PUBLIC DISCLOSURE COPY

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
File by the due date for filing your return. See instructions.	SANTA FE COMMUNITY FOUNDATION	85-0303044
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1827	
	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) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

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

Telephone No. 505-988-9715 Fax No. _____

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 24 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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-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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SANTA FE COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 1827

City or town, state or province, country, and ZIP or foreign postal code
SANTA FE, NM 87504

F Name and address of principal officer: CHRISTOPHER GOETT
SAME AS C ABOVE

D Employer identification number
85-0303044

E Telephone number
505-988-9715

G Gross receipts $ 55,238,330.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

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

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1981

M State of legal domicile: NM

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE SANTA FE COMMUNITY FOUNDATION INSPIRES PHILANTHROPIC GENEROSITY, STRENGTHENS

2 Check this box ☐ 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	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	24
6	Total number of volunteers (estimate if necessary)	6	128
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	18,015,442.	20,148,721.
9	Program service revenue (Part VIII, line 2g)	103,506.	103,028.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,679,831.	5,857,564.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,021.	56,686.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,867,800.	26,165,999.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,469,787.	14,028,827.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,108,982.	2,237,310.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 848,938.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,160,235.	3,722,344.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,739,004.	19,988,481.
19	Revenue less expenses. Subtract line 18 from line 12	4,128,796.	6,177,518.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	130,388,327.	144,071,491.
21	Total liabilities (Part X, line 26)	5,322,887.	5,276,117.
22	Net assets or fund balances. Subtract line 21 from line 20	125,065,440.	138,795,374.

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 Date

RICK HERRMAN, TREASURER
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
STEVEN TALBOT	STEVEN TALBOT	10/09/25	☐	P01695427

Firm's name BAKER TILLY ADVISORY GROUP, LP Firm's EIN 39-0859910

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

LHA **For Paperwork Reduction Act Notice, see the separate instructions.** 432001 12-10-24 Form **990** (2024)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE SANTA FE COMMUNITY FOUNDATION INSPIRES PHILANTHROPIC GENEROSITY, STRENGTHENS NONPROFITS, AND FOSTERS POSITIVE CHANGE TO BUILD A MORE VIBRANT, HEALTHY, AND RESILIENT REGION. THE FOUNDATION'S VISION IS A THRIVING NORTHERN NEW MEXICO, WHERE ALL PEOPLE CAN FIND OPPORTUNITY,

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 $ 13,143,827. including grants of $ 13,143,827.) (Revenue $ 0.)
GRANTS ARE MADE FROM DONOR ADVISED, DESIGNATED, SCHOLARSHIP, DISCRETIONARY, AND EMERGENCY FUNDS.

4b (Code:) (Expenses $ 3,581,750. including grants of $) (Revenue $ 50,942.)
PROGRAM SERVICES INCLUDE GRANTS PROGRAM MANAGEMENT AND TECHNICAL ASSISTANCE TRAININGS FOR LOCAL NONPROFIT ORGANIZATIONS IN GRANTS RESEARCH, FINANCIAL MANAGEMENT, AND BOARD DEVELOPMENT.

4c (Code:) (Expenses $ 865,000. including grants of $ 865,000.) (Revenue $)
GRANTS ARE MADE FROM ENDOWMENT FUNDS TO LOCAL NONPROFIT ORGANIZATIONS IN THE ARTS, CIVIC AFFAIRS, EDUCATION, ENVIRONMENT, HEALTH AND HUMAN SERVICES, AND ANIMAL WELFARE.

4d Other program services (Describe on Schedule O.)
(Expenses $ 63,296. including grants of $ 20,000.) (Revenue $ 52,086.)

4e Total program service expenses 17,653,873.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	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? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part 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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	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? *If "Yes," complete Schedule D, Part VI*	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? *If "Yes," complete Schedule D, Part VII*	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? *If "Yes," complete Schedule D, Part VIII*	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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	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? *If "Yes," complete Schedule F, Parts I and IV*	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? *If "Yes," complete Schedule F, Parts II and IV*	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? *If "Yes," complete Schedule F, Parts III and IV*	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? *If "Yes," complete Schedule G, Part I.* See instructions	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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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? *If "Yes," complete Schedule I, Parts I and III*	22	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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	90		
b	Enter the number of Forms W-2G included on 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	

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

				Yes	No
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	24		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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 on 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			
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?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
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 on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20		
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, 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 on 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 on 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 on 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 on 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

EILEEN STREET - 505-988-9715

501 HALONA STREET, SANTA FE, NM 87505

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) CHRISTOPHER GOETT	40.00									
PRESIDENT & CEO	2.00			X				274,092.	0.	26,150.
(2) SANDRA SESSION-ROBERTSON	40.00									
VP FOR DEVELOPMENT & DONOR RELATIONS	2.00			X				158,743.	0.	25,912.
(3) EILEEN STREET	40.00									
CFO/CONTROLLER	2.00			X				143,301.	0.	27,800.
(4) ANNMARIE MCLAUGHLIN	40.00									
SR DIRECTOR OF COMMUNITY PROGRAMS	2.00					X		105,975.	0.	20,379.
(5) LESLIE SABIN	40.00									
CFO (THROUGH 6/28/24)	2.00			X				90,568.	0.	5,573.
(6) DION SILVA	9.00									
CHAIR	1.00	X		X				0.	0.	0.
(7) HELENA RIBE	4.00									
VICE CHAIR	1.00	X		X				0.	0.	0.
(8) RICK HERRMAN	4.00									
TREASURER	1.00	X		X				0.	0.	0.
(9) LESLIE NATHANSON JURIS	4.00									
SECRETARY	1.00	X		X				0.	0.	0.
(10) ANA MARIE ARGILAGOS	4.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(11) ELIZABETH HELLER ALLEN	4.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(12) MARIA JOSE RODRIGUEZ CADIZ	4.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(13) CELIA FOY CASTILLO	4.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(14) JOEL GRIMSTAD	4.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(15) BUD HAMILTON	4.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(16) MARY MACUKAS	4.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(17) DAVID WILLIAM MCELROY	4.00									
BOARD MEMBER (THROUGH 9/9/24)	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) DOLORES OVERTON	4.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(19) JANET PACHECO-MORTON	4.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(20) TRICIA ROSENBURG	4.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(21) ANDREW RUDNICK	4.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(22) BART STUCKY	4.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(23) PORTER SWENTZELL	4.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(24) KIM WALKER	4.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(25) JUSTIN TALBOT ZORN	4.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(26) MARCOS ZUBIA	4.00									
BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								772,679.	0.	105,814.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								772,679.	0.	105,814.

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 4

		Yes	No
3 Did the organization list any **former** officer, director, 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
AVIVAR CAPITAL, 5250 LANKERSHIM BLVD, SUITE 500, NORTH HOLLYWOOD, CA 91601	INVESTMENT ADVISORY SERVICES	226,287.
SUBY BOWDEN + ASSOCIATES, LLC, 333 MONTEZUMA, SUITE 200, SANTA FE, NM 87501	ARCHITECTURAL SVCS - AFFORDABLE HOUSING	183,822.
DR. CHRISTIAN E. CASILLAS 330 SANCHEZ ST., SANTA FE, NM 87505	INDEPENDENT CONTRACTOR PROGRAM DIRECTOR	127,237.
DESIGN WORKSHOP, INC., 1390 LAWRENCE ST., SUITE 100, DENVER, CO 80204	ARCHITECTURAL SVCS - AFFORDABLE HOUSING	109,094.

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 4

Part VIII Statement of Revenue

Check 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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	259,500.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,889,221.				
	g Noncash contributions included in lines 1a-1f	1g	$ 2,459,578.				
	h **Total.** Add lines 1a-1f			20,148,721.			
Program Service Revenue		**Business Code**					
	2a PINON AWARDS	713990		52,086.	52,086.		
	b FUND MANAGEMENT FEES	900099		45,817.	45,817.		
	c HUB FEES	611430		3,125.	3,125.		
	d FUND SET-UP FEE	522100		2,000.	2,000.		
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			103,028.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,117,677.			3,117,677.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a	56,686.				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	56,686.				
	d Net rental income or (loss)			56,686.			56,686.
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	31,812,218.				
	b Less: cost or other basis and sales expenses	7b	29,072,331.				
	c Gain or (loss)	7c	2,739,887.				
	d Net gain or (loss)			2,739,887.			2,739,887.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		**Business Code**					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			26,165,999.	103,028.	0.	5,914,250.

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	13,145,158.	13,145,158.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	883,669.	883,669.		
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	752,139.	346,603.	219,341.	186,195.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,134,922.	521,487.	333,657.	279,778.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,358.	17,802.	12,080.	10,476.
9 Other employee benefits	168,290.	82,175.	43,472.	42,643.
10 Payroll taxes	141,601.	63,659.	43,445.	34,497.
11 Fees for services (nonemployees):				
a Management				
b Legal	109,612.	74,769.	13,937.	20,906.
c Accounting	52,780.		52,780.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	503,831.		503,831.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,885,216.	1,814,753.	28,185.	42,278.
12 Advertising and promotion	61,999.	33,069.	11,572.	17,358.
13 Office expenses	163,508.	104,956.	23,421.	35,131.
14 Information technology	188,381.	96,647.	36,694.	55,040.
15 Royalties				
16 Occupancy	96,309.	48,155.	19,262.	28,892.
17 Travel	71,760.	46,678.	10,033.	15,049.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	79,604.	47,916.	12,675.	19,013.
20 Interest	74,550.		74,550.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	96,616.	48,308.	19,323.	28,985.
23 Insurance	48,372.	25,109.	9,305.	13,958.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a WORKSHOP EXPENSES	103,843.	103,843.		
b DONOR DEVELOPMENT	102,082.	83,544.	7,415.	11,123.
c DUES AND SUBSCRIPTIONS	45,540.	32,847.	5,077.	7,616.
d PINON AWARDS	14,220.	14,220.		
e All other expenses	24,121.	18,506.	5,615.	
25 **Total functional expenses.** Add lines 1 through 24e	19,988,481.	17,653,873.	1,485,670.	848,938.
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 Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	28,811,359.	2	27,634,451.
	3	Pledges and grants receivable, net		3	5,000.
	4	Accounts receivable, net	115,899.	4	79,888.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	95,303.	9	133,183.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 3,324,550.			
	b	Less: accumulated depreciation — 10b: 1,299,372.	2,089,083.	10c	2,025,178.
	11	Investments - publicly traded securities	76,673,441.	11	90,404,378.
	12	Investments - other securities. See Part IV, line 11	19,724,598.	12	21,779,350.
	13	Investments - program-related. See Part IV, line 11	2,508,804.	13	1,619,414.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	369,840.	15	390,649.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	130,388,327.	16	144,071,491.
Liabilities	17	Accounts payable and accrued expenses	493,789.	17	458,280.
	18	Grants payable	1,483.	18	0.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	4,827,615.	25	4,817,837.
	26	**Total liabilities.** Add lines 17 through 25	5,322,887.	26	5,276,117.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	9,684,927.	27	10,617,793.
	28	Net assets with donor restrictions	115,380,513.	28	128,177,581.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	125,065,440.	32	138,795,374.
	33	Total liabilities and net assets/fund balances	130,388,327.	33	144,071,491.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,165,999.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,988,481.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,177,518.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	125,065,440.
5	Net unrealized gains (losses) on investments	5	7,556,591.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-4,175.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	138,795,374.

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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 on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	**Employer identification number**
SANTA FE COMMUNITY FOUNDATION	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).)
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 on 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,833,910.	15,680,609.	20,170,973.	17,674,924.	20,148,721.	94,509,137.
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	20,833,910.	15,680,609.	20,170,973.	17,674,924.	20,148,721.	94,509,137.
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)						5,628,645.
6 **Public support.** Subtract line 5 from line 4.						88,880,492.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	20,833,910.	15,680,609.	20,170,973.	17,674,924.	20,148,721.	94,509,137.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,899,307.	2,431,770.	2,431,599.	2,957,457.	3,174,363.	13,894,496.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		64,979.	288.	12,335.		77,602.
11 **Total support.** Add lines 7 through 10						108,481,235.

12 Gross receipts from related activities, etc. (see instructions) **12** 1,742,021.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) **14** 81.93 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 **15** 81.04 %

16a **33 1/3% support test - 2024.** 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 ☒

b **33 1/3% support test - 2023.** 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 ☐

17a **10% -facts-and-circumstances test - 2024.** 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 ☐

b **10% -facts-and-circumstances test - 2023.** 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 ☐

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 ☐

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *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** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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 lines 3a and 3b 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? If "Yes" or "No," 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 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **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 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (describe in **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

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

MISCELLANEOUS

2021 AMOUNT: $ 64,979.

2022 AMOUNT: $ 288.

2023 AMOUNT: $ 12,335.

2024 AMOUNT: $ 0.

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: UNUSUAL GRANT

AMOUNT: 8746969.

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization: SANTA FE COMMUNITY FOUNDATION

Employer identification number: 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		$ 3,508,595.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 2,570,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 2,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 1,160,172.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
5		$ 930,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 600,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

SANTA FE COMMUNITY FOUNDATION

Employer identification number

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		$ 520,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 410,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: SANTA FE COMMUNITY FOUNDATION

Employer identification number: 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
4	4700 SHARES PROGRESSIVE CORP CO (PGR)	$ 1,160,172.	08/28/24
		$	
		$	
		$	
		$	
		$	
		$	

Name of organization: SANTA FE COMMUNITY FOUNDATION

Employer identification number: 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

(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

(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

(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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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	Employer identification number (EIN)
SANTA FE COMMUNITY FOUNDATION	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 EINs 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-.

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 (grassroots 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	19,139,543.	0.
e Total exempt purpose expenditures (add lines 1c and 1d)	19,139,543.	0.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	0.
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	0.
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

IF the amount on line 1e, column (a) or (b), is:	THEN 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.

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	923,999.	1,000,000.	900,499.	1,000,000.	3,824,498.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,736,747.
c Total lobbying expenditures					
d Grassroots nontaxable amount	231,000.	250,000.	225,125.	250,000.	956,125.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,434,188.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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	149	112
2	Aggregate value of contributions to (during year)	6,682,188.	10,257,932.
3	Aggregate value of grants from (during year)	8,727,324.	3,999,609.
4	Aggregate value at end of year	57,241,546.	48,857,377.

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? [X] Yes [ ] 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? [X] Yes [ ] No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included on line 2a 2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

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

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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	115,930,067.	100,993,239.	102,808,612.	93,015,402.	85,791,545.
b Contributions	5,787,750.	10,936,856.	27,266,183.	6,159,856.	5,266,864.
c Net investment earnings, gains, and losses	12,050,306.	11,063,096.	-12,360,935.	15,231,076.	13,662,815.
d Grants or scholarships	8,075,141.	6,564,979.	5,907,525.	5,896,930.	6,211,822.
e Other expenditures for facilities and programs	2,294,717.	498,145.	10,813,096.	5,700,792.	5,494,000.
f Administrative expenses					
g End of year balance	123,398,265.	115,930,067.	100,993,239.	102,808,612.	93,015,402.

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

a Board designated or quasi-endowment 8.0300 %
b Permanent endowment 51.1600 %
c Term endowment 40.8100 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,858,874.	951,637.	1,907,237.
c Leasehold improvements				
d Equipment		465,676.	347,735.	117,941.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				2,025,178.

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) HEDGE FUNDS	7,938,775.	COST
(B) PRIVATE EQUITY FUNDS	13,840,575.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	21,779,350.	

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, line 13, col. (B))		

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, line 15, col. (B))*	

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	103,874.
(3) SFAS 136 FUNDS HELD FOR AGENCIES	4,710,043.
(4) RENT DEPOSIT	3,920.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	4,817,837.

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

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	32,721,927.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	7,556,591.		
b	Donated services and use of facilities	2b	11,829.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	7,568,420.
3	Subtract line 2e from line 1			3	25,153,507.
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	503,831.		
b	Other (Describe in Part XIII.)	4b	508,661.		
c	Add lines 4a and 4b			4c	1,012,492.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	26,165,999.

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	18,991,993.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	11,829.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	11,829.
3	Subtract line 2e from line 1			3	18,980,164.
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	503,831.		
b	Other (Describe in Part XIII.)	4b	504,486.		
c	Add lines 4a and 4b			4c	1,008,317.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	19,988,481.

Part XIII Supplemental Information

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

PART V, LINE 4:

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

PART X, LINE 2:

THE FOUNDATION IS A NON-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION IS SUBJECT TO THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THAT ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT EVALUATED THE TAX POSITIONS FOR THE FOUNDATION AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN INCOME TAX POSITIONS THAT

Part XIII Supplemental Information *(continued)*

REQUIRE ADJUSTMENTS TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:	
CHANGE IN SPLIT INTEREST AGREEMENT	13,953.
AGENCY FUND REVENUE	414,352.
INTEREST EXPENSES NETTED WITH REVENUE	74,550.
MISCELLANEOUS INCOME NETTED WITH REVENUE	5,806.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	508,661.

PART XII, LINE 4B - OTHER ADJUSTMENTS:	
AGENCY FUND EXPENSE	424,130.
INTEREST EXPENSES NETTED WITH REVENUE	74,550.
MISCELLANEOUS INCOME NETTED WITH REVENUE	5,806.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	504,486.

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SANTA FE COMMUNITY FOUNDATION

Employer identification number

85-0303044

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

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

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		15,314,141.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		2,754,880.
3 a Subtotal	0	0			18,069,021.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			18,069,021.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

LHA 432071 01-15-25

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 a tax exempt 501(c)(3) organization 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 III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

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 the Instructions for Form 926)*	[X] 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	[ ] Yes	[X] 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 the Instructions for Form 5471)*	[X] 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 the Instructions for Form 8621)*	[ ] Yes	[X] 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 the Instructions for Form 8865)*	[X] 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 the Instructions for Form 5713; don't file with Form 990)*	[ ] Yes	[X] No

Part V **Supplemental Information**

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

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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? [X] 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A NETWORK FOR GRATEFUL LIVING P.O. BOX 3035 AMHERST, MA 01004	23-7022057	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
A WORLD OF DIFFERENCE 12231 ACADEMY RD NE ALBUQUERQUE, NM 87111	37-1518135	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
ABIQUIU NEWS PO BOX 1052 ABIQUIU, NM 87510-1052	34-5404275		11,000.	0.			GENERAL OPERATING SUPPORT
ACLU OF NEW MEXICO FOUNDATION P.O. BOX 566 ALBUQUERQUE, NM 87103	85-0275276	501(C)(3)	26,950.	0.			GENERAL OPERATING SUPPORT
ADOPT-A-NATIVE-ELDER 328 W. GREGSON AVE. SALT LAKE CITY, UT 84115	87-0490211	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
ADVAITA FELLOWSHIP P.O. BOX 3479 REDONDO BEACH, CA 90277	33-0301894	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 294.

3 Enter total number of other organizations listed in the line 1 table ..... 8.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALDER GRADUATE SCHOOL OF EDUCATION 2946 BROADWAY ST, SUITE B REDWOOD CITY, CA 94062	47-4649648	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ALL SPECIES PROJECT INCORPORATED 615 CORTEZ STREET SANTA FE, NM 87505	85-0366750	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
ALLIANCE FOR LOCAL ECONOMIC PROSPERITY - PO BOX 33132 - SANTA FE, NM 87594-3132	48-1275323	501(C)(3)	22,225.	0.			GENERAL OPERATING SUPPORT
AMERICANS FOR INDIAN OPPORTUNITY 1001 MARQUETTE AVE NW ALBUQUERQUE, NM 87102	52-0900964	501(C)(3)	27,500.	0.			GENERAL OPERATING SUPPORT
AMIGOS BRAVOS PO BOX 238 TAOS, NM 87571	85-0363268	501(C)(3)	41,200.	0.			GENERAL OPERATING SUPPORT
ANCHORUM HEALTH FOUNDATION 309 READ ST. SANTA FE, NM 87501	87-3194433	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ANIMAL PROTECTION OF NEW MEXICO, INC. - PO BOX 11395 - ALBUQUERQUE, NM 87192	85-0283292	501(C)(3)	27,000.	0.			GENERAL OPERATING SUPPORT
ANIMAL WELFARE COALITION OF NORTHEASTERN NEW MEXICO - P.O. BOX 524 - LAS VEGAS, NM 87701	26-3140054	501(C)(3)	19,149.	0.			GENERAL OPERATING SUPPORT
ARTS COUNCIL SANTA CRUZ COUNTY 1070 RIVER ST SANTA CRUZ, CA 95060-1709	94-2600140	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTSMART PO BOX 22363 SANTA FE, NM 87502-2363	74-2810762	501(C)(3)	23,620.	0.			GENERAL OPERATING SUPPORT
ASPEN SANTA FE BALLET 245 SAGE WAY ASPEN, CO 81611-2516	84-1150857	501(C)(3)	18,250.	0.			GENERAL OPERATING SUPPORT
ASPEN VALLEY HOSPITAL FOUNDATION 401 CASTLE CREEK ROAD ASPEN, CO 81611	46-0865487	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ASSISTANCE DOGS OF THE WEST P.O. BOX 31027 SANTA FE, NM 87594	85-0431646	501(C)(3)	13,727.	0.			GENERAL OPERATING SUPPORT
BABSON COLLEGE CRUICKSHANK ALUMNI HALL BABSON PARK, MA 02457	04-2103544	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
BARRIOS UNIDOS #7 JOHN HYSON DRIVE CHIMAYO, NM 87522	81-0867528	501(C)(3)	13,000.	0.			GENERAL OPERATING SUPPORT
BETH MORRISON PROJECTS 138 S OXFORD ST BROOKLYN, NY 11217-1694	20-8422447	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BIENVENIDOS OUTREACH, INC. PO BOX 5873 SANTA FE, NM 87502-5873	85-0375278	501(C)(3)	18,750.	0.			GENERAL OPERATING SUPPORT
BIG BROTHERS BIG SISTERS MOUNTAIN REGION - 1229 ST. FRANCIS DRIVE SUITE C - SANTA FE, NM 87505	85-0276498	501(C)(3)	26,500.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOOMTOWN MEDIA LLP 2902 WOODLAND ROAD LOS ALAMOS, NM 87544	99-0496936		6,000.	0.			GENERAL OPERATING SUPPORT
BOULDER MORNINGSTAR ZEN CENTER PO BOX 294 BOULDER, CO 80306-0294	46-0993246	501(C)(3)	62,000.	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
CANARY IMPACT LAB, INC. 5 UNION SQUARE WEST NEW YORK, NY 10003	87-2605065	501(C)(3)	370,000.	0.			GENERAL OPERATING SUPPORT
CANCER FOUNDATION FOR NEW MEXICO PO BOX 5038 SANTA FE, NM 87502-5038	41-2079799	501(C)(3)	14,899.	0.			GENERAL OPERATING SUPPORT
CANONES EARLY CHILDHOOD CENTER PO BOX 55 CANONES, NM 87516	85-0367878	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
CASA DEL REY 2500 CORONA DR NW ALBUQUERQUE, NM 87120-1210	30-0219220	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT
CASA Q P.O. BOX 36168 ALBUQUERQUE, NM 87176	46-1245391	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES 2010 BRIDGE BLVD SW ALBUQUERQUE, NM 87105-3104	85-0110070	501(C)(3)	11,662.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR CONTEMPORARY ARTS OF SANTA FE, INC. - 1050 OLD PECOS TRL - SANTA FE, NM 87505	85-0313183	501(C)(3)	6,800.	0.			GENERAL OPERATING SUPPORT
CERES COMMUNITY PROJECT P.O. BOX 1562 SEBASTOPOL, CA 95473	26-2250997	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
CHAINBREAKER COLLECTIVE 1519 5TH STREET SANTA FE, NM 87505	80-0420443	501(C)(3)	95,000.	0.			GENERAL OPERATING SUPPORT
CHALLENGE NEW MEXICO 74 CAJA DEL RIO ROAD SANTA FE, NM 87507	85-0264321	501(C)(3)	400,000.	0.			GENERAL OPERATING SUPPORT
CHAMA PEAK LAND ALLIANCE PO BOX 5701 PAGOSA SPRINGS, CO 81147-5701	27-4506183	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
CHAMA VALLEY ARTS COALITION PO BOX 95 CHAMA, NM 87520	88-1180381	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CHANDLER BROADCASTING LLC 5230 SEVEN RIVERS HIGHWAY CARLSBAD, NM 88220	86-2418985		7,795.	0.			GENERAL OPERATING SUPPORT
CHANGING WOMAN INITIATIVE 4133 MONTGOMERY BLVD NE ALBUQUERQUE, NM 87109-6741	81-1078799	501(C)(3)	13,000.	0.			GENERAL OPERATING SUPPORT
CHARITYVEST, INC. C/O FOUNDATION SOURCE FAIRFIELD, CT 06824	81-2771871	501(C)(3)	132,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO THEATRE GROUP INC. DBA GOODMAN THEATER - 170 N DEARBORN ST - CHICAGO, IL 60601	36-2896025	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
CHIMAYO CULTURAL PRESERVATION ASSOCIATION - PO BOX 727 - CHIMAYO, NM 87522-0727	85-0434228	501(C)(3)	11,500.	0.			GENERAL OPERATING SUPPORT
CHRISTUS ST. VINCENT HOSPITAL FOUNDATION - 455 ST MICHAELS DR - SANTA FE, NM 87505-7601	85-0282847	501(C)(3)	20,500.	0.			GENERAL OPERATING SUPPORT
CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER - 455 ST. MICHAELS DR. - SANTA FE, NM 87505	85-0106941	501(C)(3)	1,517,500.	0.			GENERAL OPERATING SUPPORT
CITY OF SANTA FE FIRE DEPARTMENT PO BOX 909 SANTA FE, NM 87504	85-6000168	115	25,000.	0.			GENERAL OPERATING SUPPORT
COALITION TO STOP VIOLENCE AGAINST NATIVE WOMEN - 4600 MONTGOMERY BLVD. NE - ALBUQUERQUE, NM 87109	20-1735061	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
COLLEGE AND CAREER PLAZA 18 AZUL LOOP SANTA FE, NM 87508	84-3961213	501(C)(3)	64,076.	0.			GENERAL OPERATING SUPPORT
COLLINS LAKE AUTISM CENTER PO BOX 472 CLEVELAND, NM 87715-0472	27-2989742	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
COMMONWEAL CONSERVANCY 369 MONTEZUMA AVE # 495 SANTA FE, NM 87501-2835	20-0153356	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS NEW MEXICO PO BOX 367 SANTA FE, NM 87504-0367	85-0481104	501(C)(3)	77,500.	0.			GENERAL OPERATING SUPPORT
COMMUNITY FOUNDATION SERVING SOUTHWEST COLORADO - PO BOX 1673 - DURANGO, CO 81302-1673	84-1474900	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY FOUNDATION SONOMA COUNTY 120 STONY POINT RD SANTA ROSA, CA 95401	68-0003212	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY VENTURES 548 MARKET ST SAN FRANCISCO, CA 94104	01-0919727	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
CONSERVATION LANDS FOUNDATION 835 E 2ND AVE STE 305 DURANGO, CO 81301	20-8924520	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
COOKING WITH KIDS P.O. BOX 6113 SANTA FE, NM 87502-6113	20-4396207	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
CORNERSTONES COMMUNITY PARTNERSHIPS - P.O. BOX 2341 - SANTA FE, NM 87504-2341	85-0425771	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
COURT APPOINTED SPECIAL ADVOCATES, FIRST JUDICIAL DISTRICT - 466 W. SAN FRANCISCO STREET - SANTA FE, NM 87501	85-0432642	501(C)(3)	127,525.	0.			GENERAL OPERATING SUPPORT
CRISIS CENTER OF NORTHERN NEW MEXICO - 577 EL LLANO ROAD - ESPANOLA, NM 87532-2911	85-0404752	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CTRL+P PUBLISHING INC. DBA THE INDEPENDENT - 317 COMMERCIAL ST NE BOX 2 - ALBUQUERQUE, NM 87102	88-4374644		14,000.	0.			GENERAL OPERATING SUPPORT
EARTH CARE NEW MEXICO 6600 VALENTINE WAY, BUILDING A SANTA FE, NM 87507	33-1017279	501(C)(3)	26,000.	0.			GENERAL OPERATING SUPPORT
EL RANCHO DE LAS GOLONDRINAS, INC. 334 LOS PINOS ROAD SANTA FE, NM 87507	20-3845643	501(C)(3)	21,513.	0.			GENERAL OPERATING SUPPORT
EL RITO PUBLIC LIBRARY P.O. BOX 5 EL RITO, NM 87530-0005	85-0459285	501(C)(3)	37,333.	0.			GENERAL OPERATING SUPPORT
EL VALLE COMMUNITY CENTER 11 LOS PUEBLOS ROAD VILLANUEVA, NM 87583	85-0463028	501(C)(3)	7,200.	0.			GENERAL OPERATING SUPPORT
ELON UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT ELON, NC 27244	56-0532303	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
EMBUDO VALLEY LIBRARY AND COMMUNITY CENTER - P.O. BOX 310 - DIXON, NM 87527-0310	85-0314391	501(C)(3)	24,383.	0.			GENERAL OPERATING SUPPORT
EMBUDO VALLEY TUTORING ASSOCIATION PO BOX 267 DIXON, NM 87527	47-0935180	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ENLACE COMUNITARIO PO BOX 8919 ALBUQUERQUE, NM 87198-8919	85-0473384	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESPANOLA PATHWAYS SHELTER P.O. BOX 278 ESPANOLA, NM 87532	84-3477622	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ESPANOLA VALLEY HUMANE SOCIETY DBA ESPANOLA HUMANE - 108 HAMM PARKWAY - ESPANOLA, NM 87532-9655	85-0406234	501(C)(3)	36,014.	0.			GENERAL OPERATING SUPPORT
ESPERANZA SHELTER PO BOX IS 23601 SANTA FE, NM 87502	85-0313174	501(C)(3)	48,975.	0.			GENERAL OPERATING SUPPORT
EXPLORA SCIENCE CENTER & CHILDRENS MUSEUM OF ALBUQUERQUE - 1701 MOUNTAIN ROAD NW - ALBUQUERQUE, NM 87104	85-0442062	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
FAIRVIEW CEMETERY PRESERVATION ASSOCIATION - PO BOX 5958 - SANTA FE, NM 87502-5958	85-0305350	501(C)(3)	12,085.	0.			GENERAL OPERATING SUPPORT
FAMILY LEARNING CENTER, INC. P.O. BOX 2123 ESPANOLA, NM 87532-2123	85-0286126	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
FARM TO TABLE 518 OLD SANTA FE TRAIL SANTA FE, NM 87505	85-0438238	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
FELINES AND FRIENDS NEW MEXICO 369 MONTEZUMA AVE #320 SANTA FE, NM 87501	27-4453623	501(C)(3)	23,649.	0.			GENERAL OPERATING SUPPORT
FIRST SERVE - NM, INC. PO BOX 6476 SANTA FE, NM 87502	27-0044395	501(C)(3)	38,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD DEPOT 1222 A SILER RD SANTA FE, NM 87507-3158	85-0416803	501(C)(3)	211,308.	0.			GENERAL OPERATING SUPPORT
FOOD FOR THOUGHT 6550 RAILROAD AVE FORESTVILLE, CA 95436	68-0181095	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
FOOD IS FREE ALBUQUERQUE PO BOX 51641 ALBUQUERQUE, NM 87181-1641	81-2936310	501(C)(3)	10,475.	0.			GENERAL OPERATING SUPPORT
FOREST STEWARDS GUILD PO BOX 6058 SANTA FE, NM 87505	85-0446866	501(C)(3)	75,250.	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)	30,000.	0.			GENERAL OPERATING SUPPORT
FRACTURED ATLAS PRODUCTIONS, INC. PO BOX 55 HARTSDALE, NY 10530-0055	11-3451703	501(C)(3)	9,000.	0.			GENERAL OPERATING SUPPORT
FREE FLOW NM 207 ALAMO DR SANTA FE, NM 87501-1519	85-3613363	501(C)(3)	19,000.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE LAS VEGAS NATIONAL WILDLIFE REFUGE - ROUTE 1 BOX 309 - LAS VEGAS, NM 87701	83-0403010	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE NEUBERGER MUSEUM, INC. - 735 ANDERSON HILL RD. - PURCHASE, NY 10577	23-7179855	501(C)(3)	13,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
G L A S FOUNDATION 4 CIBOLA CIR SANTA FE, NM 87505-9005	35-2253800	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
GERARD'S HOUSE PO BOX 28693 SANTA FE, NM 87592-8693	74-2834283	501(C)(3)	53,950.	0.			GENERAL OPERATING SUPPORT
GIRLS INCORPORATED OF SANTA FE, INC. - 301 HILLSIDE AVENUE - SANTA FE, NM 87501-2217	85-0129250	501(C)(3)	126,001.	0.			GENERAL OPERATING SUPPORT
GLOBAL GIVE A BOOK 5009 LARCHMONT ALBUQUERQUE, NM 87111	85-3538226	501(C)(3)	14,800.	0.			GENERAL OPERATING SUPPORT
GLOBAL SANTA FE 413 GRANT AVE STE D SANTA FE, NM 87501-1687	85-0196904	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
GLSEN NEW MEXICO 2901 JUAN TABO BLVD NE ALBUQUERQUE, NM 87112	04-3234202	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
GMCR 519 B NORTH BULLARD ST SILVER CITY, NM 88061	56-2545300	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
GOLDEN APPLE FOUNDATION OF NEW MEXICO - PO BOX 40469 - ALBUQUERQUE, NM 87196-0469	85-0420305	501(C)(3)	34,524.	0.			GENERAL OPERATING SUPPORT
GREATER HOUSTON COMMUNITY FOUNDATION - 515 POST OAK BLVD. - HOUSTON, TX 77027	23-7160400	501(C)(3)	228,652.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROWING UP NEW MEXICO 440 CERRILLOS ROAD, STE A SANTA FE, NM 87501-2644	85-0163601	501(C)(3)	185,073.	0.			GENERAL OPERATING SUPPORT
HAND IN HAND OF GLYNN PO BOX 2452 BRUNSWICK, GA 31521	83-1620221	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
HEART AND SOUL ANIMAL SANCTUARY 369 MONTEZUMA # 130 SANTA FE, NM 87501-2626	31-1549681	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT
HERMIT'S PEAK WATERSHED ALLIANCE 289 COUNTY ROAD A2 SAPELLO, NM 87745-5200	83-0514816	501(C)(3)	7,725.	0.			GENERAL OPERATING SUPPORT
HILLEL OF COLORADO 2390 S. RACE ST. DENVER, CO 80210	52-1758791	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
HISPANICS IN PHILANTHROPY 548 MARKET ST. #60300 SAN FRANCISCO, CA 94104	94-3040607	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
HOLISTIC MANAGEMENT INTERNATIONAL 2425 SAN PEDRO NE, SUITE A ALBUQUERQUE, NM 87110	85-0324203	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
HOMESCHOOL CLASSROOM SANTA FE LEARNING CENTER - 408 TOMPKINS AVE - NYACK, NY 01060	82-3321493	501(C)(3)	17,500.	0.			GENERAL OPERATING SUPPORT
HOPITAL ALBERT SCHWEITZER HAITI PO BOX 110091 PITTSBURGH, PA 15232	25-1017587	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT

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HORSE SHELTER 821 W. SAN MATEO RD, UNIT A SANTA FE, NM 87505	52-2214286	501(C)(3)	7,169.	0.			GENERAL OPERATING SUPPORT
IN THE LOOKING GLASS LTD PO BOX 772870 STEAMBOAT SPRINGS, CO 80477-2870	52-2442583	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
INDIGENOUSWAYS P.O. BOX 4073 SANTA FE, NM 87502	26-1656689	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
INSTITUTE OF AMERICAN INDIAN ARTS FOUNDATION - PO BOX 22370 - SANTA FE, NM 87502	32-0377684	501(C)(3)	55,008.	0.			GENERAL OPERATING SUPPORT
INTERFAITH COMMUNITY SHELTER GROUP, INC. - P.O. BOX 22653 - SANTA FE, NM 87502	27-0736366	501(C)(3)	62,290.	0.			GENERAL OPERATING SUPPORT
JOBS FOR AMERICA'S GRADUATES - NEW MEXICO - PO BOX 21555 - ALBUQUERQUE, NM 87154	84-1996641	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
KIDS COUNSELING INC 2528 RIDGE RUNNER RD LAS VEGAS, NM 87701	46-3443700	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
KIDSPEACE 4085 INDEPENDENCE DR. SCHNECKSVILLE, PA 18078	23-1353394	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
KITCHEN ANGELS 1222 SILER ROAD SANTA FE, NM 87507	85-0423492	501(C)(3)	56,562.	0.			GENERAL OPERATING SUPPORT

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KOPERNIK SOLUTIONS 228 PARK AVE. S NEW YORK, NY 10003	27-0962978	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
KQED INC 2601 MARIPOSA ST SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LA FAMILIA MEDICAL CENTER 1035 ALTO STREET SANTA FE, NM 87501	85-0220875	501(C)(3)	70,939.	0.			GENERAL OPERATING SUPPORT
LANDSCAPE ARCHITECTURE FOUNDATION 1200 17TH STREET WASHINGTON, DC 20036	52-6065505	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT
LAS CUMBRES COMMUNITY SERVICES, INC. - 102 NORTH CORONADO AVE - ESPANOLA, NM 87532-2700	23-7144268	501(C)(3)	22,287.	0.			GENERAL OPERATING SUPPORT
LEAGUE OF WOMEN VOTERS OF SANTA FE COUNTY EDUCATION FUND - P.O. BOX 31547 - SANTA FE, NM 87594-1547	85-0355179	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT
LENSIC PERFORMING ARTS CENTER 211 WEST SAN FRANCISCO SANTA FE, NM 87501-2128	85-0448396	501(C)(3)	252,803.	0.			GENERAL OPERATING SUPPORT
LIFE CIRCLE 1800A ESPINACITAS ST SANTA FE, NM 87505	45-3265446	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LIFE LINK PO BOX 6094 SANTA FE, NM 87502-6094	85-0360455	501(C)(3)	54,000.	0.			GENERAL OPERATING SUPPORT

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LIFE TRANSITION MEDITATION CENTER P.O. BOX 9286 SANTA FE, NM 87504	20-0193687	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
LIGHTNING BOY FOUNDATION INC. 31 TURTLE CIR SANTA FE, NM 87506-8787	82-0714271	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
LITERACY VOLUNTEERS OF SANTA FE 6401 RICHARDS AVE. SANTA FE, NM 87508	85-0350349	501(C)(3)	44,542.	0.			GENERAL OPERATING SUPPORT
LITTLE GLOBE, INC. BOX 24213 SANTA FE, NM 87502	27-0118569	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LOS ALAMOS NATIONAL LABORATORY FOUNDATION - 1112 PLAZA DEL NORTE - ESPANOLA, NM 87532	74-2853972	501(C)(3)	137,000.	0.			GENERAL OPERATING SUPPORT
LUCIENTE, INC. P.O. BOX 607 ABIQUIU, NM 87510	74-2813749	501(C)(3)	12,225.	0.			GENERAL OPERATING SUPPORT
LUNA COMMUNITY COLLEGE FOUNDATION PO BOX 3977 LAS VEGAS, NM 87701-6977	74-2851490	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
LUNA COMPOSITION LAB PO BOX 242 NEW YORK, NY 10101	88-4003749	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LUTHERAN FAMILY SERVICES ROCKY MOUNTAINS - 230 TRUMAN ST. NE - ALBUQUERQUE, NM 87108	84-0775550	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT

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MANDELA INTERNATIONAL MAGNET SCHOOL EDUCATION FOUNDATION - 3284 CASA RINCONADA - SANTA FE, NM 87507	88-2657004	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
MANY MOTHERS PO BOX 23222 SANTA FE, NM 87502-3222	85-0457455	501(C)(3)	25,500.	0.			GENERAL OPERATING SUPPORT
MCCALLUM THEATRE 73000 FRED WARING DRIVE PALM DESERT, CA 92260	95-2834871	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
MCCURDY MINISTRIES 362A S MCCURDY RD ESPANOLA, NM 87532-6709	85-0127907	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
MEADOW CITY ACADEMY OF MUSIC 812 HIGHLAND DRIVE LAS VEGAS, NM 87701	85-1967114	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
MEMORY CARE ALLIANCE 1541 S ST FRANCIS DR SANTA FE, NM 87505	33-1646169	501(C)(3)	85,000.	0.			GENERAL OPERATING SUPPORT
MINDFREEDOM INTERNATIONAL P.O. BOX 11284 EUGENE, OR 97440	93-1144215	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MORA CREATIVE COUNCIL/MORA MAINSTREET - PO BOX 423 - MORA, NM 87732	84-2157893	501(C)(3)	31,250.	0.			GENERAL OPERATING SUPPORT
MORA VALLEY COMMUNITY HEALTH SERVICES, INC. - PO BOX 209 - MORA, NM 87732-0209	85-0233466	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT

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MOTHER NATURE CENTER 3005 S ST. FRANCIS DR SANTA FE, NM 87505	46-1322802	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
MOUNTAIN CENTER, INC. P.O. BOX 449 TESUQUE, NM 87574-0449	85-0272388	501(C)(3)	6,750.	0.			GENERAL OPERATING SUPPORT
MOUNTAIN STUDIES INSTITUTE 162 STEWART ST. DURANGO, CO 81303	73-1644103	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
MOUNTAINAIR DISPATCH HC 66 BOX 1107 MOUNTAINAIR, NM 87036	13-7626400		6,000.	0.			GENERAL OPERATING SUPPORT
MOVING ARTS ESPAOLA PO BOX 505 VELARDE, NM 87582	45-2459893	501(C)(3)	84,750.	0.			GENERAL OPERATING SUPPORT
MUSEUM OF NEW MEXICO FOUNDATION 1411 PASEO DE PERALTA SANTA FE, NM 87501-4326	85-0202503	501(C)(3)	119,214.	0.			GENERAL OPERATING SUPPORT
MUST! CHARITIES PO BOX 1540 TEMPLETON, CA 93465-1540	90-0663200	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
MYRIAD USA 551 FIFTH ST. SUITE 2400 NEW YORK, NY 10176	58-2277856	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL DANCE INSTITUTE NEW MEXICO INC. - 1140 ALTO ST. - SANTA FE, NM 87501-2596	85-0431846	501(C)(3)	73,272.	0.			GENERAL OPERATING SUPPORT

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NATIVE AMERICAN JUMP START 608 S CACHE ST JACKSON, WY 83001	46-1314755	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
NATURE CONSERVANCY OF NEW MEXICO 1613 PASEO DE PERALTA STE 200 SANTA FE, NM 87501	53-0242652	501(C)(3)	18,239.	0.			GENERAL OPERATING SUPPORT
NEIGHBORHOOD VILLAGES P.O. BOX 240154 BOSTON, MA 02124	82-1859365	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO ACEQUIA ASSOCIATION 805 EARLY ST BLDG B STE 203 SANTA FE, NM 87505-1607	85-0440606	501(C)(3)	20,500.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO BLACK LEADERSHIP COUNCIL - 1314 MADEIRA DRIVE SE - ALBUQUERQUE, NM 87108	46-3638418	501(C)(3)	6,526.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO CENTER ON LAW AND POVERTY - 301 EDITH BLVD NE - ALBUQUERQUE, NM 87102	85-0437960	501(C)(3)	20,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO CLIMATE INVESTMENT CENTER - 4229 ROCK CASTLE LANE - SANTA FE, NM 87507	93-2346582	501(C)(3)	587,750.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO COALITION AGAINST DOMESTIC VIOLENCE - 3167 SAN MATEO NE - ALBUQUERQUE, NM 87110	93-0792163	501(C)(3)	10,475.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO COALITION TO END HOMELESSNESS - PO BOX 865 - SANTA FE, NM 87504	85-0482896	501(C)(3)	137,950.	0.			GENERAL OPERATING SUPPORT

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NEW MEXICO CONFERENCE THE UNITED METHODIST CHURCH - 11816 LOMAS BLVD NE - ALBUQUERQUE, NM 87112	74-6025881	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO ENVIRONMENTAL LAW CENTER - PO BOX 12931 - ALBUQUERQUE, NM 87195	85-0360664	501(C)(3)	59,964.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO FOUNDATION 8 CALLE MEDICO SANTA FE, NM 87505	85-0311210	501(C)(3)	130,750.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO GAY MEN'S CHORUS PO BOX 3822 ALBUQUERQUE, NM 87190-3822	45-5301412	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO HORSE RESCUE AT WALKIN N CIRCLES RANCH - P.O. BOX 626 - EDGEWOOD, NM 87015	04-3619624	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO IMMIGRANT LAW CENTER PO BOX 7040 ALBUQUERQUE, NM 87194-7040	27-3303237	501(C)(3)	43,225.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO IN DEPTH, INC. 6937 MERLOT DR NE RIO RANCHO, NM 87144-0855	45-4011138	501(C)(3)	11,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO LEGAL AID PO BOX 25486 ALBUQUERQUE, NM 87125	85-0116950	501(C)(3)	12,725.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO REENTRY CENTER 215 3RD ST SW ALBUQUERQUE, NM 87102	85-0521509	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT

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NEW MEXICO RURAL LIBRARY INITIATIVE - PO BOX 25 - EMBUDO, NM 87531	93-4953773	501(C)(3)	9,055.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO SCHOOL FOR THE ARTS - ART INSTITUTE - 500 MONTEZUMA AVENUE, SUITE 200 - SANTA FE, NM 87501	26-4764395	501(C)(3)	35,500.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO SCHOOL FOR THE DEAF 1060 CERRILLOS ROAD SANTA FE, NM 87505	85-6000544	115	208,692.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO WILDERNESS ALLIANCE P.O. BOX 25464 ALBUQUERQUE, NM 87125	85-0457916	501(C)(3)	91,250.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO WILDLIFE CENTER 19 WHEAT ST. ESPANOLA, NM 87532-9414	85-0346210	501(C)(3)	52,978.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO WOMEN.ORG 1807 2ND ST UNIT 76 SANTA FE, NM 87505	81-4638850	501(C)(3)	15,750.	0.			GENERAL OPERATING SUPPORT
NEWMEXICOKIDSCAN P.O. BOX 27217 ALBUQUERQUE, NM 87125	27-3069592	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
NORTHERN NEW MEXICO RADIO FOUNDATION (KSFR) - PO BOX 28670 - SANTA FE, NM 87592-8670	85-8439833	501(C)(3)	6,225.	0.			GENERAL OPERATING SUPPORT
NORTHERN NEW MEXICO RECREATION AND OUTDOOR CONSERVATION FOUNDATION - 34 CALLE CAPULIN - SANTA FE, NM 87507	92-3375553	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT

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NORTHWEST NEW MEXICO ARTS COUNCIL PO BOX 2235 FARMINGTON, NM 87499	85-0384749	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
OMAHA COMMUNITY FOUNDATION 1120 S. 101ST STREET OMAHA, NE 68124	47-0645958	501(C)(3)	127,615.	0.			GENERAL OPERATING SUPPORT
PANGEA WORLD THEATER 711 W LAKE ST STE 101 MINNEAPOLIS, MN 55408-3357	41-1854164	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
PARTNERS IN EDUCATION FOR THE SANTA FE PUBLIC SCHOOLS - PO BOX 23374 - SANTA FE, NM 87502-3374	85-0392417	501(C)(3)	167,983.	0.			GENERAL OPERATING SUPPORT
PARTNERSHIP FOR ARTS IN MEDICINE 1904 DARTMOUTH DRIVE, N.E. ALBUQUERQUE, NM 87106	20-1892142	501(C)(3)	11,240.	0.			GENERAL OPERATING SUPPORT
PAUL TAYLOR DANCE FOUNDATION, INC. 551 GRAND ST LBBY A NEW YORK, NY 10002-4282	13-2665475	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT
PEACE AT ANY PACE 4400 KELLER AVE STE 140, PMB #160 OAKLAND, CA 94605	84-3186345	501(C)(3)	45,000.	0.			GENERAL OPERATING SUPPORT
PECOS BENEDICTINE MONASTERY INC PO BOX 1080 PECOS, NM 87552-1080	85-0141928	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PEF FUND 630 THIRD AVE NEW YORK, NY 10017	13-6104086	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT

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PERFORMANCE SANTA FE 300 PASEO DE PERALTA STE 102 SANTA FE, NM 87501-5501	23-7265489	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
PHILANTHROPY SOUTHWEST 3000 PEGASUS PARK DR STE 706 DALLAS, TX 75247-6204	51-0163529	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS - 7155 E 38TH AVE - DENVER, CO 80207-1630	84-0404253	501(C)(3)	29,649.	0.			GENERAL OPERATING SUPPORT
POLESTAR GARDENS, INC. 850 S OVERLAND TRL APT 15 FORT COLLINS, CO 80521-3054	68-0453822	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
PRAISING EARTH INC 51 RIO EN MEDIO RD SANTA FE, NM 87506	81-4688431	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PROGRESSNOW NEW MEXICO EDUCATION FUND - 625 SILVER AVE SW #320 - ALBUQUERQUE, NM 87102	45-4128254	501(C)(3)	10,253.	0.			GENERAL OPERATING SUPPORT
PUEBLO DE ABIQUIU LIBRARY AND CULTURAL CENTER - P.O. BOX 838 - ABIQUIU, NM 87510-0838	45-0541478	501(C)(3)	15,495.	0.			GENERAL OPERATING SUPPORT
PUNCHING OUT PARKINSONS SANTA FE 1704 LLANO ST STE B # 110 SANTA FE, NM 87505-5415	83-1506181	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
QUEEN BEE MUSIC ASSOCIATION 1596 PACHECO STREET SANTA FE, NM 87505	83-4233514	501(C)(3)	15,500.	0.			GENERAL OPERATING SUPPORT

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QUIVIRA COALITION, INC. 1413 SECOND STREET, #1 SANTA FE, NM 87505	31-1551770	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
RADIUS BOOKS 227 E PALACE AVENUE SANTA FE, NM 87501-2043	14-1997383	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
RANDALL DAVEY AUDUBON CENTER & SANCTUARY - PO BOX 9314 - SANTA FE, NM 87504-9314	13-1624102	501(C)(3)	10,066.	0.			GENERAL OPERATING SUPPORT
RATON HIGH SCHOOL 1535 TIGER CIR RATON, NM 87740-4300	85-6001641	115	20,000.	0.			GENERAL OPERATING SUPPORT
READING QUEST PMB #652 SANTA FE, NM 87501	47-3350742	501(C)(3)	65,725.	0.			GENERAL OPERATING SUPPORT
REEL FATHERS 6 TORNEO CT SANTA FE, NM 87508-8823	26-4664688	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
RESOLVE VIOLENCE PREVENTION P. O. BOX 8350 SANTA FE, NM 87504-8350	85-0475597	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
REUNITY RESOURCES 1829 SAN YSIDRO CROSSING SANTA FE, NM 87507	45-2298696	501(C)(3)	88,483.	0.			GENERAL OPERATING SUPPORT
RIO GRANDE AGRICULTURAL LAND TRUST PO BOX 40043 ALBUQUERQUE, NM 87196-0043	74-2854002	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIO GRANDE ALCOHOLISM TREATMENT PROGRAM, INC. - 105 PASEO DEL CANON W STE A - TAOS, NM 87571-6943	85-0266062	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ROADS TO FREEDOM CIL 24 EAST 3RD STREET WILLIAMSPORT, PA 17701	27-1591708	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ROOTS AND WINGS INC. 7700 CONGRESS AVENUE BOCA RATON, FL 33487	38-4008636	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
ROSWELL DAILY RECORD 2301 N MAIN ST ROSWELL, NM 88201-6452	85-0202959		6,000.	0.			GENERAL OPERATING SUPPORT
SAINT ELIZABETH SHELTER CORPORATION - 804 ALARID ST. - SANTA FE, NM 87505-3040	85-0347650	501(C)(3)	158,232.	0.			GENERAL OPERATING SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
SAN DIEGO OPERA 233 A STREET - 5TH FLOOR SAN DIEGO, CA 92101	95-6044429	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SAN JUAN CITIZENS ALLIANCE PO BOX 2461 DURANGO, CO 81302	84-1447465	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SAN LUIS OBISPO REPERTORY THEATRE PO BOX 122 SAN LUIS OBISPO, CA 93406	95-2556678	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN MARTIN DE PORRES SOUP KITCHEN 216 STATE ROAD 399 ESPANOLA, NM 87532-3171	85-0405040	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
SANTA CRUZ MUSEUM OF ART & HISTORY 705 FRONT ST SANTA CRUZ, CA 95060-4508	94-2718861	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SANTA CRUZ SHAKESPEARE 501 UPPER PARK RD. SANTA CRUZ, CA 95065-2119	46-4635444	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE ALLIANCE FOR SCIENCE 369 MONTEZUMA AVE SANTA FE, NM 87501	20-8879193	501(C)(3)	33,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE ANIMAL SHELTER AND HUMANE SOCIETY - 100 CAJA DEL RIO - SANTA FE, NM 87507-3537	85-6000484	501(C)(3)	112,107.	0.			GENERAL OPERATING SUPPORT
SANTA FE ART INSTITUTE P. O. BOX 24044 SANTA FE, NM 87502	85-0404277	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE CHAMBER MUSIC FESTIVAL P.O. BOX 2227 SANTA FE, NM 87504-2227	85-0224461	501(C)(3)	48,500.	0.			GENERAL OPERATING SUPPORT
SANTA FE CHILDREN'S MUSEUM 1050 OLD PECOS TRAIL SANTA FE, NM 87505	85-0335070	501(C)(3)	43,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE CONSERVATION TRUST P.O. BOX 23985 SANTA FE, NM 87502-3985	85-0418988	501(C)(3)	69,039.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA FE DESERT CHORALE 311 E PALACE AVE SANTA FE, NM 87501-2221	85-0300479	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE DREAMERS PROJECT PO BOX 8009 SANTA FE, NM 87504-8009	82-0839645	501(C)(3)	16,725.	0.			GENERAL OPERATING SUPPORT
SANTA FE FARMERS MARKET INSTITUTE 1607 PASEO DE PERALTA SANTA FE, NM 87501	30-0124953	501(C)(3)	11,989.	0.			GENERAL OPERATING SUPPORT
SANTA FE FILM INSTITUTE 418 MONTEZUMA AVE. SANTA FE, NM 87501	47-2057366	501(C)(3)	16,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE FOREST COALITION PO BOX 1943 SANTA FE, NM 87504-1943	82-3756574	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE GIRLS SCHOOL 310 W. ZIA ROAD SANTA FE, NM 87505	85-0450769	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE HABITAT FOR HUMANITY 2520 CAMINO ENTRADA STE A SANTA FE, NM 87507-4885	85-0355135	501(C)(3)	12,739.	0.			GENERAL OPERATING SUPPORT
SANTA FE HIGH SCHOOL BAND BOOSTER ASSOCIATION, INC. - PO BOX 9541 - SANTA FE, NM 87504-9541	87-2072393	501(C)(3)	17,732.	0.			GENERAL OPERATING SUPPORT
SANTA FE OPERA ATTN: DEVELOPMENT DEPARTMENT SANTA FE, NM 87504-2408	85-0131810	501(C)(3)	14,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA FE PREPARATORY SCHOOL 1100 CAMINO CRUZ BLANCA SANTA FE, NM 87505-0396	85-0165745	501(C)(3)	113,597.	0.			GENERAL OPERATING SUPPORT
SANTA FE PRO MUSICA 1512 PACHECO ST. SANTA FE, NM 87505	85-0283203	501(C)(3)	16,000.	0.			GENERAL OPERATING SUPPORT
SANTA FE PUBLIC SCHOOLS 610 ALTA VISTA ST SANTA FE, NM 87505-4149	85-6000169	115	15,300.	0.			GENERAL OPERATING SUPPORT
SANTA FE RECOVERY CENTER 2504 CAMINO ENTRADA SANTA FE, NM 87507	85-0216976	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
SANTA FE SYMPHONY ORCHESTRA & CHORUS - PO BOX 9692 - SANTA FE, NM 87504	85-0331684	501(C)(3)	57,349.	0.			GENERAL OPERATING SUPPORT
SANTA FE WATERSHED ASSOCIATION 1413 SECOND ST. SUITE 3 SANTA FE, NM 87506	86-0996109	501(C)(3)	26,425.	0.			GENERAL OPERATING SUPPORT
SANTA FE YOUTH SYMPHONY ASSOCIATION - 1000 CORDOVA PL #190 - SANTA FE, NM 87505	85-0436819	501(C)(3)	7,094.	0.			GENERAL OPERATING SUPPORT
SAQ BE ORGANIZATION FOR MAYAN/INDIGENOUS SPIRITUAL STUDIES - 551 VALLE CHAMISO LN - SANTA FE, NM 87505	85-0475943	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SCHOOL FOR ADVANCED RESEARCH PO BOX 2188 SANTA FE, NM 87504	85-0125045	501(C)(3)	15,813.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCOTTISH RITE CHILDHOOD LANGUAGE FOUNDATION OF NEW MEXICO - P.O. BOX 2024 - SANTA FE, NM 87504-2024	85-2261583	501(C)(3)	11,739.	0.			GENERAL OPERATING SUPPORT
SCOTTS HOUSE 287 RODEO RD SANTA FE, NM 87505-6304	46-4755884	501(C)(3)	25,225.	0.			GENERAL OPERATING SUPPORT
SEARCHLIGHT NEW MEXICO P.O. BOX 32087 SANTA FE, NM 87594	81-3234552	501(C)(3)	26,500.	0.			GENERAL OPERATING SUPPORT
SELF REALIZATION FELLOWSHIP LAKE SHRINE RETREAT PACIFIC PALISADES, CA 90272	95-1942336	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SEXUAL ASSAULT SERVICES OF NORTHWEST NEW MEXICO - 622 W MAPLE ST, SUITE F - FARMINGTON, NM 87401	20-3187125	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET, SUITE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	12,739.	0.			GENERAL OPERATING SUPPORT
SILICON VALLEY SOCIAL VENTURE FUND SOBRATO CENTER FOR NONPROFITS - REDWOOD SHORES - REDWOOD CITY, CA 94065-1458	51-0644783	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
SILVER BULLET PRODUCTIONS 38 CALLE VENTOSO WEST SANTA FE, NM 87506	30-0275618	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
SILVER CITY INDEPENDENT PUBLISHING COMPANY - PO BOX 1371 - SILVER CITY, NM 88062	46-5557433		12,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SITE SANTA FE 1606 PASEO DE PERALTA SANTA FE, NM 87501-3724	85-0413922	501(C)(3)	38,000.	0.			GENERAL OPERATING SUPPORT
SOLACE SEXUAL ASSAULT SERVICES 6601 VALENTINE WAY SANTA FE, NM 87507-7301	85-0242274	501(C)(3)	57,928.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST C.A.R.E. CENTER 649 HARKLE RD., STE. E SANTA FE, NM 87505-4765	85-0397444	501(C)(3)	8,836.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST CONTEMPORARY 369 MONTEZUMA AVE PMB 258 SANTA FE, NM 87501-2835	81-1080816		10,555.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST KIWANIS CLUB OF LAS VEGAS - PO BOX 623 - LAS VEGAS, NM 87701	23-7393201	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST ORGANIZING PROJECT 211 10TH STREET SW ALBUQUERQUE, NM 87102-2919	85-0368743	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST RESEARCH AND INFORMATION CENTER - P. O. BOX 4524 - ALBUQUERQUE, NM 87106	23-7159949	501(C)(3)	19,725.	0.			GENERAL OPERATING SUPPORT
SPANISH COLONIAL ARTS SOCIETY, INC. - 750 CAMINO LEJO - SANTA FE, NM 87505	85-6011544	501(C)(3)	16,013.	0.			GENERAL OPERATING SUPPORT
SPECIAL OLYMPICS NEW MEXICO, INC. P.O. BOX 93293 ALBUQUERQUE, NM 87199-3293	85-0268084	501(C)(3)	10,250.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. EDWARDS UNIVERSITY STUDENT FINANCIAL SERVICES AUSTIN, TX 78704-6425	74-1109641	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ST. JOHN'S UNITED METHODIST CHURCH 1200 OLD PECOS TRAIL SANTA FE, NM 87505	23-7140865	501(C)(3)	19,500.	0.			GENERAL OPERATING SUPPORT
STAGECOACH FOUNDATION INC. 369 MONTEZUMA AVE, #192 SANTA FE, NM 87501	81-5317011	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
STANFORD UNIVERSITY P.O. BOX 20466 STANFORD, CA 94309-0466	94-1156365	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
STEM SANTA FE P.O.BOX 33103 SANTA FE, NM 87594	82-2358193	501(C)(3)	26,000.	0.			GENERAL OPERATING SUPPORT
SUNRISE CLINICS 117 CAMINO DE VIDA STE 300 SANTA ROSA, NM 88435-2267	84-4037419	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
TAOS LAND TRUST PO BOX 376 TAOS, NM 87571	85-0373099	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
TAOS PUEBLO PO BOX 1846 TAOS, NM 87571-1846	85-0222954	115	9,711.	0.			GENERAL OPERATING SUPPORT
TEMPLE BETH SHALOM 205 E. BARCELONA RD. SANTA FE, NM 87501	86-0857891	501(C)(3)	33,149.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TESSA HORAN FOUNDATION 49 COUNTRY CLUB ROAD SANTA FE, NM 87507	27-3583635	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
TEWA WOMEN UNITED PO BOX 397 SANTA CRUZ, NM 87567-0397	85-0480836	501(C)(3)	218,750.	0.			GENERAL OPERATING SUPPORT
THE BIRTHING TREE FUND 4001 OFFICE COURT DR SANTA FE, NM 87507	86-1916416	501(C)(3)	22,000.	0.			GENERAL OPERATING SUPPORT
THE FAMILY YMCA & THE ESPANOLA TEEN CENTER - 1450 IRIS ST. - LOS ALAMOS, NM 87544	85-0130054	501(C)(3)	53,000.	0.			GENERAL OPERATING SUPPORT
THE FRIENDSHIP CLUB P.O. BOX 6723 SANTA FE, NM 87502-6723	85-0324089	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
THE SKY CENTER/NEW MEXICO SUICIDE INTERVENTION PROJECT - P.O. BOX 6004 - SANTA FE, NM 87502-6004	85-0427990	501(C)(3)	75,300.	0.			GENERAL OPERATING SUPPORT
THE STORYDANCER PROJECT, INC. 369 MONTEZUMA AVE #490 SANTA FE, NM 87501-2835	01-0848334	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
THINK NEW MEXICO 505 DON GASPAR AVE SANTA FE, NM 87505	31-1611995	501(C)(3)	65,725.	0.			GENERAL OPERATING SUPPORT
TOMORROW'S WOMEN 369 MONTEZUMA AVE. SANTA FE, NM 87501-2835	85-0366087	501(C)(3)	52,999.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSGENDER RESOURCE CENTER OF NEW MEXICO - 5600 DOMINGO RD NE - ALBUQUERQUE, NM 87108	39-2076744	501(C)(3)	7,725.	0.			GENERAL OPERATING SUPPORT
TREE NEW MEXICO, INC. 3535 PRINCETON DR NE STE 101 ALBUQUERQUE, NM 87107-4213	85-0383175	501(C)(3)	23,000.	0.			GENERAL OPERATING SUPPORT
TREES, WATER & PEOPLE 633 REMINGTON ST FORT COLLINS, CO 80524-3024	84-1462044	501(C)(3)	9,220.	0.			GENERAL OPERATING SUPPORT
TRUCHAS SERVICES CENTER, INC. PO BOX 330 TRUCHAS, NM 87578-0330	23-7319699	501(C)(3)	9,990.	0.			GENERAL OPERATING SUPPORT
TRUE KIDS 1 PO BOX 2940 TAOS, NM 87571-2940	27-1939161	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
TURNOUT ACTIVISM INC. 35 WALDEN ST. APT. 3G CAMBRIDGE, MA 02140	83-3917641	501(C)(3)	7,134.	0.			GENERAL OPERATING SUPPORT
UC SAN DIEGO FOUNDATION 9500 GILMAN DRIVE LA JOLLA, CA 92093-0940	95-2872494	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
UNASHAY SANCTUARY P.O. BOX 1136 ABIQUIU, NM 87510	92-1385377	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF NORTHERN NEW MEXICO SERVING LOS ALAMOS AND RIO ARRIBA COUNTY - PO BOX 539 - LOS ALAMOS, NM 87544	23-7138947	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MINNESOTA FOUNDATION P.O. BOX 860266 MINNEAPOLIS, MN 55486-0266	41-6042488	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF NEW MEXICO FOUNDATION, INC - 700 LOMAS NE, TWO WOODWARD CENTER - ALBUQUERQUE, NM 87102-2568	85-0275408	501(C)(3)	160,900.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF WISCONSIN-RIVER FALLS FOUNDATION - 310 SOUTH HALL - RIVER FALLS, WI 54022-5001	39-6064630	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
UPPER PECOS WATERSHED ASSOCIATION PO BOX 140 PECOS, NM 87552-0140	20-5654749	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
URBAN WOODLANDS OF COLORADO SPRINGS INC. - NORTH END WOODLANDS - COLORADO SPRINGS, CO 80907	87-2504818	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
VILLAGES OF SANTA FE 369 MONTEZUMA AVE SUITE 124 SANTA FE, NM 87501-2835	81-2081196	501(C)(3)	20,500.	0.			GENERAL OPERATING SUPPORT
WESTERN ENVIRONMENTAL LAW CENTER 208 PASEO DEL PUEBLO SUR TAOS, NM 87571	93-1010269	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
WESTERN LANDOWNERS ALLIANCE P.O. BOX 27798 DENVER, CO 80227	46-1346488	501(C)(3)	28,000.	0.			GENERAL OPERATING SUPPORT
WILDEARTH GUARDIANS 301 N. GUADALUPE ST., SUITE 201 SANTA FE, NM 87501	85-0406306	501(C)(3)	89,217.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDLIFE FOR ALL P.O. BOX 1495 PENA BLANCA, NM 87041	85-0403860	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
WINGS OF AMERICA 13701 SKYLINE RD. NE ALBUQUERQUE, NM 87123	85-0359622	501(C)(3)	5,750.	0.			GENERAL OPERATING SUPPORT
WISE FOOL NEW MEXICO 1131 SILER ROAD, SUITE B SANTA FE, NM 87507	85-0473796	501(C)(3)	151,000.	0.			GENERAL OPERATING SUPPORT
XERCES SOCIETY INC. PO BOX 84274 SEATTLE, WA 98124-5574	51-0175253	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
YOUTH HEARTLINE 224 CRUZ ALTA ROAD, SUITE F TAOS, NM 87571-5947	85-0397100	501(C)(3)	5,250.	0.			GENERAL OPERATING SUPPORT
YOUTH SHELTERS AND FAMILY SERVICES 5686B AGUA FRIA ST SANTA FE, NM 87507-8022	85-0324625	501(C)(3)	81,300.	0.			GENERAL OPERATING SUPPORT
YOUTHWORKS 1000 CORDOVA PL PMB 415 SANTA FE, NM 87505-1725	85-0480524	501(C)(3)	8,725.	0.			GENERAL OPERATING SUPPORT
ZEITGEIST 395 MCKNIGHT AVE S ST. PAUL, MN 55119	41-1425985	501(C)(3)	6,000.	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
NEW MEXICO SCHOOL FOR THE DEAF BANDY SCHOLARSHIP FUND	3	5,000.	0.		
DANNY MAAS RUN FUND TO ASSIST FAMILIES OF CHILDREN WITH CANCER	1	26,000.	0.		
MAX AND TUCKER CANINE WELFARE FUND TO ASSIST LOW-INCOME, ELDERLY DOG OWNERS WHO NEED VETERINARY CARE FOR THEIR COMPANION DOGS	3	2,860.	0.		
MICHAEL S CURRIER SCHOLARSHIP FUND TO PROVIDE COLLEGE SCHOLARSHIPS	42	413,983.	0.		
SANTA FE ARTISTS EMERGENCY MEDICAL FUND TO ASSIST WITH UNDERINSURED OR UNINSURED ARTISTS WITH MEDICAL EXPENSES	8	20,514.	0.		

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. SHOULD A GRANTEE NOT BE ABLE TO MEET THE TERMS OF THE GRANT, THE GRANT IS REFUNDED TO SFCF.

Part III **Continuation of Grants and Other Assistance to Domestic Individuals** (Schedule I (Form 990), Part III.)

(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
ATHENA FUND TO ASSIST LOW- TO MODERATE-INCOME FAMILIES WITH THEIR PETS' CANCER TREATMENTS	10.	7,216.	0.		
THE CLUB AT LAS CAMPANAS SCHOLARSHIP FUND TO PROVIDE COLLEGE SCHOLARSHIPS	38.	242,190.	0.		
MONTECITO EMPLOYEE SCHOLARSHIP FUND TO ATTEND COLLEGE OR VOCATIONAL SCHOOL	3.	7,085.	0.		
EMPTY STOCKING FUND	124.	101,022.	0.		
SUSSMAN MILLER EDUCATIONAL ASSISTANT FUND TO PROVIDE COLLEGE SCHOLARSHIPS	6.	21,799.	0.		
RESILIENT NEW MEXICO: BEHAVIORAL HEALTH FOR REFUGEE OR IMMIGRANT FAMILIES WHO ARE IN NEED	1.	35,000.	0.		
ERNESTINE ROMERO MEMORIAL FUND	1.	1,000.	0.		

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SANTA FE COMMUNITY FOUNDATION

Employer identification number

85-0303044

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		
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?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**	X	
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) CHRISTOPHER GOETT	(i)	236,592.	37,500.	0.	12,604.	13,546.	300,242.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SANDRA SESSION-ROBERTSON	(i)	143,743.	15,000.	0.	7,187.	18,725.	184,655.	0.
VP FOR DEVELOPMENT & DONOR RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EILEEN STREET	(i)	128,301.	15,000.	0.	6,575.	21,225.	171,101.	0.
CFO/CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

PART I, LINE 7:

BONUSES WERE PAID TO OFFICERS BASED ON OVERALL FOUNDATION PERFORMANCE.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

SANTA FE COMMUNITY FOUNDATION

Employer identification number

85-0303044

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	48	2,428,078.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	21	31,500.	ESTIMATED FMV
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 ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0		
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X	
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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, PART I, COLUMN (B):

NUMBER OF ITEMS CONTRIBUTED

SCHEDULE M, PART I, LINE 32B:

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

SCHEDULE O (Form 990)
(Rev. December 2024)
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 Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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:
NONPROFITS, AND FOSTERS POSITIVE CHANGE TO BUILD A MORE VIBRANT,
HEALTHY, AND RESILIENT REGION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BUILD CONNECTIONS, AND CONTRIBUTE TO THE WELL-BEING OF THEIR
COMMUNITIES.
THE FOUNDATION OFFERS A THOUGHTFUL COMMUNITY GRANTS PROCESS AND
STEWARDS FIELDS OF INTEREST FUNDS IN THE FOLLOWING AREAS: HEALTH,
EDUCATION, CIVIC AND ECONOMIC OPPORTUNITY, ENVIRONMENT, ARTS AND
CULTURE, AND ANIMAL WELFARE.
THE FOUNDATION IS BOTH A LEADER IN STRATEGIC PHILANTHROPY AND AN
ADVOCATE FOR PURPOSEFUL GIVING IN OUR COMMUNITIES. THE FOUNDATION'S
DISCRETIONARY GRANTS ARE MADE TO 501(C)(3) ORGANIZATIONS THAT PRIMARILY
PROVIDE PROGRAMS WITHIN THE COUNTIES OF MORA, RIO ARRIBA, SAN MIGUEL,
AND SANTA FE.

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 $ 63,296. INCLUDING GRANTS OF $ 20,000. REVENUE $ 52,086.

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 FORM 990 SCHEDULES
PROVIDED BY THE FOUNDATION STAFF. THE INDEPENDENT ACCOUNTING FIRM WILL
REVIEW THE LINE ITEMS OF THE FORM 990 WITH THE FINANCE COMMITTEE TO APPROVE
THE FORM 990. UPON APPROVAL BY THE FINANCE COMMITTEE, A PUBLIC INSPECTION
COPY OF THE FORM 990 IS SHARED WITH EACH BOARD MEMBER BEFORE THE FORM 990
IS FILED. THE FORM 990 WILL THEN BE FILED WITH THE INTERNAL REVENUE SERVICE
AND THE STATE OF NEW MEXICO.

FORM 990, PART VI, SECTION B, LINE 12C:
THE PURPOSE OF THE SANTA FE COMMUNITY FOUNDATION (SFCF) CONFLICT OF
INTEREST POLICY IS TO ENSURE THAT THE DELIBERATIONS AND THE DECISIONS OF
SFCF ARE MADE IN THE INTERESTS OF THE ORGANIZATION AND PROTECT THE
INTERESTS OF SFCF. SFCF'S GRANT DECISIONS AND VENDOR CONTRACTS WILL BE
ENTERED INTO WITHOUT BIAS OR FAVORITISM ON THE PART OF ANY RESPONSIBLE
PERSON.
THE PROCEDURES SET FORTH IN THE CONFLICT OF INTEREST POLICY ARE DESIGNED TO
HELP RESPONSIBLE PERSONS IDENTIFY SITUATIONS THAT PRESENT POTENTIAL
CONFLICTS OF INTEREST AND TO PROVIDE SFCF WITH A PROCEDURE FOR INDEPENDENT
REVIEW AND, WHEN APPROPRIATE, APPROVAL OF A TRANSACTION IN WHICH A
RESPONSIBLE PERSON HAS OR MAY HAVE A CONFLICT OF INTEREST. THIS POLICY IS
INTENDED TO SUPPLEMENT, BUT NOT REPLACE ANY PROVISION OF THE NEW MEXICO
NONPROFIT CORPORATIONS ACT, N.M.S.A. 1978 SECTIONS 53-8-1 ET. SEQ., AS SUCH
LAWS SHALL BE AMENDED FROM TIME TO TIME (THE "ACT"). IN THE EVENT THAT
THERE IS A CONFLICT BETWEEN THIS POLICY AND THE ACT, THE PROVISIONS OF THE
ACT SHALL CONTROL.
THE SFCF GOVERNANCE COMMITTEE HAS THE AUTHORITY TO ADMINISTER AND MONITOR
COMPLIANCE WITH THIS POLICY. THE SFCF GOVERNANCE COMMITTEE SHALL REQUIRE A
STATEMENT FROM EACH DIRECTOR, OFFICER AND COMMITTEE MEMBER NOT LESS

Name of the organization: SANTA FE COMMUNITY FOUNDATION

Employer identification number: 85-0303044

FREQUENTLY THAN ONCE A YEAR SETTING FORTH ALL BUSINESS AND OTHER AFFILIATIONS WHICH RELATE IN ANY WAY TO THE BUSINESS AND OTHER ACTIVITIES OF THE FOUNDATION. THE SFCF GOVERNANCE COMMITTEE SHALL PERIODICALLY CONSIDER WHETHER AND HOW THIS POLICY SHOULD BE REVISED OR AMENDED TO BETTER MEET ITS OBJECTIVES. IN CONNECTION WITH ANY PERIODIC REVIEW CONDUCTED BY THE FOUNDATION TO ENSURE THAT IT OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES, THE SFCF GOVERNANCE COMMITTEE SHALL REPORT ON THE MATTERS REFERRED TO IT AND THEIR RESOLUTION.
EACH RESPONSIBLE PERSON SHALL BE REQUIRED TO REVIEW A COPY OF THIS POLICY AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO. ANY SUCH INFORMATION REGARDING BUSINESS INTERESTS OF A RESPONSIBLE PERSON OR A FAMILY MEMBER SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE PRESIDENT OR APPROPRIATE COMMITTEE CHAIR EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF THIS POLICY.
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.

FORM 990, PART VI, SECTION B, LINE 15A:
THE SANTA FE COMMUNITY FOUNDATION BOARD OF DIRECTORS LEADERSHIP APPROVES THE COMPENSATION ARRANGEMENTS FOR THE PRESIDENT AND CEO. COMPENSATION ARRANGEMENTS ARE INITIALLY GROUNDED IN THE COUNCIL ON FOUNDATIONS ANNUAL SALARY SURVEY IN CONJUNCTION WITH ALIGNING WITH EXECUTIVE COMPENSATION BENCHMARKS OF OTHER COMMUNITY FOUNDATIONS IN SIMILAR ASSETS-UNDER-MANAGEMENT AND STAFFING LEVELS. THE CEO EVALUATION FUNCTION OF THE EXECUTIVE COMMITTEE HAS THE DISCRETION TO CONSIDER OTHER MARKET FACTORS WHEN MAKING A FINAL DETERMINATION ON COMPENSATION ARRANGEMENTS. THE ORGANIZATION MAINTAINS DOCUMENTATION OF THE DECISIONS, AND THIS PROCESS IS CONDUCTED ANNUALLY.
THE PRESIDENT & CEO APPROVES THE FINAL COMPENSATION ARRANGEMENTS FOR STAFF MEMBERS OF THE SANTA FE COMMUNITY FOUNDATION. THIS PROCESS IS INFORMED BY ANNUAL PERFORMANCE REVIEWS IMPLEMENTED BY SUPERVISING MANAGERS.
COMPENSATION ARRANGEMENTS ARE GROUNDED IN THE COUNCIL ON FOUNDATIONS ANNUAL SALARY SURVEY IN CONJUNCTION WITH ALIGNING WITH STAFF POSITION COMPENSATION BENCHMARKS OF OTHER COMMUNITY FOUNDATIONS IN SIMILAR ASSETS-UNDER-MANAGEMENT AND STAFF LEVELS AS A STARTING POINT. ALL FOUNDATION STAFF POSITIONS ARE CATEGORIZED BY JOB FUNCTIONS OUTLINED WITHIN THE COUNCIL ON FOUNDATIONS ANNUAL SALARY SURVEY WHEREVER POSSIBLE.

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.
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:

BOOK TAX DIFFERENCE AGENCY FUND ADJUSTMENT	9,778.
CHANGE IN SPLIT INTEREST AGREEMENTS	-13,953.
TOTAL TO FORM 990, PART XI, LINE 9	-4,175.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
SANTA FE COMMUNITY FOUNDATION

Employer identification number
85-0303044

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SFCF, LLC - 45-3479032 501 HALONA STREET SANTA FE, NM 87505	HOLDS THE BUILDING IN WHICH THE SANTA FE COMMUNITY FOUNDATION OFFICES ARE LO	NEW MEXICO	56,686.	0.	SANTA FE COMMUNITY FOUNDATION
SFCF PINON LEGACY, LLC - 85-0303044 501 HALONA STREET SANTA FE, NM 87505	HOLDS PROPERTY DONATED TO THE SANTA FE COMMUNITY FOUNDATION	NEW MEXICO	0.	0.	SANTA FE COMMUNITY FOUNDATION

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	(g) No

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

Schedule R (Form 990) (Rev. 1-2025)

LHA 432161 10-23-24

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

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

			Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

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