

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning and ending

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	C Name of organization <div style="border: 1px solid black; padding: 2px;">SANTA FE COMMUNITY FOUNDATION</div> Doing business as <div style="border: 1px solid black; padding: 2px;">PO BOX 1827</div> 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> F Name and address of principal officer: WILLIAM A. SMITH <div style="border: 1px solid black; padding: 2px;">PO BOX 1827, SANTA FE, NM 87504</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">85-0303044</div> E Telephone number <div style="border: 1px solid black; padding: 2px;">505-988-9715</div> G Gross receipts \$ 27,543,361.
I 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		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
J Website: ▶ HTTP://WWW.SANTAFECF.ORG		L Year of formation: 1981 M State of legal domicile: NM
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: WE IMPROVE THE QUALITY OF LIFE FOR PEOPLE IN SANTA FE AND NORTHERN NEW MEXICO, NOW AND FOR FUTURE		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	25
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	10,751,247.
9	Program service revenue (Part VIII, line 2g)	9	13,538,266.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	30,408.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	2,294,137.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	46,994.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	12,204,415.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	8,163,225.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 463,257.	16b	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	2,057,935.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	1,975,624.
19	Revenue less expenses. Subtract line 18 from line 12	19	10,323,430.
20	Total assets (Part X, line 16)	20	1,880,985.
21	Total liabilities (Part X, line 26)	21	4,156,694.
22	Net assets or fund balances. Subtract line 21 from line 20	22	69,679,196.
		Beginning of Current Year	End of Year
		75,864,672.	4,016,470.
		3,967,315.	65,662,726.
		71,897,357.	

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.

Sign Here	Signature of officer RICHARD MOORE, TREASURER Type or print name and title	Date 11/14/17	
Paid Preparer Use Only	Print/Type preparer's name PAMELA ALEXANDERSON	Preparer's signature PAMELA ALEXANDERSON	Date 11/14/17
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318	Check if self-employed <input type="checkbox"/> PTIN P01218925
	Firm's address ▶ 6565 AMERICAS PARKWAY NE STE 600 ALBUQUERQUE, NM 87110	Phone no. 505-878-7200	

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

Part III Statement of Program Service AccomplishmentsCheck 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 \$ **7,005,435.** including grants of \$ **7,005,435.**) (Revenue \$)
GRANTS ARE MADE FROM DONOR ADVISED, DESIGNATED, SCHOLARSHIP, DISCRETIONARY, AND EMERGENCY FUNDS. 75,000 SERVED.

4b (Code:) (Expenses \$ **2,414,615.** including grants of \$) (Revenue \$ **23,040.**)
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. 6,000 SERVED

4c (Code:) (Expenses \$ **1,145,290.** including grants of \$ **1,145,290.**) (Revenue \$ **-7,462.**)
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 \$ **52,310.** including grants of \$ **12,500.**) (Revenue \$ **12,950.**)**4e** Total program service expenses **10,617,650.**

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations?		X
<i>If "Yes," complete Schedule N, Part I</i>		
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 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

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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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 77		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a 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	2a 25		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a 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)?	4a		X
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).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d 1		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17			
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		17		
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?	10a	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?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	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	15a	X
b Other officers or key employees of the organization	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?	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 (or 1024 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: **SARAH SAWTELL - 505-988-9715**
501 HALONA STREET, SANTA FE, NM 87505

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) SUZANNE ORTEGA CISNEROS CHAIR (THROUGH OCTOBER 2016)	10.00 1.50	X		X				0.	0.	0.
(2) BUD HAMILTON BOARD MEMBER, CHAIR (AFTER OCTOBER)	8.00 1.50	X		X				0.	0.	0.
(3) JENNIFER KIMBALL VICE-CHAIR	8.00 1.50	X		X				0.	0.	0.
(4) RICHARD MOORE TREASURER	8.00 1.50	X		X				0.	0.	0.
(5) DIANE MARTINEZ SECRETARY	10.00 1.50	X		X				0.	0.	0.
(6) BRIAN VALLO BOARD MEMBER	8.00 1.50	X						0.	0.	0.
(7) PATRICIA ROSENBERG BOARD MEMBER	8.00 1.50	X						0.	0.	0.
(8) KENNETH ROMERO BOARD MEMBER	8.00 1.50	X						0.	0.	0.
(9) ELIZABETH RICE BOARD MEMBER	8.00 1.50	X						0.	0.	0.
(10) BEVERLY MORRIS BOARD MEMBER	8.00 1.50	X						0.	0.	0.
(11) MANUEL MONASTERIO BOARD MEMBER	8.00 1.50	X						0.	0.	0.
(12) BETH MOISE BOARD MEMBER (THROUGH OCTOBER 2016)	8.00 1.50	X						0.	0.	0.
(13) PEGGY HUBBARD BOARD MEMBER (THROUGH OCTOBER 2016)	8.00 1.50	X						0.	0.	0.
(14) JONATHAN GRABEL BOARD MEMBER	8.00 1.50	X						0.	0.	0.
(15) LISA ENFIELD BOARD MEMBER	10.00 1.50	X						0.	0.	0.
(16) CAROL BRITO BOARD MEMBER	8.00 1.50	X						0.	0.	0.
(17) PORFIRIO BUENO BOARD MEMBER	8.00 1.50	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) BETH BELOFF BOARD MEMBER	8.00 1.50	X						0.	0.	0.
(19) JEFF BINGAMAN BOARD MEMBER	8.00 1.50	X						0.	0.	0.
(20) MARY ANNE LARSEN BOARD MEMBER	8.00 1.50	X						0.	0.	0.
(21) WILLIAM SMITH PRESIDENT & CEO	40.00 1.50			X				54,703.	0.	1,862.
(22) JERRY JONES INTERIM PRESIDENT & CEO (THRU AUG 20	40.00 1.50			X				130,847.	0.	1,132.
(23) CHRISTIANA FRANKLIN VP COMMUNITY PHILANTHROPY	40.00 1.50			X				89,754.	0.	17,328.
(24) SARAH SAWTELL VP FINANCE & OPERATIONS	40.00 1.50			X				106,041.	0.	13,614.
1b Sub-total								381,345.	0.	33,936.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								381,345.	0.	33,936.

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 **2**

- 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* **3** **X**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* **4** **X**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **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
NONE		

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 **0**

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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	76,446.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13461820.				
	g Noncash contributions included in lines 1a-1f: \$		3,846,288.				
	h Total. Add lines 1a-1f		13538266.				
Program Service Revenue	2 a WORKSHOP INCOME	Business Code	611600	15,560.	15,560.		
	b PINON AWARDS		713990	12,950.	12,950.		
	c HUB FEES		611430	4,030.	4,030.		
	d FUND SET-UP FEE		522100	3,450.	3,450.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		35,990.				
	3 Investment income (including dividends, interest, and other similar amounts)			1,271,248.			1271248.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	(i) Real	53,950.				
	b Less: rental expenses	(ii) Personal	0.				
	c Rental income or (loss)		53,950.				
	d Net rental income or (loss)			53,950.			53,950.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	12252792	250,000.			
	b Less: cost or other basis and sales expenses	(ii) Other	11232689	247,214.			
	c Gain or (loss)		1020103.	2,786.			
	d Net gain or (loss)			1,022,889.			1022889.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	b Less: direct expenses						
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory			-7,462.	-7,462.		
	Miscellaneous Revenue			Business Code			
11 a							
b							
c							
d All other revenue		900099	506.			506.	
e Total. Add lines 11a-11d			506.				
12 Total revenue. See instructions.			15915387.	28,528.	0.	2348593.	

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	8,163,225.	8,163,225.		
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	415,281.	229,525.	109,038.	76,718.
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	963,392.	674,740.	162,767.	125,885.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,200.	15,325.	2,262.	2,613.
9 Other employee benefits	119,841.	73,126.	15,753.	30,962.
10 Payroll taxes	101,130.	66,682.	19,696.	14,752.
11 Fees for services (non-employees):				
a Management				
b Legal	25,224.		25,224.	
c Accounting	19,904.		19,904.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	186,006.		186,006.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	690,250.	661,561.	11,472.	17,217.
12 Advertising and promotion				
13 Office expenses	208,269.	129,543.	28,198.	50,528.
14 Information technology	188,980.	118,932.	26,518.	43,530.
15 Royalties				
16 Occupancy	136,599.	100,724.	27,269.	8,606.
17 Travel	107,224.	90,378.	4,734.	12,112.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	218,533.	150,610.	2,594.	65,329.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	135,203.	110,845.	9,743.	14,615.
23 Insurance	23,298.		23,298.	
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	31,493.	31,493.		
b				
c				
d				
e All other expenses	4,641.	941.	3,310.	390.
25 Total functional expenses. Add lines 1 through 24e	11,758,693.	10,617,650.	677,786.	463,257.
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
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	7,839,005.	2	10,823,682.
	3 Pledges and grants receivable, net	617,669.	3	1,597,524.
	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	13,921.	9	5,049.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,038,273.		
	b Less: accumulated depreciation	10b 745,465.	10c	2,292,808.
	11 Investments - publicly traded securities	56,897,869.	11	49,608,227.
	12 Investments - other securities. See Part IV, line 11		12	8,020,019.
	13 Investments - program-related. See Part IV, line 11	995,500.	13	1,419,915.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	901,370.	15	2,097,448.
16 Total assets. Add lines 1 through 15 (must equal line 34)	69,679,196.	16	75,864,672.	
Liabilities	17 Accounts payable and accrued expenses	80,475.	17	63,257.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	3,935,995.	25	3,904,058.
	26 Total liabilities. Add lines 17 through 25	4,016,470.	26	3,967,315.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,063,971.	27	4,393,022.
	28 Temporarily restricted net assets	31,253,089.	28	35,162,618.
	29 Permanently restricted net assets	31,345,666.	29	32,341,717.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	65,662,726.	33	71,897,357.
	34 Total liabilities and net assets/fund balances	69,679,196.	34	75,864,672.

Form 990 (2016)

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	15,915,387.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,758,693.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,156,694.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65,662,726.
5	Net unrealized gains (losses) on investments	5	1,941,268.
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	136,669.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	71,897,357.

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	2a	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	2b	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.	2c	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? _____	3a	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 _____	3b	

Form 990 (2016)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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		
Total						

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22330673.	9015421.	8360954.	10751247.	13538266.	63996561.
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	22330673.	9015421.	8360954.	10751247.	13538266.	63996561.
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)						18685660.
6 Public support. Subtract line 5 from line 4.						45310901.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	22330673.	9015421.	8360954.	10751247.	13538266.	63996561.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1063013.	1203160.	1325355.	1373671.	1325198.	6290397.
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.)						
11 Total support. Add lines 7 through 10						70288030.
12 Gross receipts from related activities, etc. (see instructions)					12	1,046,094.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	64.46 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	64.25 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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) 2016

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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

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	Adjusted Net Income (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	Total (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	Minimum Asset Amount (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	Distributable Amount. 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) 2016

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 Total annual distributions. 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI	Supplemental Information.
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(See instructions.)

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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
1		\$ 3,049,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,596,579.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 624,234.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 325,280.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 310,404.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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		\$ 300,000.	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.)
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		\$	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.)

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

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	FUTURES FOR CHILDREN BUILDING--APPRAISED, VANGUARD SHORT-TERM BOND, WELLS FARGO GOVERNMENT BOND	\$ 2,404,677.	10/01/16
5	3,200 SHARES EOG	\$ 325,280.	12/21/16
6	VARIOUS SHARES(GENERAL ELECTRIC, JOHNSON & JOHNSON, EXXON MOBIL, UNITED TECHNOLOGIES)	\$ 310,404.	12/20/16
		\$	
		\$	
		\$	

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** www.irs.gov/form990.

OMB No. 1545-0047

2016

**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) 2016

LHA

632041 11-10-16

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												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.	0.												
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0.	0.												
c Total lobbying expenditures (add lines 1a and 1b)		0.	0.												
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)		0.	0.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		0.	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.														
g Grassroots nontaxable amount (enter 25% of line 1f)		0.	0.												
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j 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?															

☐ Yes ☐ 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	545,887.				545,887.
b Lobbying ceiling amount (150% of line 2a, column(e))					818,831.
c Total lobbying expenditures					
d Grassroots nontaxable amount	136,472.				136,472.
e Grassroots ceiling amount (150% of line 2d, column (e))					204,708.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

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.**▶ **Information about Schedule D (Form 990) and its instructions is at** www.irs.gov/form990.

OMB No. 1545-0047

2016**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	110	
2 Aggregate value of contributions to (during year)	3,855,906.	
3 Aggregate value of grants from (during year)	4,146,049.	
4 Aggregate value at end of year	36,045,612.	
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 8/17/06, 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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

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	56,769,686.	57,585,824.	54,724,464.	44,795,200.	27,456,288.
b Contributions	4,164,553.	2,758,939.	2,619,828.	5,462,014.	14,404,494.
c Net investment earnings, gains, and losses	3,549,698.	-849,488.	3,185,368.	7,025,138.	4,696,411.
d Grants or scholarships	4,093,926.	2,534,838.	2,747,789.	2,373,031.	1,657,253.
e Other expenditures for facilities and programs					
f Administrative expenses	146,280.	190,751.	196,047.	184,857.	104,740.
g End of year balance	60,243,731.	56,769,686.	57,585,824.	54,724,464.	44,795,200.

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

a Board designated or quasi-endowment ☒ .58 %

b Permanent endowment ☒ 45.74 %

c Temporarily restricted endowment ☒ 53.68 %

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		2,534,916.	337,073.	2,197,843.
c Leasehold improvements				
d Equipment		503,357.	408,392.	94,965.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,292,808.

Schedule D (Form 990) 2016

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	8,020,019.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	8,020,019.	

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)		
Total. (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)	
Total. (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	166,123.	
(3) SFAS 136 FUNDS HELD FOR AGENCIES	3,737,935.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,904,058.	

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) 2016

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	17,788,374.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,941,268.
b	Donated services and use of facilities	2b	585.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	177,285.
e	Add lines 2a through 2d	2e	2,119,138.
3	Subtract line 2e from line 1	3	15,669,236.
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	
b	Other (Describe in Part XIII.)	4b	246,151.
c	Add lines 4a and 4b	4c	246,151.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	15,915,387.

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	11,553,743.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	585.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	177,285.
e	Add lines 2a through 2d	2e	177,870.
3	Subtract line 2e from line 1	3	11,375,873.
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	
b	Other (Describe in Part XIII.)	4b	382,820.
c	Add lines 4a and 4b	4c	382,820.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,758,693.

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 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 CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS GUIDANCE,
 THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN POSITION

Part XIII Supplemental Information (continued)

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:

PROPERTY SALE EXPENSES	29,214.
COGS	148,071.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	177,285.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENT	54,979.
AGENCY FUND REVENUE	191,172.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	246,151.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PROPERTY SALES EXPENSES	29,214.
COGS	148,071.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	177,285.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND EXPENSE 382,820.

**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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016Open to Public
Inspection

Name of the organization

SANTA FE COMMUNITY FOUNDATION

Employer identification number

85-0303044

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		8,020,019.
3 a Sub-total	0	0			8,020,019.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			8,020,019.

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

Schedule F (Form 990) 2016

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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; do not 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; do not file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2016

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.

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at** www.irs.gov/form990.

OMB No. 1545-0047

2016

**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 noncash assistance	(h) Purpose of grant or assistance
ACADEMY FOR THE LOVE OF LEARNING 133 SETON VILLAGE ROAD SANTA FE, NM 87508	86-0945282	501(C)(3)	13,000.	0.			GENERAL OPERATING SUPPORT
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
ADAPTIVE SPORTS PROGRAM NEW MEXICO DEVELOPMENT OFFICE 2301 SOUTH COURT - SANTA FE, NM 87505-5845	85-0403958	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
ALL SPECIES PROJECT INCORPORATED 615 CORTEZ ST SANTA FE, NM 87505-1011	85-0366750	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF LOUISIANA - P.O. BOX 56157 - NEW ORLEANS, LA 70156	72-0717944	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN CIVIL LIBERTIES UNION OF NEW MEXICO FOUNDATION - PO BOX 566 - ALBUQUERQUE, NM 87103	13-6213516	501(C)(3)	16,900.	0.			GENERAL OPERATING SUPPORT

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

▶ **194.**

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) (2016)

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)	18,750.	0.			GENERAL OPERATING SUPPORT
ANIMAL PROTECTION OF NEW MEXICO, INC. - PO BOX 11395 - ALBUQUERQUE, NM 87192-0395	85-0283292	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ARAWAKA, INC. PO BOX 278 RIBERA, NM 87560	68-0493107	501(C)(3)	7,500.	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)	8,300.	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)	37,886.	0.			GENERAL OPERATING SUPPORT
ASSISTANCE DOGS OF THE WEST PO BOX 31027 SANTA FE, NM 87594-1027	85-0431646	501(C)(3)	15,105.	0.			GENERAL OPERATING SUPPORT
BARD COLLEGE PO BOX 5000 ANNANDALE-ON-HUDSON, NY 12504-5000	14-1713034	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
BIENVENIDOS OUTREACH, INC. PO BOX 5873 SANTA FE, NM 87502	85-0375278	501(C)(3)	29,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS MOUNTAIN REGION - 1229 S ST. FRANCIS DR STE C - SANTA FE, NM 87505	85-0276498	501(C)(3)	12,551.	0.			GENERAL OPERATING SUPPORT
BLUE DEMON FOUNDATION 119 EAST MARCY STREET, #106 SANTA FE, NM 87501	20-3384370	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BREATH OF MY HEART BIRTH PLACE PO BOX 157 ESPANOLA, NM 87532	46-2669219	501(C)(3)	14,250.	0.			GENERAL OPERATING SUPPORT
BRIDGES PROJECT FOR EDUCATION PO BOX 308 TAOS, NM 87571	85-0448942	501(C)(3)	10,500.	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
CANCER FOUNDATION FOR NEW MEXICO PO BOX 5038 SANTA FE, NM 87502-5038	41-2079799	501(C)(3)	34,000.	0.			GENERAL OPERATING SUPPORT
CASA Q P.O. BOX 36168 ALBUQUERQUE, NM 87176	46-1245391	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES 3301 CANDELARIA RD NE @SUITE B ALBUQUERQUE, NM 87107	85-0110070	501(C)(3)	11,788.	0.			GENERAL OPERATING SUPPORT
CENTER FOR CIVIC POLICY PO BOX 27616 ALBUQUERQUE, NM 87125	01-0869701	501(C)(3)	86,948.	0.			GENERAL OPERATING SUPPORT

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CENTER FOR CONTEMPORARY ARTS OF SANTA FE, INC. - 1050 OLD PECOS TRAIL - SANTA FE, NM 87505	85-0313183	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
CENTER FOR LAND USE INTERPRETATION 9331 VENICE BLVD CULVER CITY, CA 90232	94-3198743	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CENTER OF SOUTHWEST CULTURE 505 MARQUETTE AVENUE, NW, SUITE 161 ALBUQUERQUE, NM 87102	85-0402832	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
CHAINBREAKER COLLECTIVE PO BOX 31666 SANTA FE, NM 87594-1666	85-0432731	501(C)(3)	29,400.	0.			GENERAL OPERATING SUPPORT
CHRISTUS ST. VINCENT HOSPITAL FOUNDATION - PO BOX 2107 - SANTA FE, NM 87504-2107	85-0282847	501(C)(3)	13,500.	0.			GENERAL OPERATING SUPPORT
COLLECTIVE HERITAGE INSTITUTE/BIONEERS - 1607 PASEO DE PERALTA STE 3 - SANTA FE, NM 87501-3739	85-0432731	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES IN SCHOOLS NEW MEXICO PO BOX 367 SANTA FE, NM 87504-0367	85-0481104	501(C)(3)	137,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY AGAINST VIOLENCE 945 SALAZAR RD TAOS, NM 87571	23-7395681	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY WELLNESS COUNCIL PO BOX 52 BELEN, NM 87002-9998	85-0431072	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT

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CONSERVATION VOTERS NEW MEXICO EDUCATION FUND - 200 W. DE VARGAS STREET, SUITE 1 - SANTA FE, NM 87501	91-1982332	501(C)(3)	15,500.	0.			GENERAL OPERATING SUPPORT
COOKING WITH KIDS PO BOX 6113 SANTA FE, NM 87502	20-4396207	501(C)(3)	22,250.	0.			GENERAL OPERATING SUPPORT
CORNERSTONES COMMUNITY PARTNERSHIPS - 227 OTERO ST - SANTA FE, NM 87501	85-0425771	501(C)(3)	11,400.	0.			GENERAL OPERATING SUPPORT
COUNCIL FOR A STRONG AMERICA 1212 NEW YORK AVENUE NW, SUITE 300 WASHINGTON, DC 20005	13-3840271	501(C)(3)	70,000.	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)	11,750.	0.			GENERAL OPERATING SUPPORT
CREATIVITY FOR PEACE INC. 369 MONTEZUMA AVE # 566 SANTA FE, NM 87501-2835	85-0366087	501(C)(3)	26,750.	0.			GENERAL OPERATING SUPPORT
DESERT MONTESSORI SCHOOL 316 CAMINO DELORA SANTA FE, NM 87505-5928	85-0423730	501(C)(3)	13,000.	0.			GENERAL OPERATING SUPPORT
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	6,750.	0.			GENERAL OPERATING SUPPORT
DREAMCATCHER EDUCATIONAL FOUNDATION - 2520 B CAMINO ESTRADA - SANTA FE, NM 87507	85-0458876	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT

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DREAMTREE PROJECT, INC. PO BOX 1677 TAOS, NM 87571	85-0462470	501(C)(3)	16,000.	0.			GENERAL OPERATING SUPPORT
DRUG POLICY ALLIANCE 131 W 33RD ST 15TH FL NEW YORK, NY 10001	52-1516692	501(C)(3)	20,750.	0.			GENERAL OPERATING SUPPORT
DUAL LANGUAGE EDUCATION OF NEW MEXICO - 1309 4TH ST SW STE E - ALBUQUERQUE, NM 87102	85-0477820	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
EL CENTRO DE IGUALDAD Y DERECHOS 714 4TH STREET SW ALBUQUERQUE, NM 87102	26-4675255	501(C)(3)	71,447.	0.			GENERAL OPERATING SUPPORT
EL RITO PUBLIC LIBRARY PO BOX 5 182 PLACITAS RD - EL RITO, NM 87530	85-0249591	501(C)(3)	5,864.	0.			GENERAL OPERATING SUPPORT
EMBUDO VALLEY LIBRARY AND COMMUNITY CENTER - PO BOX 310 - DIXON, NM 87527-0310	85-0314391	501(C)(3)	34,364.	0.			GENERAL OPERATING SUPPORT
EQUALITY NEW MEXICO FOUNDATION 625 SILVER AVE SW STE 310 ALBUQUERQUE, NM 87102-3184	85-0417115	501(C)(3)	18,400.	0.			GENERAL OPERATING SUPPORT
ESPANOLA VALLEY HUMANE SOCIETY 108 HAMM PKWY ESPANOLA, NM 87532-9655	85-0406234	501(C)(3)	5,060.	0.			GENERAL OPERATING SUPPORT
ESPERANZA SHELTER FOR BATTERED FAMILIES - 3130 RUFINA ST - SANTA FE, NM 87507	85-0313174	501(C)(3)	27,875.	0.			GENERAL OPERATING SUPPORT

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FAIRVIEW CEMETERY PRESERVATION ASSOCIATION - PO BOX 5958 - SANTA FE, NM 87502-5958	85-0305350	501(C)(3)	19,955.	0.			GENERAL OPERATING SUPPORT
FEEDING SANTA FE PO BOX 31086 SANTA FE, NM 87594-1086	85-0416027	501(C)(3)	45,099.	0.			GENERAL OPERATING SUPPORT
FIRST SERVE - NM, INC. PO BOX 31904 SANTA FE, NM 87594-1904	27-0044395	501(C)(3)	36,500.	0.			GENERAL OPERATING SUPPORT
FORWARD TOGETHER STRONG FAMILIES NEW MEXICO - 320 GOLD AVE SW STE 1119 - ALBUQUERQUE, NM 87102	94-3311784	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
FOUNDATION FOR EXCELLENCE IN MENTAL HEALTH CARE, INC. - 29100 SW TOWN CENTER LOOP WEST, SUITE 140F - WILSONVILLE, OR 97070	27-4682873	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
FOUNDATION FOR THE SANTA FE SYMPHONY ORCHESTRA AND CHORUS - PO BOX 9692 - SANTA FE, NM 87504	85-0478786	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF QUESTA PUBLIC LIBRARY PO BOX 251 QUESTA, NM 87556	27-4549171	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
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)	7,250.	0.			GENERAL OPERATING SUPPORT

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GERARD'S HOUSE PO BOX 28693 SANTA FE, NM 87592	74-2834283	501(C)(3)	45,550.	0.			GENERAL OPERATING SUPPORT
GIRLS INCORPORATED 301 HILLSIDE AVE SANTA FE, NM 87501-2217	85-0129250	501(C)(3)	90,250.	0.			GENERAL OPERATING SUPPORT
GOLDEN APPLE FOUNDATION OF NEW MEXICO - PO BOX 40469 - ALBUQUERQUE, NM 87196-0469	85-0420305	501(C)(3)	29,830.	0.			GENERAL OPERATING SUPPORT
IMPACT PERSONAL SAFETY PO BOX 8350 SANTA FE, NM 87504-8350	85-0475597	501(C)(3)	30,000.	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)	5,683.	0.			GENERAL OPERATING SUPPORT
INTERFAITH COMMUNITY SHELTER GROUP, INC. - PO BOX 22653 - SANTA FE, NM 87502-2653	27-0736366	501(C)(3)	49,200.	0.			GENERAL OPERATING SUPPORT
INTERFAITH LEADERSHIP ALLIANCE OF SANTA FE - 564 VALLE CHAMISO LANE - SANTA FE, NM 87505	26-2756828	501(C)(3)	13,500.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL FOLK ART ALLIANCE, INC. - 404 KIVA CT STE G - SANTA FE, NM 87505	35-2285824	501(C)(3)	15,250.	0.			GENERAL OPERATING SUPPORT

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JUILLIARD SCHOOL/THE 60 LINCOLN CENTER PLAZA NEW YORK, NY 10023-6588	13-6162648	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
KITCHEN ANGELS 1222 SILER RD SANTA FE, NM 87507	85-0423492	501(C)(3)	38,969.	0.			GENERAL OPERATING SUPPORT
LA FAMILIA MEDICAL CENTER PO BOX 5395 SANTA FE, NM 87502-5395	85-0220875	501(C)(3)	26,694.	0.			GENERAL OPERATING SUPPORT
LAS CUMBRES COMMUNITY SERVICES, INC. - 805 EARLY ST STE B102 - SANTA FE, NM 87505-1707	23-7144268	501(C)(3)	11,161.	0.			GENERAL OPERATING SUPPORT
LAS VEGAS ARTS COUNCIL/ NAT GOLD PLAYERS - P.O. BOX 3551 - LAS VEGAS, NM 87701	85-0252533	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
LIFE LINK 2325 CERRILLOS ROAD SANTA FE, NM 87505	85-0360455	501(C)(3)	56,754.	0.			GENERAL OPERATING SUPPORT
LIFE SKILLS FOR YOUTH OF NORTHERN NEW MEXICO - 1704-B LLANO ST # 348 - SANTA FE, NM 87505-5460	20-3048071	501(C)(3)	31,232.	0.			GENERAL OPERATING SUPPORT
LITERACY VOLUNTEERS OF SANTA FE 6401 RICHARDS AVE RM 514A SANTA FE, NM 87508	85-0350349	501(C)(3)	18,008.	0.			GENERAL OPERATING SUPPORT
LITTLEGLOBE, INC. PO BOX 24213 SANTA FE, NM 87502	27-0118569	501(C)(3)	41,000.	0.			GENERAL OPERATING SUPPORT

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MAD IN AMERICA FOUNDATION INC. 763 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	47-4772825	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
MANY MOTHERS PO BOX 23222 SANTA FE, NM 87502	85-0457455	501(C)(3)	8,500.	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
MUSEUM OF NEW MEXICO FOUNDATION PO BOX 2065 SANTA FE, NM 87504	85-0202503	501(C)(3)	71,368.	0.			GENERAL OPERATING SUPPORT
NATIONAL DANCE INSTITUTE NEW MEXICO INC. - 1140 ALTO ST - SANTA FE, NM 87505	85-0431846	501(C)(3)	29,534.	0.			GENERAL OPERATING SUPPORT
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	13-2654926	501(C)(3)	5,750.	0.			GENERAL OPERATING SUPPORT
NATURE CONSERVANCY IN NEW MEXICO 212 E MARCY ST STE 200 SANTA FE, NM 87501	53-0242652	501(C)(3)	19,310.	0.			GENERAL OPERATING SUPPORT
NEW ENERGY ECONOMY 343 E ALAMEDA ST SANTA FE, NM 87501-2229	20-2845513	501(C)(3)	52,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO APPLESEED 600 CENTRAL AVE SE STE 200 ALBUQUERQUE, NM 87102-3669	20-4985257	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT

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NEW MEXICO ASIAN FAMILY CENTER 128 QUINCY ST NE ALBUQUERQUE, NM 87108-1257	26-0545877	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 2201 BUENA VISTA SE STE 301 - ALBUQUERQUE, NM 87106	75-3160324	501(C)(3)	8,750.	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)	91,874.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO CHILDREN'S FOUNDATION PO BOX 8182 SANTA FE, NM 87504-8182	85-0400503	501(C)(3)	1,033,270.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO COALITION AGAINST DOMESTIC VIOLENCE - 1000 CORDOVA PL # 52 - SANTA FE, NM 87505-1725	93-0792163	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO COMMUNITY FOUNDATION 135 W. PALACE AVE, SUITE 301 SANTA FE, NM 87501	85-0311210	501(C)(3)	49,966.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO ENVIRONMENTAL LAW CENTER - 1405 LUISA ST STE 5 - SANTA FE, NM 87505-4074	85-0360664	501(C)(3)	67,960.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO IMMIGRANT LAW CENTER PO BOX 7040 ALBUQUERQUE, NM 87194-7040	27-3303237	501(C)(3)	29,361.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO IN DEPTH, INC. 6937 MERLOT DR NE RIO RANCHO, NM 87144-0855	45-4011138	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT

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NEW MEXICO PBS 1130 UNIVERSITY BLVD NE UNM MAILSTOP CODE: MSC 12-7110 - ALBUQUERQUE, NM 8	85-6000642	501(C)(3)	26,750.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO SCHOOL FOR THE ARTS 131 NUSBAUM ST SANTA FE, NM 87501-2024	26-4764395	501(C)(3)	10,750.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO SCHOOL FOR THE DEAF 1060 CERRILLOS RD SANTA FE, NM 87503	85-6000544	501(C)(3)	29,470.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO STATE UNIVERSITY PO BOX 30001, MSC 5100 LAS CRUCES, NM 88003	85-6000401	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO SUICIDE INTERVENTION PROJECT - PO BOX 6004 - SANTA FE, NM 87502-6004	85-0427990	501(C)(3)	35,500.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVE SW STE 195 ALBUQUERQUE, NM 87102	85-0348301	501(C)(3)	9,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO WILDLIFE CENTER PO BOX 246 ESPANOLA, NM 87532	85-0346210	501(C)(3)	23,775.	0.			GENERAL OPERATING SUPPORT
NEW YORK UNIVERSITY 25 WEST 4TH STREET NEW YORK, NY 10012-1119	13-5562308	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
NGAGE NEW MEXICO 3880 FOOTHILLS RD STE A LAS CRUCES, NM 88011	27-0573305	501(C)(3)	5,720.	0.			GENERAL OPERATING SUPPORT

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NM COMUNIDADES EN ACCION Y DE FE 133 WYATT DRIVE #1 LAS CRUCES, NM 88005	27-3310051	501(C)(3)	85,948.	0.			GENERAL OPERATING SUPPORT
NM PEDIATRIC SOCIETY - NM CHAPTER OF AAP - 8201 GOLF COURSE ROAD NW D3-257 - ALBUQUERQUE, NM 87120	85-0293405	501(C)(3)	11,625.	0.			GENERAL OPERATING SUPPORT
NUCLEAR WATCH NEW MEXICO 903 W ALAMEDA ST #325 SANTA FE, NM 87501	23-7159949	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
OJO SARCO COMMUNITY CENTER HCR 65 BOX 99 OJO SARCO, NM 87521	85-0369329	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT
OL EDUCATION FUND 411 BELLAMAH AVE NW ALBUQUERQUE, NM 87102	27-1275857	501(C)(3)	71,448.	0.			GENERAL OPERATING SUPPORT
PARTNERS IN EDUCATION FOUNDATION FOR THE SFPS - PO BOX 23374 - SANTA FE, NM 87502	85-0392417	501(C)(3)	103,913.	0.			GENERAL OPERATING SUPPORT
PARTNERSHIP FOR ARTS IN MEDICINE - ARTS IN MEDICINE - UNIVERSITY OF NEW MEXICO CENTER FOR THE ARTS MSC04-2570 - ALBUQUERQUE, NM	20-1892142	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PECOS VALLEY MEDICAL CENTER, INC. HIGHWAY 50 OPO BOX 710 PECOS, NM 87552-0710	85-0300494	501(C)(3)	16,000.	0.			GENERAL OPERATING SUPPORT
PEGASUS LEGAL SERVICES FOR CHILDREN - 3201 4TH ST NW - ALBUQUERQUE, NM 87107-1321	46-0509987	501(C)(3)	18,000.	0.			GENERAL OPERATING SUPPORT

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PERFORMANCE SANTA FE D/B/A SANTA FE CONCERT ASSOCIATION - 324 PASEO DE PERALTA STE A - SANTA FE, NM 87501-1861	23-7265489	501(C)(3)	20,200.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF NEW MEXICO, INC. - 719 SAN MATEO BLVD NE - ALBUQUERQUE, NM 87108-1434	85-0197745	501(C)(3)	13,250.	0.			GENERAL OPERATING SUPPORT
POLESTAR GARDENS, INC. 15-2662 PAHOA VILLAGE RD, SUITE 306 PMB 8440 - PAHOA, HI 96778	68-0453822	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PUEBLO DE ABIQUIU LIBRARY AND CULTURAL CENTER - P.O. BOX 838 - ABIQUIU, NM 87510-0838	85-0249591	501(C)(3)	11,780.	0.			GENERAL OPERATING SUPPORT
RAILYARD PARK CONSERVANCY 805 EARLY ST 204 B SANTA FE, NM 87505	32-0312957	501(C)(3)	11,309.	0.			GENERAL OPERATING SUPPORT
RANDALL DAVEY AUDUBON CENTER & SANCTUARY - P.O. BOX 9314 - SANTA FE, NM 87504	13-1624102	501(C)(3)	7,017.	0.			GENERAL OPERATING SUPPORT
RATON HIGH SCHOOL 1535 TIGER CIR RATON, NM 87740-4300	85-6001641	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
REEL FATHERS 6 TORNEO COURT SANTA FE, NM 87508	26-4664688	501(C)(3)	17,500.	0.			GENERAL OPERATING SUPPORT
REUNITY RESOURCES 1000 CORDOVA PLACE #650 SANTA FE, NM 87505	45-2298696	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICKY'S REVOLUTION 620 E. WASHINGTON, SUITE 207 PETALUMA, CA 94952	27-4723321	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
RIO ARriba ADULT LITERACY PROGRAM P.O. BOX 1113 ESPANOLA, NM 87532	46-0616148	501(C)(3)	7,100.	0.			GENERAL OPERATING SUPPORT
RIO GRANDE COMMUNITY DEVELOPMENT CORPORATION - 318 ISLETA SW - ALBUQUERQUE, NM 87105	85-0348445	501(C)(3)	12,333.	0.			GENERAL OPERATING SUPPORT
RIO GRANDE SCHOOL 715 CAMINO CABRA SANTA FE, NM 87505	85-0263326	501(C)(3)	17,500.	0.			GENERAL OPERATING SUPPORT
SAMARITAN HOUSE, INC. PO BOX 1687 LAS VEGAS, NM 87701-1687	75-5009107	501(C)(3)	27,000.	0.			GENERAL OPERATING SUPPORT
SANTA CRUZ SHAKESPEARE 500 CHESTNUT STREET, SUITE 250 SANTA CRUZ, CA 95060	46-4635444	501(C)(3)	7,000.	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)	38,915.	0.			GENERAL OPERATING SUPPORT
SANTA FE ART INSTITUTE P.O. BOX 24044 SANTA FE, NM 87502-4044	85-0404277	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
SANTA FE BOTANICAL GARDEN PO BOX 23343 SANTA FE, NM 87502-3343	85-0366754	501(C)(3)	7,689.	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
SANTA FE BUSINESS INCUBATOR 3900 PASEO DEL SOL SANTA FE, NM 87505	85-0431271	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE CHAMBER MUSIC FESTIVAL PO BOX 2227 SANTA FE, NM 87504-2227	85-0224461	501(C)(3)	24,250.	0.			GENERAL OPERATING SUPPORT
SANTA FE CHILDREN'S MUSEUM 1050 OLD PECOS TRAIL SANTA FE, NM 87505	85-0335070	501(C)(3)	7,250.	0.			GENERAL OPERATING SUPPORT
SANTA FE COMMUNITY COLLEGE 6401 S RICHARDS AVE SANTA FE, NM 87508-4887	85-0311615	501(C)(3)	26,554.	0.			GENERAL OPERATING SUPPORT
SANTA FE COMMUNITY COLLEGE FOUNDATION - 6401 RICHARDS AVE - SANTA FE, NM 87508	85-0338954	501(C)(3)	35,023.	0.			GENERAL OPERATING SUPPORT
SANTA FE COMMUNITY ORCHESTRA 1000 CORDOVA PL #211 SANTA FE, NM 87505	85-0301342	501(C)(3)	7,650.	0.			GENERAL OPERATING SUPPORT
SANTA FE CONSERVATION TRUST PO BOX 23985 SANTA FE, NM 87502-3985	85-0418988	501(C)(3)	27,655.	0.			GENERAL OPERATING SUPPORT
SANTA FE DESERT CHORALE 311 EAST PALACE AVENUE SANTA FE, NM 87501	85-0300479	501(C)(3)	7,450.	0.			GENERAL OPERATING SUPPORT
SANTA FE FARMERS MARKET INSTITUTE 1607 PASEO DE PERALTA STE A SANTA FE, NM 87501	30-0124953	501(C)(3)	10,435.	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
SANTA FE GIRLS SCHOOL 310 W ZIA RD SANTA FE, NM 87505-5723	85-0450769	501(C)(3)	16,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE HABITAT FOR HUMANITY 2520 CAMINO ENTRADA UNIT A SANTA FE, NM 87507	58-1285159	501(C)(3)	6,810.	0.			GENERAL OPERATING SUPPORT
SANTA FE HIGH SCHOOL 2100 YUCCA RD SANTA FE, NM 87507	85-6000169	501(C)(3)	6,400.	0.			GENERAL OPERATING SUPPORT
SANTA FE MOUNTAIN CENTER, INC. PO BOX 449 TESUQUE, NM 87574-0449	85-0272388	501(C)(3)	10,250.	0.			GENERAL OPERATING SUPPORT
SANTA FE NEED AND DEED, INC. P.O. BOX 23252 SANTA FE, NM 87502	46-1514499	501(C)(3)	5,250.	0.			GENERAL OPERATING SUPPORT
SANTA FE OPERA PO BOX 2408 SANTA FE, NM 87504-2408	85-0131810	501(C)(3)	24,900.	0.			GENERAL OPERATING SUPPORT
SANTA FE PREPARATORY SCHOOL 1101 CAMINO DE LA CRUZ BLANCA SANTA FE, NM 87505-0396	85-0165745	501(C)(3)	115,500.	0.			GENERAL OPERATING SUPPORT
SANTA FE PRO MUSICA PO BOX 2091 SANTA FE, NM 87504-2091	85-0283203	501(C)(3)	8,750.	0.			GENERAL OPERATING SUPPORT
SANTA FE SCHOOL FOR THE ARTS & SCIENCES - 5912 JAGUAR DR - SANTA FE, NM 87507-1630	85-0466438	501(C)(3)	26,022.	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
SANTA FE SCIENCE INITIATIVE 1109 CAMINITO ALLEGRE SANTA FE, NM 87501	85-0311210	501(C)(3)	8,750.	0.			GENERAL OPERATING SUPPORT
SANTA FE SYMPHONY ORCHESTRA & CHORUS - PO BOX 9692 - SANTA FE, NM 87504	85-0331684	501(C)(3)	40,750.	0.			GENERAL OPERATING SUPPORT
SANTA FE WATERSHED ASSOCIATION 1413 SECOND ST STE 3 SANTA FE, NM 87505	85-0415030	501(C)(3)	6,400.	0.			GENERAL OPERATING SUPPORT
SANTA FE YOUTH SYMPHONY ASSOCIATION - 1000 CORDOVA PL # 190 - SANTA FE, NM 87505-1725	85-0436819	501(C)(3)	16,394.	0.			GENERAL OPERATING SUPPORT
SARADA RAMAKRISHNA VIVEKANANDA ASSOCIATION OF AMERICA - 20 JENNINGS RD - GREENVILLE, NY 12083-2134	13-3240952	501(C)(3)	18,550.	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
SILVER HORIZONS P.O. BOX 6879 ALBUQUERQUE, NM 87197-6879	85-0279898	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)	16,650.	0.			GENERAL OPERATING SUPPORT
SOLACE CRISIS TREATMENT CENTER 6601 VALENTINE WAY SANTA FE, NM 87507-7301	85-0242274	501(C)(3)	34,282.	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
SOMOS UN PUEBLO UNIDO 1804 ESPINACITAS SANTA FE, NM 87505-3854	85-0376286	501(C)(3)	98,948.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST C.A.R.E. CENTER 649 HARKLE ROAD STE E SANTA FE, NM 87505-4765	85-0397444	501(C)(3)	10,599.	0.			GENERAL OPERATING SUPPORT
SPIRIT HORSE CONNECTION 41812 HEMPSHIRE STREET NOVI, MI 48375	46-3860049	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
ST. ELIZABETH SHELTER 804 ALARID ST SANTA FE, NM 87505-3040	85-0347650	501(C)(3)	304,266.	0.			GENERAL OPERATING SUPPORT
ST. JOHNS METHODIST CHURCH/ BAG 'N' HAND PANTRY - 1200 OLD PECOS TRL - SANTA FE, NM 87505-0361	36-2167731	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
TAOS PUEBLO P.O. BOX 1846 TAOS, NM 87571-1846	85-0222954	501(C)(3)	9,786.	0.			GENERAL OPERATING SUPPORT
TARNOFF ART CENTER PO BOX 365 ROWE, NM 87562	26-3433153	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
TEATRO PARAGUAS INC. 3205 CALLE MARIE STE B SANTA FE, NM 87507	85-0422412	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)	146,750.	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 FOOD DEPOT 1222 SILER RD STE A SANTA FE, NM 87507-4107	85-0416803	501(C)(3)	57,011.	0.			GENERAL OPERATING SUPPORT
THE FRIENDSHIP CLUB PO BOX 6723 SANTA FE, NM 87502-6723	85-0324089	501(C)(3)	18,000.	0.			GENERAL OPERATING SUPPORT
THE HARWOOD MUSEUM ALLIANCE, INC. 238 LEDOUX STREET TAOS, NM 87571	85-0434186	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
THE HOPI FOUNDATION LOMASUMI 'NANGWTUKWSIWMANI @PO BOX KYKOTSMOVI, AZ 86039	74-2488628	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT
THE LENSIC, SANTA FE'S PERFORMING ARTS CENTER - 211 W. SAN FRANCISCO ST. - SANTA FE, NM 87501	85-0448396	501(C)(3)	63,962.	0.			GENERAL OPERATING SUPPORT
THE PATH P.O. BOX 1163 ESTANCIA, NM 87016	46-4889414	501(C)(3)	53,500.	0.			GENERAL OPERATING SUPPORT
THINK NEW MEXICO 1227 PASEO DE PERALTA SANTA FE, NM 87501-2758	31-1611995	501(C)(3)	37,661.	0.			GENERAL OPERATING SUPPORT
TRANSGENDER RESOURCE CENTER OF NEW MEXICO - 5308 ROSEMONT AVE NE - ALBUQUERQUE, NM 87110-6422	39-2076744	501(C)(3)	8,250.	0.			GENERAL OPERATING SUPPORT
TRUCHAS SERVICES CENTER, INC. P.O BOX 330 TRUCHAS, NM 87578	23-7319699	501(C)(3)	10,864.	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
TRUSTEES OF MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
UNITARIAN UNIVERSALIST CONGREGATION OF SANTA FE - PO BOX 4637 - SANTA FE, NM 87502	04-2103733	501(C)(3)	5,200.	0.			GENERAL OPERATING SUPPORT
UNITED STATES COURT TENNIS PRESERVATION FOUNDATION - P.O. BOX 194 - JAMESTOWN, RI 02835	23-2765064	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF SANTA FE COUNTY 440 CERRILLOS RD STE A SANTA FE, NM 87501-2644	85-0163601	501(C)(3)	37,297.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF COLORADO FOUNDATION P.O. BOX 17126 DENVER, CO 80217-9155	84-6049811	501(C)(3)	15,940.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF NEW MEXICO FOUNDATION, INC. - TWO WOODWARD CENTER 700 LOMAS NE, STE 108 - UNIVERSITY OF NEW MEXICO MSC 11-6320 1 UNIVERSITY OF NEW MEXICO - ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	175,000.	0.			GENERAL OPERATING SUPPORT
VILLA THERESE CATHOLIC CLINIC 20 CABALLO VIEJO SANTA FE, NM 87508	85-0229019	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
WESTERN ENVIRONMENTAL LAW CENTER 208 PASEO DEL PUEBLO SUR #602 TAOS, NM 87571	93-1010269	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN LANDOWNERS ALLIANCE P.O. BOX 6278 SANTA FE, NM 87502	46-1346488	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WILDEARTH GUARDIANS 516 ALTO ST SANTA FE, NM 87501	85-0406306	501(C)(3)	26,568.	0.			GENERAL OPERATING SUPPORT
WISE POOL NEW MEXICO 1131 SILER ROAD SANTA FE, NM 87507	85-0473796	501(C)(3)	23,000.	0.			GENERAL OPERATING SUPPORT
WOMEN'S EDUCATION PROJECT 244 FIFTH AVENUE, W208 NEW YORK, NY 10001	22-3862361	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WORLD POLICY INSTITUTE 108 WEST 39TH STREET, SUITE 1000 NEW YORK, NY 10018	26-0533782	501(C)(3)	28,313.	0.			GENERAL OPERATING SUPPORT
YOUNG WOMEN UNITED 200 ALISO DR. NE ALBUQUERQUE, NM 87102	85-0481224	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
YOUTH SHELTERS AND FAMILY SERVICES PO BOX 28279 SANTA FE, NM 87592	85-0324625	501(C)(3)	38,250.	0.			GENERAL OPERATING SUPPORT
YOUTHWORKS 1000 CORDOVA PLACE #415 SANTA FE, NM 87505	85-0480524	501(C)(3)	17,800.	0.			GENERAL OPERATING SUPPORT

Part III

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

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

Part IV

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**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) 2016

Part III	Supplemental Information
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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

2016

Open To Public
Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

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	5	36,300.	APPRAISAL
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	48	2,229,988.	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	X	1	1,580,000.	APPRAISAL
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

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

29

1

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2016)

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 THE 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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 \$ 52,310. INCLUDING GRANTS OF \$ 12,500. REVENUE \$ 12,950.

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) (2016)

Name of the organization

SANTA FE COMMUNITY FOUNDATION

Employer identification number

85-0303044

COPY OF THE RETURN, OMITTING SCHEDULE B, 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 2016 SALARIES, THIS PROCESS WAS LAST COMPLETED IN DECEMBER 2015 AND IN AUGUST OF 2016 WITH THE HIRING OF A NEW PRESIDENT & CEO.

Name of the organization

SANTA FE COMMUNITY FOUNDATION

Employer identification number

85-0303044

LINE 15B: THE PRESIDENT & CEO APPROVES THE COMPENSATION ARRANGEMENTS FOR THE REMAINING STAFF MEMBERS OF THE SANTA FE COMMUNITY FOUNDATION WITHIN THE BUDGET ESTABLISHED BY THE BOARD OF DIRECTORS. THIS PROCESS INCLUDES AN ANNUAL EVALUATION OF PERFORMANCE AND REVIEW OF COMPARABLE SALARIES PAID TO PERSONS IN COMPARABLE POSITIONS. FOR 2016, 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	-54,979.
BOOK TAX DIFFERENCE AGENCY FUND ADJUSTMENT	191,648.
TOTAL TO FORM 990, PART XI, LINE 9	136,669.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

SANTA FE COMMUNITY FOUNDATION

Employer identification number

85-0303044

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SFCF, LLC - 45-3479032 501 HALONA STREET SANTA FE, NM 87505	HOLDS THE BUILDING IN WHICH THE SANTA FE COMMUNITY FOUNDATION OFFICES ARE LO	NEW MEXICO	53,950.	2,197,843.	SANTA FE COMMUNITY FOUNDATION
SFCF PINON LEGACY, LLC - 85-0303044 501 HALONA STREET SANTA FE, NM 87505	HOLDS PROPERTY DONATED TO THE SANTA FE COMMUNITY FOUNDATION	NEW MEXICO	1,612,000.	1,636,367.	SANTA FE COMMUNITY FOUNDATION
SFCF SPECIAL PROJECTS, LLC - 46-2729347 501 HALONA STREET SANTA FE, NM 87505	HOLDS PROPERTY AND OPERATIONS OF THE MOBILE GROCERY "MOGRO" PROJECT	NEW MEXICO	140,609.	608,177.	SANTA FE COMMUNITY FOUNDATION

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

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

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

Schedule R (Form 990) 2016

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	
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)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

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

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

OMB No. 1545-1709

► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

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

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

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

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

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

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SARAH SAWTELL

- The books are in the care of ► **501 HALONA STREET - SANTA FE, NM 87505**

Telephone No. ► **505-988-9715**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ► ☒ **X**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► ☐ . If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ **X** calendar year **2016** or► ☐ tax year beginning _____, and ending _____.

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

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

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