	0.
(4) DIANE MARTINEZ SECRETARY	8.00 2.00	X		X				0.	0.	0.
(5) SUZANNE ORTEGA CISNEROS BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(6) BRIAN VALLO BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(7) PATRICIA MARCUS CURTIS BOARD MEMBER (STARTED OCT 2018)	8.00 2.00	X						0.	0.	0.
(8) ELMO BACA BOARD MEMBER (STARTED OCT 2018)	8.00 2.00	X						0.	0.	0.
(9) BEVERLY MORRIS BOARD MEMBER (THROUGH NOVEMBER 2018)	8.00 2.00	X						0.	0.	0.
(10) MANUEL MONASTERIO BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(11) LILLIAN MONTOYA BOARD MEMBER (STARTED OCT 2018)	8.00 2.00	X						0.	0.	0.
(12) CAROL BRITO BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(13) VINCE SMITH BOARD MEMBER (STARTED OCT 2018)	8.00 2.00	X						0.	0.	0.
(14) BETH BELOFF BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(15) JEFF BINGAMAN BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(16) MARY ANNE LARSEN BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(17) WILLIAM FINNOFF 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) EMILY HAOZOUS BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(19) DEBORAH HOLLOWAY BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(20) BUD HAMILTON BOARD MEMBER	8.00 2.00	X						0.	0.	0.
(21) WILLIAM SMITH PRESIDENT & CEO	40.00 2.00			X				165,007.	0.	17,632.
(22) CHRISTIANA FRANKLIN VP COMMUNITY PHILANTHROPHY	40.00 2.00			X				95,854.	0.	21,021.
(23) SARAH SAWTELL VP FINANCE & OPERATIONS	40.00 2.00			X				110,751.	0.	7,543.
(24) JOOHEE RAND VP FOR COMMUNITY INVESTMENT	40.00 2.00					X		103,542.	0.	7,548.
<b>1b Sub-total</b>								475,154.	0.	53,744.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								475,154.	0.	53,744.

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**

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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	156,950.

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**

Form 990 (2018)

**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<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>	477,174.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	12558010.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		1,904,937.				
	<b>h Total.</b> Add lines 1a-1f		13035184.				
<b>Program Service Revenue</b>	<b>2 a</b> PINON AWARDS	<b>Business Code</b>	713990	22,525.	22,525.		
	<b>b</b> WORKSHOP INCOME		611600	9,015.	9,015.		
	<b>c</b> FUND SET-UP FEE		522100	5,000.	5,000.		
	<b>d</b> HUB FEES		611430	2,625.	2,625.		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			39,165.			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,808,290.			1808290.
<b>Other Revenue</b>	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	54,145.				
	<b>b</b> Less: rental expenses	(ii) Personal	0.				
	<b>c</b> Rental income or (loss)		54,145.				
	<b>d</b> Net rental income or (loss)			54,145.		54,145.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	67428641				
	<b>b</b> Less: cost or other basis and sales expenses	(ii) Other	54091563				
	<b>c</b> Gain or (loss)		13337078				
	<b>d</b> Net gain or (loss)			13337078.		13337078.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<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>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	102,058.				
	<b>b</b> Less: cost of goods sold	<b>b</b>	81,130.				
<b>c</b> Net income or (loss) from sales of inventory			20,928.	20,928.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue		900099	646.		646.		
<b>e Total.</b> Add lines 11a-11d			646.				
<b>12 Total revenue.</b> See instructions			28295436.	60,093.	0.	15200159.	

**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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,900,437.	9,900,437.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	417,808.	233,797.	108,082.	75,929.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,060,539.	728,565.	187,538.	144,436.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,410.	23,264.	5,324.	2,822.
9 Other employee benefits	129,051.	77,804.	20,425.	30,822.
10 Payroll taxes	106,299.	69,247.	21,599.	15,453.
11 Fees for services (non-employees):				
a Management				
b Legal	8,717.		8,717.	
c Accounting	23,114.		23,114.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	370,114.		370,114.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,218,344.	1,208,562.	3,913.	5,869.
12 Advertising and promotion	9,410.	9,401.		9.
13 Office expenses	253,973.	157,016.	33,677.	63,280.
14 Information technology	197,699.	131,311.	25,081.	41,307.
15 Royalties				
16 Occupancy	108,159.	94,714.	8,570.	4,875.
17 Travel	147,260.	126,962.	6,919.	13,379.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,061,916.	1,016,284.	99.	45,533.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	108,838.	95,311.	5,411.	8,116.
23 Insurance	27,646.		27,646.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a WORKSHOP EXPENSE	14,599.	14,599.		
b				
c				
d				
e All other expenses	2,087.	1,294.	243.	550.
25 Total functional expenses. Add lines 1 through 24e	15,197,420.	13,888,568.	856,472.	452,380.
26 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 SheetCheck 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>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	7,846,019.	2	9,961,665.
	3 Pledges and grants receivable, net	1,568,369.	3	168,456.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,554.	9	8,109.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,244,009.		
	b Less: accumulated depreciation	10b 955,870.		
	11 Investments - publicly traded securities	2,218,748.	10c	2,288,139.
	12 Investments - other securities. See Part IV, line 11	65,782,358.	11	59,217,617.
	13 Investments - program-related. See Part IV, line 11	4,223,786.	12	4,122,145.
	14 Intangible assets	1,643,969.	13	1,811,801.
	15 Other assets. See Part IV, line 11		14	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	445,057.	15	475,552.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	83,766,860.	16	78,053,484.
	18 Grants payable	163,558.	17	105,309.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 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		24	
	26 <b>Total liabilities.</b> Add lines 17 through 25	4,252,935.	25	3,664,084.
	27 <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>	4,416,493.	26	3,769,393.
28 Unrestricted net assets				
29 Temporarily restricted net assets	3,284,186.	27	2,424,584.	
30 Permanently restricted net assets	42,047,452.	28	7,679,250.	
31 <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>	34,018,729.	29	64,180,257.	
32 Capital stock or trust principal, or current funds		30		
33 Paid-in or capital surplus, or land, building, or equipment fund		31		
34 Retained earnings, endowment, accumulated income, or other funds		32		
35 <b>Total net assets or fund balances</b>	79,350,367.	33	74,284,091.	
36 <b>Total liabilities and net assets/fund balances</b>	83,766,860.	34	78,053,484.	

Form 990 (2018)

**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	28,295,436.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,197,420.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,098,016.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79,350,367.
5	Net unrealized gains (losses) on investments	5	-17,500,286.
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 in Schedule O)	9	-664,006.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	74,284,091.

**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 in 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 in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2018)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ 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.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**SANTA FE COMMUNITY FOUNDATION**

Employer identification number

**85-0303044**

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

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

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8360954.	10751247.	13538266.	10992500.	13035184.	56678151.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8360954.	10751247.	13538266.	10992500.	13035184.	56678151.
5 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)						7024514.
6 Public support. Subtract line 5 from line 4.						49653637.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	8360954.	10751247.	13538266.	10992500.	13035184.	56678151.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1325355.	1373671.	1325198.	1581825.	1862435.	7468484.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,031.	41.				1,072.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				578.	646.	1,224.
11 Total support. Add lines 7 through 10						64148931.
12 Gross receipts from related activities, etc. (see instructions)					12	884,590.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	77.40	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	76.96	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. 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 stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. 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 stop here. 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 10% -facts-and-circumstances test - 2017. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. 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"/>

Schedule A (Form 990 or 990-EZ) 2018

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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



**Part IV** Supporting Organizations

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<b>b</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</b> <b>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? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
1 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)? 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).		
1		

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

	Yes	No
1 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?		
1		
2 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

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

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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? 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.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

**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.

Section A - Adjusted Net Income		(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	

Section B - Minimum Asset Amount		(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	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**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.

## 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2018

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

☒ 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

- ☒ 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	Employer identification number
SANTA FE COMMUNITY FOUNDATION	85-0303044

**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>		\$ <u>1,440,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>857,967.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>628,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <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>		\$ <u>405,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>354,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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		\$ 282,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

85-0303044

## Part II

[illegible]

Name of organization

Employer identification number

**SANTA FE COMMUNITY FOUNDATION****85-0303044****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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

**SANTA FE COMMUNITY FOUNDATION**

Employer identification number

**85-0303044**

**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) 2018

LHA

832041 11-08-18

**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.

Limits on Lobbying Expenditures (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 (grass roots lobbying)		0.	0.												
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		0.	0.												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		0.	0.												
<b>d</b> Other exempt purpose expenditures		13,888,568.	0.												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		13,888,568.	0.												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		844,428.	0.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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)		211,107.	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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	611,292.	680,883.	676,625.	844,428.	2,813,228.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (a))					4,219,842.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	152,823.	170,221.	169,156.	211,107.	703,307.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (a))					1,054,961.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018



**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

**2018**  
**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	137	
2 Aggregate value of contributions to (during year)	5,851,707.	
3 Aggregate value of grants from (during year)	4,354,354.	
4 Aggregate value at end of year	40,251,774.	
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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ 61,304.

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

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

Schedule D (Form 990) 2018

832051 10-29-18

**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 are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

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	69,567,951.	60,243,731.	56,769,686.	57,585,824.	54,724,464.
b Contributions	4,760,351.	3,730,043.	4,164,553.	2,758,939.	2,619,828.
c Net investment earnings, gains, and losses	-3,053,777.	8,702,769.	3,549,698.	-849,488.	3,185,368.
d Grants or scholarships	4,059,234.	2,915,925.	4,093,926.	2,534,838.	2,747,789.
e Other expenditures for facilities and programs					
f Administrative expenses		192,667.	146,280.	190,751.	196,047.
g End of year balance	67,215,291.	69,567,951.	60,243,731.	56,769,686.	57,585,824.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 4.51 %  
 b Permanent endowment ☒ 54.09 %  
 c Temporarily restricted endowment ☒ 41.40 %

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:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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		2,704,293.	482,338.	2,221,955.
c Leasehold improvements				
d Equipment		539,716.	473,532.	66,184.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,288,139.

Schedule D (Form 990) 2018

**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) TIFF ALTERNATIVE		
(B) INVESTMENTS	4,122,145.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,122,145.	

**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	144,624.	
(3) SFAS 136 FUNDS HELD FOR AGENCIES	3,515,540.	
(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.)	3,664,084.	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2018



**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.

1	Total revenue, gains, and other support per audited financial statements	1	9,434,495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-17,500,286.
b	Donated services and use of facilities	2b	4,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	81,129.
e	Add lines 2a through 2d	2e	-17,415,157.
3	Subtract line 2e from line 1	3	26,849,652.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	370,114.
b	Other (Describe in Part XIII.)	4b	1,075,670.
c	Add lines 4a and 4b	4c	1,445,784.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,295,436.

**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.

1	Total expenses and losses per audited financial statements	1	14,500,771.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	81,129.
e	Add lines 2a through 2d	2e	85,129.
3	Subtract line 2e from line 1	3	14,415,642.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	370,114.
b	Other (Describe in Part XIII.)	4b	411,664.
c	Add lines 4a and 4b	4c	781,778.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,197,420.

**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	81,129.
------	---------

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

CHANGE IN SPLIT INTEREST AGREEMENT	5,070.
------------------------------------	--------

AGENCY FUND REVENUE	1,070,600.
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TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,075,670.
---------------------------------------	------------

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

COGS	81,129.
------	---------

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

AGENCY FUND EXPENSE	411,664.
---------------------	----------

**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

**2018**

Open to Public  
Inspection

Name of the organization

Employer identification number

**SANTA FE COMMUNITY FOUNDATION**

**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 - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		4,122,145.
<b>3 a Subtotal</b>	0	0			4,122,145.
<b>b Total from continuation sheets to Part I</b>	0	0			0.
<b>c Totals (add lines 3a and 3b)</b>	0	0			4,122,145.

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

Schedule F (Form 990) 2018





**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

Schedule F (Form 990) 2018

## 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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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

**2018**

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.

1 (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
ACEQUIA MADRE PTC, INC. 700 ACEQUIA MADRE SANTA FE, NM 87505-2815	85-0456141	501(C)(3)	18,000.	0.			GENERAL OPERATING SUPPORT FOR MUSIC PROGRAM
ADVAITA FELLOWSHIP 927 B 6TH STREET HERMOSA BEACH, CA 90254-4818	33-0301894	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
AGRICULTURE IMPLEMENTATION RESEARCH & EDUCATION - 908 SOL FELIZ - TAOS, NM 87571	27-4417875	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
ALBUQUERQUE COMMUNITY FOUNDATION PO BOX 25266 ALBUQUERQUE, NM 87125-5266	85-0295444	501(C)(3)	16,000.	0.			GENERAL OPERATING SUPPORT
ALL SPECIES PROJECT INCORPORATED 615 CORTEZ ST SANTA FE, NM 87505-1011	85-0366750	501(C)(3)	26,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN CIVIL LIBERTIES UNION OF NEW MEXICO FOUNDATION - PO BOX 566 - ALBUQUERQUE, NM 87103	13-6213516	501(C)(3)	51,950.	0.			GENERAL OPERATING SUPPORT

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

246.

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

0.

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

Schedule I (Form 990) (2018)



Schedule I (Form 990) **SANTA FE COMMUNITY FOUNDATION**

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Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMIGOS BRAVOS PO BOX 238 TAOS, NM 87571-0238	85-0363268	501(C)(3)	44,948.	0.			GENERAL OPERATING SUPPORT
ANIMAL PROTECTION OF NEW MEXICO, INC. - PO BOX 11395 - ALBUQUERQUE, NM 87192-0395	85-0283292	501(C)(3)	14,500.	0.			GENERAL OPERATING SUPPORT
ARIZONA COMMUNITY FOUNDATION OF FLAGSTAFF - P.O. BOX U - FLAGSTAFF, AZ 86002	86-0348306	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ARMAND HAMMER UNITED WORLD COLLEGE OF THE AMERICAN WEST - PO BOX 248 - MONTEZUMA, NM 87731-0248	85-0297355	501(C)(3)	13,500.	0.			GENERAL OPERATING SUPPORT
ARTS COUNCIL SANTA CRUZ COUNTY 1070 RIVER ST SANTA CRUZ, CA 95060-1709	94-2600140	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ARTSMART PO BOX 22363 SANTA FE, NM 87502-2363	74-2810762	501(C)(3)	41,731.	0.			GENERAL OPERATING SUPPORT
ASSISTANCE DOGS OF THE WEST PO BOX 31027 SANTA FE, NM 87594-1027	85-0431646	501(C)(3)	5,634.	0.			GENERAL OPERATING SUPPORT
AUDUBON NEW MEXICO RANDALL DAVEY CENTER - PO BOX 9314 - SANTA FE, NM 87504	13-1624102	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
BARD COLLEGE PO BOX 5000 ANNANDALE-ON-HUDSON, NY 12504-5000	14-1713034	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

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BEIT TIKVA PO BOX 24094 SANTA FE, NM 87502	85-0431509	501(C)(3)	16,600.	0.			GENERAL OPERATING SUPPORT
BIENVENIDOS OUTREACH, INC. PO BOX 5873 SANTA FE, NM 87502	85-0375278	501(C)(3)	15,250.	0.			GENERAL OPERATING SUPPORT
BIG BROTHERS BIG SISTERS MOUNTAIN REGION - 1229 S ST FRANCIS DR STE C - SANTA FE, NM 87505	85-0276498	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
BOSQUE SCHOOL/RIVER SOURCE INC. 2300 W. ALAMEDA, A6 SANTA FE, NM 87507	85-0420092	501(C)(3)	10,250.	0.			GENERAL OPERATING SUPPORT
BRIDGES PROJECT FOR EDUCATION PO BOX 308 TAOS, NM 87571	85-0448942	501(C)(3)	5,750.	0.			GENERAL OPERATING SUPPORT
C. G. JUNG INSTITUTE OF NEW MEXICO 4 AVENIDA DE LA SCALA SANTA FE, NM 87506	85-0383780	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CAF AMERICA 225 REINEKERS LANE, SUITE 375 ALEXANDRIA, VA 22314	43-1634280	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CALM AIR VISIBILITY UNLIMITED 518 OLD SANTA FE TRAIL STE 1405 SANTA FE, NM 87505	20-3287015	501(C)(3)	42,750.	0.			GENERAL OPERATING SUPPORT
CAMPING AND EDUCATION FOUNDATION 3515 MICHIGAN AVE CINCINNATI, OH 45208-1409	31-0650653	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							(h) Purpose of grant or assistance
(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	
CANCER FOUNDATION FOR NEW MEXICO PO BOX 5038 SANTA FE, NM 87502-5038	41-2079799	501(C)(3)	23,100.	0.			GENERAL OPERATING SUPPORT
CANONES EARLY CHILDHOOD CENTER PO BOX 55 CANONES, NM 87516	85-0367878	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
CAREER GUIDANCE INSTITUTE 115 GOLD AVENUE SW, SUITE 201 ALBUQUERQUE, NM 87102	85-0323322	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CAREGIVERS WORKFORCE DEVELOPMENT INSTITUTE - 10 PLACITAS TRAILS RD - PLACITAS, NM 87043	47-1126935	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
CASA MILAGRO 49 CAMINO BAJO SANTA FE, NM 87508	85-0443188	501(C)(3)	47,250.	0.			GENERAL OPERATING SUPPORT
CASA Q P.O. BOX 36168 ALBUQUERQUE, NM 87176	46-1245391	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES 2010 BRIDGE BOULEVARD SW ALBUQUERQUE, NM 87105-3104	20-1144913	501(C)(3)	11,398.	0.			GENERAL OPERATING SUPPORT
CENTER FOR CIVIC POLICY PO BOX 27616 ALBUQUERQUE, NM 87125	01-0869701	501(C)(3)	78,014.	0.			GENERAL OPERATING SUPPORT
CENTER FOR CONTEMPORARY ARTS OF SANTA FE, INC. - 1050 OLD PECOS TRAIL - SANTA FE, NM 87505	85-0313183	501(C)(3)	27,000.	0.			GENERAL OPERATING SUPPORT

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CENTER FOR LAND USE INTERPRETATION 9331 VENICE BLVD CULVER CITY, CA 90232	94-3198743	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CHAINBREAKER COLLECTIVE PO BOX 31666 SANTA FE, NM 87594-1666	85-0432731	501(C)(3)	50,500.	0.			GENERAL OPERATING SUPPORT
CHAMA PEAK LAND ALLIANCE P.O. BOX 1544 SANTA FE, NM 87504-1544	27-4506183	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CHILDREN'S GRIEF CENTER OF NEW MEXICO - 3001 TRELIS DRIVE NW - ALBUQUERQUE, NM 87107	85-0474099	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
CHRIST CHURCH SANTA FE PCA 1213 DON GASPARE AVENUE SANTA FE, NM 87505	71-0876280	501(C)(3)	9,000.	0.			GENERAL OPERATING SUPPORT
CHRISTUS ST. VINCENT HOSPITAL FOUNDATION - PO BOX 2107 - SANTA FE, NM 87504-2107	85-0282847	501(C)(3)	5,750.	0.			GENERAL OPERATING SUPPORT
COLLECTIVE HERITAGE INSTITUTE/BIONEERS - 1607 PASEO DE PERALTA STE 3 - SANTA FE, NM 87501-3739	85-0432731	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
COLLINS LAKE AUTISM CENTER PO BOX 472 CLEVELAND, NM 87715-0472	27-2989742	501(C)(3)	26,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES IN SCHOOLS NEW MEXICO PO BOX 367 SANTA FE, NM 87504-0367	85-0481104	501(C)(3)	77,300.	0.			GENERAL OPERATING SUPPORT

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COMMUNITY LEARNING NETWORK PO BOX 33423 SANTA FE, NM 87594	47-2654167	501(C)(3)	13,750.	0.			GENERAL OPERATING SUPPORT
CONSERVATION VOTERS NEW MEXICO EDUCATION FUND - 200 W DE VARGAS ST STE 1 - SANTA FE, NM 87501	91-1982332	501(C)(3)	21,000.	0.			GENERAL OPERATING SUPPORT
COOKING WITH KIDS PO BOX 6113 SANTA FE, NM 87502-6113	20-4396207	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT
CORNELL COLLEGE 600 FIRST STREET SW MOUNT VERNON, IA 52314	42-0680335	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CORNERSTONES COMMUNITY PARTNERSHIPS - PO BOX 2341 - SANTA FE, NM 87504-2341	85-0425771	501(C)(3)	16,400.	0.			GENERAL OPERATING SUPPORT
COUNCIL FOR A STRONG AMERICA 1212 NEW YORK AVENUE NW, SUITE 300 WASHINGTON, DC 20005	13-3840271	501(C)(3)	44,000.	0.			GENERAL OPERATING SUPPORT
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE, SUITE 700 WASHINGTON, DC 22022	13-6068327	501(C)(3)	14,100.	0.			GENERAL OPERATING SUPPORT
COURT APPOINTED SPECIAL ADVOCATES, FIRST JUDICIAL DISTRICT - 466 W SAN FRANCISCO ST - SANTA FE, NM 87501	85-0432642	501(C)(3)	19,750.	0.			GENERAL OPERATING SUPPORT
CREATIVE SANTA FE PO BOX 2388 SANTA FE, NM 87504-2388	85-0467912	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT

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CREATIVITY FOR PEACE INC. 369 MONTEZUMA AVE # 566 SANTA FE, NM 87501-2835	85-0366087	501(C)(3)	17,250.	0.			GENERAL OPERATING SUPPORT
CRUCES CREATIVES 205 EAST LOHMAN AVENUE LAS CRUCES, NM 88001	81-5340614	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
CURTIS INSTITUTE OF MUSIC 1726 LOCUST ST PHILADELPHIA, PA 19103-6107	23-1585611	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
DEPAUW UNIVERSITY P.O. BOX 37 GREENCASTLE, IN 46135-0037	35-0869045	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	9,550.	0.			GENERAL OPERATING SUPPORT
DRUG POLICY ALLIANCE 131 W 33RD ST 15TH FL NEW YORK, NY 10001	52-1516692	501(C)(3)	10,750.	0.			GENERAL OPERATING SUPPORT
EARTH CARE INTERNATIONAL 6600 VALENTINE WAY BLDG A SANTA FE, NM 87507-7314	33-1017279	501(C)(3)	32,250.	0.			GENERAL OPERATING SUPPORT
EARTH ISLAND INSTITUTE 2150 ALLSTON WAY, SUITE 460 BERKELEY, CA 94704	94-2889684	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
EL CENTRO DE IGUALDAD Y DERECHOS 714 4TH STREET SW ALBUQUERQUE, NM 87102	26-4675255	501(C)(3)	104,147.	0.			GENERAL OPERATING SUPPORT

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EL RANCHITO DE LOS NINOS FOUNDATION - PO BOX 2400 - LOS LUNAS, NM 87031	85-0471183	501(C)(3)	8,750.	0.			GENERAL OPERATING SUPPORT
EL RITO PUBLIC LIBRARY PO BOX 5 182 PLACITAS RD - EL RITO, NM 87530	85-0249591	501(C)(3)	6,525.	0.			GENERAL OPERATING SUPPORT
EMBUDO VALLEY LIBRARY AND COMMUNITY CENTER - PO BOX 310 - DIXON, NM 87527-0310	85-0314391	501(C)(3)	24,453.	0.			GENERAL OPERATING SUPPORT
EMBUDO VALLEY TUTORING ASSOCIATION PO BOX 267 DIXON, NM 87527	47-0935180	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
ENVIRONMENT NEW MEXICO RESEARCH & POLICY CENTER - PO BOX 40173 - ALBUQUERQUE, NM 87196-0173	13-4342661	501(C)(3)	27,000.	0.			GENERAL OPERATING SUPPORT
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010-7304	11-6107128	501(C)(3)	17,750.	0.			GENERAL OPERATING SUPPORT
ESPANOLA VALLEY HUMANE SOCIETY 108 HAMM PKWY ESPANOLA, NM 87532-9655	85-0406234	501(C)(3)	33,503.	0.			GENERAL OPERATING SUPPORT
ESPERANZA SHELTER FOR BATTERED FAMILIES - 3130 RUFINA ST - SANTA FE, NM 87507	85-0313174	501(C)(3)	45,600.	0.			GENERAL OPERATING SUPPORT
FAIRVIEW CEMETERY PRESERVATION ASSOCIATION - PO BOX 5958 - SANTA FE, NM 87502-5958	85-0305350	501(C)(3)	17,608.	0.			GENERAL OPERATING SUPPORT

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FEEDING SANTA FE PO BOX 31086 SANTA FE, NM 87594-1086	85-0416027	501(C)(3)	28,826.	0.			GENERAL OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH OF SANTA FE - 208 GRANT AVE - SANTA FE, NM 87501	85-0125823	501(C)(3)	17,500.	0.			GENERAL OPERATING SUPPORT
FIRST SERVE - NM, INC. PO BOX 31904 SANTA FE, NM 87594-1904	27-0044395	501(C)(3)	27,750.	0.			GENERAL OPERATING SUPPORT
FOOD DEPOT 1222 SILER RD STE A SANTA FE, NM 87507-4107	85-0416803	501(C)(3)	131,421.	0.			GENERAL OPERATING SUPPORT
FOREST STEWARDS GUILD 612 W. MAIN ST. SUITE 200 MADISON, WI 53703	85-0446866	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
FORWARD TOGETHER STRONG FAMILIES NEW MEXICO - 400 GOLD AVENUE SW, SUITE 900 - ALBUQUERQUE, NM 87102	94-3311784	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE SANTA FE PUBLIC LIBRARY - PO BOX 31332 - SANTA FE, NM 87594	51-0161692	501(C)(3)	9,426.	0.			GENERAL OPERATING SUPPORT
FUND FOR SANTA BARBARA 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	77-0070742	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
G L A S FOUNDATION 4 CIBOLA CIRCLE SANTA FE, NM 87505	35-2253800	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT

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GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE ASHBURN, VA 20147	53-0196584	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GEORGIA O'KEEFFE MUSEUM 217 JOHNSON ST SANTA FE, NM 87501-1826	85-0437114	501(C)(3)	11,772.	0.			GENERAL OPERATING SUPPORT
GERARD'S HOUSE PO BOX 28693 SANTA FE, NM 87592	74-2834283	501(C)(3)	46,500.	0.			GENERAL OPERATING SUPPORT
GIRLS INC. OF SANTA FE 301 HILLSIDE AVE SANTA FE, NM 87501	85-0129250	501(C)(3)	87,000.	0.			GENERAL OPERATING SUPPORT
GLOBAL GREENGRANTS FUND INC. 2840 WILDERNESS PLACE, SUITE A BOULDER, CO 80301	84-1612422	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
GOLDEN APPLE FOUNDATION OF NEW MEXICO - PO BOX 40469 - ALBUQUERQUE, NM 87196-0469	85-0420305	501(C)(3)	32,602.	0.			GENERAL OPERATING SUPPORT
HAMPSHIRE COLLEGE 893 WEST STREET AMHERST, MA 01002-3359	04-6130872	501(C)(3)	5,250.	0.			GENERAL OPERATING SUPPORT
HOMEWISE, INC. 1301 SILER RD BLDG D SANTA FE, NM 87507	85-0346325	501(C)(3)	31,250.	0.			GENERAL OPERATING SUPPORT
HORSE SHELTER 1600 LENA STREET C-10 SANTA FE, NM 87505	52-2214286	501(C)(3)	14,000.	0.			GENERAL OPERATING SUPPORT

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INDIGENOUS ARTS INSTITUTE/ DANCING EARTH CREATIONS - 5 CANYON CLIFF DRIVE - SANTA FE, NM 87508	27-3400701	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
INNOVATE-EDUCATE NM PO BOX 9919 SANTA FE, NM 87504-5919	26-3205739	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
INSTITUTE OF AMERICAN INDIAN ARTS FOUNDATION - PO BOX 22370 - SANTA FE, NM 87502-2370	85-0377670	501(C)(3)	39,994.	0.			GENERAL OPERATING SUPPORT
INTERFAITH COMMUNITY SHELTER GROUP, INC. - PO BOX 22653 - SANTA FE, NM 87502-2653	27-0736366	501(C)(3)	82,250.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL FOLK ART ALLIANCE, INC. - 620 CERRILLOS ROAD - SANTA FE, NM 87505	35-2285824	501(C)(3)	37,100.	0.			GENERAL OPERATING SUPPORT
JUILLIARD SCHOOL/THE 60 LINCOLN CENTER PLAZA NEW YORK, NY 10023-6588	13-6162648	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
KERES CHILDRENS LEARNING CENTER PO BOX 113 COCHITI PUEBLO, NM 87072-0113	45-4511408	501(C)(3)	15,100.	0.			GENERAL OPERATING SUPPORT
KESHET DANCE COMPANY 4121 CUTLER AVE NE ALBUQUERQUE, NM 87110	85-0436623	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
KITCHEN ANGELS 1222 SILER RD SANTA FE, NM 87507	85-0423492	501(C)(3)	73,510.	0.			GENERAL OPERATING SUPPORT

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LA FAMILIA MEDICAL CENTER PO BOX 5395 SANTA FE, NM 87502-5395	85-0220875	501(C)(3)	17,880.	0.			GENERAL OPERATING SUPPORT
LA PLAZA DE ENCUENTRO GATHERING PLACE - 714 4TH ST SW - ALBUQUERQUE, NM 87102	27-2016727	501(C)(3)	5,913.	0.			GENERAL OPERATING SUPPORT
LA SEMILLA FOOD CENTER PO BOX 2579 ANTHONY, NM 88021-2759	27-2486484	501(C)(3)	6,740.	0.			GENERAL OPERATING SUPPORT
LAS CAMPANAS COMPADRES, INC. 15 BUCKSKIN CIRCLE SANTA FE, NM 87506	26-0236999	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
LAS CUMBRES COMMUNITY SERVICES, INC. - 1911 FIFTH ST., SUITE 100 - SANTA FE, NM 87507	23-7144268	501(C)(3)	26,378.	0.			GENERAL OPERATING SUPPORT
LENSIC PERFORMING ARTS CENTER CORPORATION - 211 W. SAN FRANCISCO ST. - SANTA FE, NM 87501	85-0448396	501(C)(3)	72,121.	0.			GENERAL OPERATING SUPPORT
LITERACY VOLUNTEERS OF SANTA FE 6401 RICHARDS AVE RM 514A SANTA FE, NM 87508	85-0350349	501(C)(3)	23,953.	0.			GENERAL OPERATING SUPPORT
LITTLEGLOBE, INC. PO BOX 24213 SANTA FE, NM 87502	27-0118569	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
MAKE SANTA FE 2879 ALL TRADES ROAD SANTA FE, NM 87507-3105	81-1757888	501(C)(3)	10,250.	0.			GENERAL OPERATING SUPPORT

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(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	
MANY MOTHERS PO BOX 23222 SANTA FE, NM 87502	85-0457455	501(C)(3)	12,550.	0.			GENERAL OPERATING SUPPORT
MAY CENTER FOR LEARNING 2109 GALISTEO, BLDG B SANTA FE, NM 87505	45-4500854	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
MAYO CLINIC 13400 EAST SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
MESA PRIETA PETROGLYPH PROJECT PO BOX 407 VELARDE, NM 87582	85-0464041	501(C)(3)	13,000.	0.			GENERAL OPERATING SUPPORT
MESA TO MESA P.O. BOX 1008 ESPANOLA, NM 87532	47-2594591	501(C)(3)	5,250.	0.			GENERAL OPERATING SUPPORT
MILITARY RELIGIOUS FREEDOM FOUNDATION - 13170-B CENTRAL AVENUE SE, SUITE 225 - ALBUQUERQUE, NM 87123	20-3967302	501(C)(3)	24,000.	0.			GENERAL OPERATING SUPPORT
MOUNTAIN STUDIES INSTITUTE P.O. BOX 426 SILVERTON, CO 81433	73-1644103	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MUSEUM OF NEW MEXICO FOUNDATION PO BOX 2065 SANTA FE, NM 87504	85-0202503	501(C)(3)	33,457.	0.			GENERAL OPERATING SUPPORT
NACA-INSPIRED SCHOOLS NETWORK (NISN) - 1000 INDIAN SCHOOL ROAD NW - ALBUQUERQUE, NM 87104	47-2981893	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT

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NATIONAL DANCE INSTITUTE NEW MEXICO INC. - 1140 ALTO ST - SANTA FE, NM 87505	85-0431846	501(C)(3)	86,408.	0.			GENERAL OPERATING SUPPORT
NATIONAL PARKS CONSERVATION ASSOCIATION - P.O. BOX 537 - ARROYO HONDO, NM 87513	53-0225165	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL WILDLIFE FEDERATION 1200 G STREET NW, SUITE 900 WASHINGTON, DC 20005	53-0204616	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
NATURE CONSERVANCY IN NEW MEXICO 212 EAST MARCY ST SANTA FE, NM 87501	53-0242652	501(C)(3)	17,303.	0.			GENERAL OPERATING SUPPORT
NEW ENERGY ECONOMY 343 E ALAMEDA ST SANTA FE, NM 87501-2229	20-2845513	501(C)(3)	77,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO ASIAN FAMILY CENTER 115 MONTCLAIRE DR. SE ALBUQUERQUE, NM 87108	26-0545877	501(C)(3)	26,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO CENTER ON LAW AND POVERTY - 924 PARK AVENUE SW, SUITE C - ALBUQUERQUE, NM 87102-3023	85-0437960	501(C)(3)	114,147.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO CHILDREN'S FOUNDATION PO BOX 8182 SANTA FE, NM 87504-8182	85-0400503	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO COMMUNITY FOUNDATION 135 W. PALACE AVE, SUITE 301 SANTA FE, NM 87501	85-0311210	501(C)(3)	23,434.	0.			GENERAL OPERATING SUPPORT

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NEW MEXICO ENVIRONMENTAL LAW CENTER - 1405 LUISA ST STE 5 - SANTA FE, NM 87505-4074	85-0360664	501(C)(3)	79,053.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO FARMERS' MARKETING ASSOCIATION - 1219 LUISA ST STE 1 - SANTA FE, NM 87505	85-0430744	501(C)(3)	15,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO GAY MEN'S CHORUS PO BOX 3822 ALBUQUERQUE, NM 87190-3822	45-5301412	501(C)(3)	10,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO HIGHLANDS UNIVERSITY BOX 9000 LAS VEGAS, NM 87701	85-6000406	115	6,694.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO IMMIGRANT LAW CENTER PO BOX 7040 ALBUQUERQUE, NM 87194-7040	27-3303237	501(C)(3)	52,550.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO INTERFAITH POWER AND LIGHT - PO BOX 27162 - ALBUQUERQUE, NM 87125-7162	26-4654545	501(C)(3)	22,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO KIDS MATTER INC. 2340 ALAMO AVE. SE SUITE 112 ALBUQUERQUE, NM 87106	85-0424064	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO LAND CONSERVANCY PO BOX 6759 SANTA FE, NM 87502	06-1648104	501(C)(3)	351,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO LEGAL AID PO BOX 25486 ALBUQUERQUE, NM 87125	85-0116950	501(C)(3)	16,500.	0.			GENERAL OPERATING SUPPORT

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NEW MEXICO PBS 1130 UNIVERSITY BLVD NE ALBUQUERQUE, NM 87102	85-6000642	501(C)(3)	7,750.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO PERFORMING ARTS SOCIETY 7038 CAMINO ROJO SANTA FE, NM 87507	45-3733690	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO SCHOOL FOR THE ARTS - ART INSTITUTE - 500 MONTEZUMA AVE STE 200 - SANTA FE, NM 87501	26-4764395	501(C)(3)	13,300.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO SCHOOL FOR THE DEAF 1060 CERRILLOS RD SANTA FE, NM 87503	85-6000544	501(C)(3)	19,022.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO STATE UNIVERSITY PO BOX 30001, MSC 5100 LAS CRUCES, NM 88003	85-6000401	115	23,939.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO SUICIDE INTERVENTION PROJECT - PO BOX 6004 - SANTA FE, NM 87502-6004	85-0427990	501(C)(3)	23,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVE SW STE 195 ALBUQUERQUE, NM 87102	85-0348301	501(C)(3)	19,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO WILDERNESS ALLIANCE PO BOX 25464 ALBUQUERQUE, NM 87125	85-0457916	501(C)(3)	21,300.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO WILDLIFE CENTER PO BOX 246 ESPANOLA, NM 87532	85-0346210	501(C)(3)	18,793.	0.			GENERAL OPERATING SUPPORT

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			NEW MEXICO WILDLIFE FEDERATION 6100 SEAGULL STREET SUITE B-105 ALBUQUERQUE, NM 87102	85-0160947	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
			NM COMUNIDADES EN ACCION Y DE FE 133 WYATT DRIVE #1 LAS CRUCES, NM 88005	27-3310051	501(C)(3)	104,147.	0.			GENERAL OPERATING SUPPORT
			NONPROFIT BACK OFFICE RESOURCES 3900 OSUNA ROAD NE, SUITE 261 ALBUQUERQUE, NM 87109	45-2848527	501(C)(3)	6,844.	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)	6,250.	0.			GENERAL OPERATING SUPPORT
			OFFICE OF STUDENT WELLNESS, SANTA FE PUBLIC SCHOOLS - 610 ALTA VISTA - SANTA FE, NM 87501	85-6000169	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
			OHKAY OWINGEH HOUSING AUTHORITY PO BOX 1059 OHKAY OWINGEH, NM 87566	85-0446828	115	21,000.	0.			GENERAL OPERATING SUPPORT
			OJO SARCO COMMUNITY CENTER HCR 65 BOX 99 OJO SARCO, NM 87521	85-0369329	501(C)(3)	8,250.	0.			GENERAL OPERATING SUPPORT
			OL EDUCATION FUND 411 BELLAMAH AVE NW ALBUQUERQUE, NM 87102	27-1275857	501(C)(3)	106,650.	0.			GENERAL OPERATING SUPPORT
			PARTNERS IN EDUCATION FOUNDATION FOR THE SFPS - PO BOX 23374 - SANTA FE, NM 87502	85-0392417	501(C)(3)	98,702.	0.			GENERAL OPERATING SUPPORT

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PECOS PEOPLE FOR ANIMAL WELFARE SOCIETY - 7 AVENIDA VISTA GRANDE, SUITE B7 PWO 471 - SANTA FE, NM 87508	85-0408082	501(C)(3)	9,500.	0.			GENERAL OPERATING SUPPORT
PEGASUS LEGAL SERVICES FOR CHILDREN - 3201 4TH ST NW - ALBUQUERQUE, NM 87107-1321	46-0509987	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PERFORMANCE SANTA FE D/B/A SANTA FE CONCERT ASSOCIATION - 300 PASEO DE PERALTA, SUITE 102 - SANTA FE, NM 87501	23-7265489	501(C)(3)	29,750.	0.			GENERAL OPERATING SUPPORT
PITTSBURGH FOUNDATION 5 PPG PLACE PITTSBURGH, PA 15222	25-0965466	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF NEW MEXICO, INC. - 719 SAN MATEO BLVD NE - ALBUQUERQUE, NM 87108-1434	85-0197745	501(C)(3)	41,050.	0.			GENERAL OPERATING SUPPORT
POLESTAR GARDENS, INC. 15-2662 PAHOA VILLAGE RD, SUITE 306 PMB 8440 - PAHOA, HI 96778	68-0453822	501(C)(3)	18,000.	0.			GENERAL OPERATING SUPPORT
PRAISING EARTH INC 4772 VISTA DEL SOL SANTA FE, NM 87507	81-4688431	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PROGRESSNOW NEW MEXICO EDUCATION FUND - 625 SILVER AVE SW #320 - ALBUQUERQUE, NM 87102	45-4128254	501(C)(3)	15,300.	0.			GENERAL OPERATING SUPPORT
PROSPERITY WORKS 909 COPPER AVE NW ALBUQUERQUE, NM 87102-3029	85-0466059	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT

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PUBLIC SQUASH INC. 45 MAIN STREET, SUITE 529 BROOKLYN, NY 11201	47-4108005	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PUEBLO DE ABIQUIU LIBRARY AND CULTURAL CENTER - PO BOX 838 - ABIQUIU, NM 87510-0838	85-0249591	501(C)(3)	8,428.	0.			GENERAL OPERATING SUPPORT
QUIVIRA COALITION, INC. 1413 SECOND STREET STE #1 SANTA FE, NM 87505	31-1551770	501(C)(3)	41,250.	0.			GENERAL OPERATING SUPPORT
R & R FOR VETS INC. 8 CENTAURUS RANCH ROAD SANTA FE, NM 87507	81-4311655	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
RAILYARD PARK CONSERVANCY 805 EARLY ST 204 B SANTA FE, NM 87505	32-0312957	501(C)(3)	7,623.	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 991 CAMINO CONSUELO SANTA FE, NM 87507	47-3350742	501(C)(3)	15,242.	0.			GENERAL OPERATING SUPPORT
REEL FATHERS 6 TORNEO COURT SANTA FE, NM 87508	26-4664688	501(C)(3)	25,500.	0.			GENERAL OPERATING SUPPORT
RESOLVE VIOLENCE PREVENTION PO BOX 8350 SANTA FE, NM 87504-8350	85-0475597	501(C)(3)	29,250.	0.			GENERAL OPERATING SUPPORT

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RIO ARriba ADULT LITERACY PROGRAM PO BOX 1113 ESPANOLA, NM 87532	46-0616148	501(C)(3)	5,250.	0.			GENERAL OPERATING SUPPORT
RIO GRANDE COMMUNITY DEVELOPMENT CORPORATION - 318 ISLETA SW - ALBUQUERQUE, NM 87105	85-0348445	501(C)(3)	25,300.	0.			GENERAL OPERATING SUPPORT
RIO GRANDE SCHOOL 715 CAMINO CABRA SANTA FE, NM 87505	85-0263326	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SAMARITAN HOUSE, INC. PO BOX 1687 LAS VEGAS, NM 87701-1687	75-5009107	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
SAN JUAN CITIZENS ALLIANCE PO BOX 2461 DURANGO, CO 81302	84-1447465	501(C)(3)	27,000.	0.			GENERAL OPERATING SUPPORT
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053-0615	94-1156617	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY - 100 CAJA DEL RIO RD - SANTA FE, NM 87507	85-6000484	501(C)(3)	24,677.	0.			GENERAL OPERATING SUPPORT
SANTA FE BOTANICAL GARDEN PO BOX 23343 SANTA FE, NM 87502-3343	85-0366754	501(C)(3)	30,699.	0.			GENERAL OPERATING SUPPORT
SANTA FE CHAMBER MUSIC FESTIVAL PO BOX 2227 SANTA FE, NM 87504-2227	85-0224461	501(C)(3)	29,700.	0.			GENERAL OPERATING SUPPORT

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SANTA FE CHAMBER OPPORTUNITIES FUND, INC - PO BOX 1928 - SANTA FE, NM 87504-1928	85-0460648	501(C)(3)	11,700.	0.			GENERAL OPERATING SUPPORT
SANTA FE CHILDREN'S MUSEUM 1050 OLD PECOS TRAIL SANTA FE, NM 87505	85-0335070	501(C)(3)	14,500.	0.			GENERAL OPERATING SUPPORT
SANTA FE COMMUNITY COLLEGE 6401 RICHARDS AVENUE SANTA FE, NM 87508	85-0311615	501(C)(3)	41,990.	0.			GENERAL OPERATING SUPPORT
SANTA FE COMMUNITY COLLEGE FOUNDATION - 6401 RICHARDS AVE - SANTA FE, NM 87508	85-0338954	501(C)(3)	8,746.	0.			GENERAL OPERATING SUPPORT
SANTA FE CONSERVATION TRUST PO BOX 23985 SANTA FE, NM 87502-3985	85-0418988	501(C)(3)	102,937.	0.			GENERAL OPERATING SUPPORT
SANTA FE COUNCIL ON INTERNATIONAL RELATIONS - 413 GRANT AVE STE D - SANTA FE, NM 87501-1301	85-0196904	501(C)(3)	10,800.	0.			GENERAL OPERATING SUPPORT
SANTA FE DESERT CHORALE 311 E PALACE AVE SANTA FE, NM 87501	85-0300479	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE DREAMERS PROJECT P.O. BOX 8009 SANTA FE, NM 87504	82-0839645	501(C)(3)	48,250.	0.			GENERAL OPERATING SUPPORT
SANTA FE FARMERS MARKET INSTITUTE 1607 PASEO DE PERALTA STE A SANTA FE, NM 87501	30-0124953	501(C)(3)	50,303.	0.			GENERAL OPERATING SUPPORT

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SANTA FE HABITAT FOR HUMANITY 2520 CAMINO ENTRADA, UNIT A SANTA FE, NM 87507	58-1285159	501(C)(3)	56,553.	0.			GENERAL OPERATING SUPPORT
SANTA FE NEED AND DEED, INC. P.O. BOX 23252 SANTA FE, NM 87502	46-1514499	501(C)(3)	5,750.	0.			GENERAL OPERATING SUPPORT
SANTA FE OPERA PO BOX 2408 SANTA FE, NM 87504-2408	85-0131810	501(C)(3)	72,500.	0.			GENERAL OPERATING SUPPORT
SANTA FE PREPARATORY SCHOOL 1101 CAMINO DE LA CRUZ BLANCA SANTA FE, NM 87505-0396	85-0165745	501(C)(3)	95,550.	0.			GENERAL OPERATING SUPPORT
SANTA FE PUBLIC SCHOOLS 610 ALTA VISTA SANTA FE, NM 87505	85-6000169	115	12,750.	0.			GENERAL OPERATING SUPPORT
SANTA FE SCIENCE INITIATIVE 1109 CAMINITO ALLEGRE SANTA FE, NM 87501	85-0311210	501(C)(3)	5,750.	0.			GENERAL OPERATING SUPPORT
SANTA FE SYMPHONY ORCHESTRA & CHORUS - PO BOX 9692 - SANTA FE, NM 87504	85-0331684	501(C)(3)	101,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE YOUTH SYMPHONY ASSOCIATION - 1000 CORDOVA PL # 190 - SANTA FE, NM 87505-1725 SAVE THE CHILDREN FEDERATION, INC. (NATIONAL) - 899 NORTH CAPITOL ST NE, SUITE 900 - WASHINGTON, DC 20002	85-0436819	501(C)(3)	6,360.	0.			GENERAL OPERATING SUPPORT
	06-0726487	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

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SCHOOL FOR ADVANCED RESEARCH PO BOX 2188 SANTA FE, NM 87504	85-0125045	501(C)(3)	10,571.	0.			GENERAL OPERATING SUPPORT
SEARCHLIGHT NEW MEXICO 202 E. MARCY STREET SANTA FE, NM 87501	81-3234552	501(C)(3)	17,000.	0.			GENERAL OPERATING SUPPORT
SHARE YOUR CARE ADULT DAY SERVICES PO BOX 35101 ALBUQUERQUE, NM 87176-5101	85-0237569	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET, SUITE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	24,053.	0.			GENERAL OPERATING SUPPORT
SILVER BULLET PRODUCTIONS 38 CALLE VENTOSO WEST SANTA FE, NM 87506	30-0275618	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
SIMMONS COLLEGE STUDENT FINANCIAL SERVICES P.O. BOX 414104 - BOSTON, MA 02241-4104	04-2103629	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SITE SANTA FE 1606 PASEO DE PERALTA SANTA FE, NM 87501-3724	85-0413922	501(C)(3)	22,910.	0.			GENERAL OPERATING SUPPORT
SKY MOUNTAIN WILD HORSE SANCTUARY P.O. BOX 2946 SANTA FE, NM 87504	87-0805652	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
SOL EDUCATION ABROAD AND XIMENA DE LOS RIOS - 503 OAKLAND AVENUE - AUSTIN, TX 78703	20-4129004	501(C)(3)	8,195.	0.			GENERAL OPERATING SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							(h) Purpose of grant or assistance
(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	
SOLACE CRISIS TREATMENT CENTER 6601 VALENTINE WAY SANTA FE, NM 87507-7301	85-0242274	501(C)(3)	37,209.	0.			GENERAL OPERATING SUPPORT
SOHOS UN PUEBLO UNIDO 1804 ESPINACITAS SANTA FE, NM 87505-3854	85-0376286	501(C)(3)	140,650.	0.			GENERAL OPERATING SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY, AL 36104-4344	63-0598743	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST C.A.R.E. CENTER PO BOX 6880 SANTA FE, NM 87502	85-0397444	501(C)(3)	11,599.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST EDUCATIONAL PARTNERS FOR TRAINING - 4300 BLAKE ROAD SW - ALBUQUERQUE, NM 87121	27-1421966	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST ENVIRONMENTAL CENTER 275 NORTH DOWNTOWN MALL LAS CRUCES, NM 88001	85-0403860	501(C)(3)	30,500.	0.			GENERAL OPERATING SUPPORT
SOUTHWESTERN UNIVERSITY P.O. BOX 770 GEORGETOWN, TX 78627	85-0271348	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
ST. EDWARD'S UNIVERSITY 3001 S CONGRESS AVE BOX 1031 AUSTIN, TX 78704	74-1109641	501(C)(3)	6,373.	0.			GENERAL OPERATING SUPPORT
ST. ELIZABETH SHELTER 804 ALARID ST SANTA FE, NM 87505-3040	85-0347650	501(C)(3)	368,714.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

## Schedule I (Form 990) SANTA FE COMMUNITY FOUNDATION

85-0303044

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							(h) Purpose of grant or assistance
(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	
ST. MICHAEL'S HIGH SCHOOL FOUNDATION - PO BOX 22563 - SANTA FE, NM 87502-2563	85-0121641	501(C)(3)	5,650.	0.			GENERAL OPERATING SUPPORT
STEM SANTA FE P.O. BOX 33103 SANTA FE, NM 87594	82-2358193	501(C)(3)	19,500.	0.			GENERAL OPERATING SUPPORT
STREETSSQUASH INC. 60 PARK PLACE, SUITE 405 NEWARK, NJ 07102	13-4061809	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SUFFOLK UNIVERSITY 8 ASHBURTON PLACE BOSTON, MA 02108-2770	04-2133255	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
TAOS PUEBLO P.O. BOX 1846 TAOS, NM 87571-1846	85-0222954	115	9,509.	0.			GENERAL OPERATING SUPPORT
TEACH PLUS 281 SUMNER STREET BOSTON, MA 02110	26-3849472	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)	129,000.	0.			GENERAL OPERATING SUPPORT
TEXAS TECH UNIVERSITY 301 WEST HALL LUBBOCK, TX 79409-2019	75-6043842	115	7,500.	0.			GENERAL OPERATING SUPPORT
THE FRIENDSHIP CLUB PO BOX 6723 SANTA FE, NM 87502-6723	85-0324089	501(C)(3)	16,250.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HOPI FOUNDATION PO BOX 301 KYKOTSHOVI, AZ 86039	74-2488628	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT
THINK NEW MEXICO 1227 PASEO DE PERALTA SANTA FE, NM 87501-2758	38-2812525	501(C)(3)	33,017.	0.			GENERAL OPERATING SUPPORT
THIRD SECTOR NEW ENGLAND, INC 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	31-1611995	501(C)(3)	69,201.	0.			GENERAL OPERATING SUPPORT
TRACKING PROJECT, INC. PO BOX 266 CORRALES, NM 87048	59-2729723	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
TRANSFORMATIONAL LEARNING & COACHING, INC. - P.O. BOX 23581 - SANTA FE, NM 87502	80-0199665	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
TRANSGENDER RESOURCE CENTER OF NEW MEXICO - PO BOX 80872 - ALBUQUERQUE, NM 87198	39-2076744	501(C)(3)	10,250.	0.			GENERAL OPERATING SUPPORT
TRUCHAS SERVICES CENTER, INC. P.O BOX 330 TRUCHAS, NM 87578	23-7319699	501(C)(3)	23,525.	0.			GENERAL OPERATING SUPPORT
TRYON FINE ARTS CENTER INC. 34 MELROSE AVENUE TRYON, NC 28782	56-6086694	501(C)(3)	17,449.	0.			GENERAL OPERATING SUPPORT
UNITARIAN UNIVERSALIST CONGREGATION OF SANTA FE - PO BOX 4637 - SANTA FE, NM 87502	04-2103733	501(C)(3)	6,800.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SANTA FE COUNTY 440 CERRILLOS RD STE A SANTA FE, NM 87501-2644	85-0163601	501(C)(3)	89,533.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF NEW MEXICO FOUNDATION, INC. - 700 LOMAS NE, STE 108 - ALBUQUERQUE, NM 87102-2520	85-0275408	501(C)(3)	138,900.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF NEW MEXICO SCHOLARSHIP OFFICE - MSC 11-6320 - ALBUQUERQUE, NM 87131-0001	85-6000642	115	67,996.	0.			SCHOLARSHIPS
UNIVERSITY OF WISCONSIN-RIVER FALLS FOUNDATION - 410 SOUTH THIRD STREET - RIVER FALLS, WI 54022-5001	39-6064630	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
VILLA THERESE CATHOLIC CLINIC 219 CATHEDRAL PLACE SANTA FE, NM 87501	85-0229019	501(C)(3)	11,500.	0.			GENERAL OPERATING SUPPORT
WEAREPEOPLEHERE! EDUCATION FUND P.O. BOX 421 SANTA FE, NM 87504-0421	48-1275323	501(C)(3)	6,250.	0.			GENERAL OPERATING SUPPORT
WESTERN ENVIRONMENTAL LAW CENTER 208 PASEO DEL PUEBLO SUR #602 TAOS, NM 87571	93-1010269	501(C)(3)	31,000.	0.			GENERAL OPERATING SUPPORT
WESTERN LANDOWNERS ALLIANCE PO BOX 6278 SANTA FE, NM 87502	46-1346488	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
WILDEARTH GUARDIANS 516 ALTO ST SANTA FE, NM 87501	85-0406306	501(C)(3)	57,513.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

## Schedule I (Form 990) SANTA FE COMMUNITY FOUNDATION

85-0303044

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							(h) Purpose of grant or assistance
(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	
WISE FOOL NEW MEXICO 1131 SILER ROAD SANTA FE, NM 87507	85-0473796	501(C)(3)	32,000.	0.			GENERAL OPERATING SUPPORT
YOUNG WOMEN UNITED 309 GOLD AVE SW ALBUQUERQUE, NM 87102	85-0481224	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
YOUTH HEARTLINE PO BOX 1664 TAOS, NM 87571	85-0397100	501(C)(3)	6,250.	0.			GENERAL OPERATING SUPPORT
YOUTH SHELTERS AND FAMILY SERVICES PO BOX 28279 SANTA FE, NM 87592	85-0324625	501(C)(3)	51,000.	0.			GENERAL OPERATING SUPPORT
YOUTHWORKS 1000 CORDOVA PLACE #415 SANTA FE, NM 87505	85-0480524	501(C)(3)	13,250.	0.			GENERAL OPERATING SUPPORT
ZERO TO THREE 1255 23RD STREET NW SUITE 350 WASHINGTON, DC 20037	52-1105189	501(C)(3)	13,050.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)



**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

**2018**

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 filing 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM SMITH PRESIDENT & CEO	(i)	165,007.	0.	0.	7,989.	182,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

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.

[illegible]

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

Name of the organization

**SANTA FE COMMUNITY FOUNDATION**

Employer identification number

**85-0303044**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	9	61,304.	APPRAISALS
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	64	1,843,633.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

29

2

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?

	Yes	No
30a		X
31	X	
32a	X	
33		

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

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

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2018



**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

**2018**

Open to Public  
Inspection

Name of the organization

**SANTA FE COMMUNITY FOUNDATION**

Employer identification number  
**85-0303044**

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

**GENERATIONS, BY:**

**BUILDING AND MANAGING ENDOWMENT FUNDS IN ORDER TO AWARD GRANTS.**

**HELPING NONPROFITS OPERATE MORE EFFECTIVELY.**

**CONVENING AREA RESIDENTS TO DISCUSS ISSUES OF CRITICAL IMPORTANCE TO**

**THE COMMUNITY.**

**PROVIDING LEADERSHIP FOR KEY COMMUNITY INITIATIVES.**

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

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

**4) PROVIDING LEADERSHIP FOR KEY COMMUNITY INITIATIVES.**

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

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

**EXPENSES \$ 48,463. INCLUDING GRANTS OF \$ 12,500. REVENUE \$ 22,525.**

**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. MEMBERS OF THE BOARD ARE INVITED TO  
ATTEND THE MEETING. THE BOARD HAS AUTHORIZED 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**

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

SANTA FE COMMUNITY FOUNDATION

Employer identification number

85-0303044

PUBLIC INSPECTION COPY OF THE RETURN WILL BE PROVIDED TO EACH BOARD MEMBER.

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 2018 SALARIES, THIS PROCESS WAS LAST COMPLETED IN DECEMBER 2017.

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

Name of the organization

SANTA FE COMMUNITY FOUNDATION

Employer identification number

85-0303044

PERSONS IN COMPARABLE POSITIONS. FOR 2018, THE VICE PRESIDENT OF COMMUNITY PHILANTHROPY AND THE VICE PRESIDENT OF FINANCE & OPERATIONS WERE EVALUATED ACCORDING TO THIS PROCESS.

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

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

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

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

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

CHANGE IN SPLIT INTEREST AGREEMENTS	-5,070.
BOOK TAX DIFFERENCE AGENCY FUND ADJUSTMENT	-658,936.
TOTAL TO FORM 990, PART XI, LINE 9	-664,006.





**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	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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)				





<b>Part VII</b>	<b>Supplemental Information.</b>
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Provide additional information for responses to questions on Schedule R. See instructions.

Provide additional information for responses to questions on Schedule H. See instructions.