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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

മയയയ Doen to Public

		f the Treasur	^y ⊳ ⊺	The organization may h	nave to use a copy o	f this return to satis	sfy state	reporting red	quirements.	Inspection
A	For th	e 2008 ca	elendar	year, or tax year beg	inning Juli	, 2008, a	nd endi	ng Jur	W 30	, 20 09
B (— Check if a	applicable	Please	C Name of organization	Santa Fe.	JIndian	Scho	ol. Inc	II	er identification number
		change	use IRS label or		anta Fe =			,	85	10346497
_	Name ch		print or	Number and street (or P (box if mail is not delivere		Room/s	urte		one number
_	nıtıal ret		type. See	80 Box	5340				(50)	989-6320
_	Terminat		Specific Instruc-	City or town, state or						
_		d return	tions	Santu F	e, NM	81502			G Gross re	ceipts \$ 15,015,26
		n pending		ne and address of princip				H(a) Is th	ns a group return	for affiliates? Ves No
			Per	ry Martino	32, R+ 5 BC	1316.A Sa	21 P	H(b) Are		ncluded? Yes No
1	Tax-exe	empt status	· 😡 5	501(c) (3) ∢ (insert no)	4947(a)(1) or	527		lf "		list (see instructions)
				<u>N. 5F13.K1</u>		2 (H(c) Group	exemption nur	nber ▶
		organization	Corpo	ration Trust Associat	tion ☐ Other ▶	L Year	of format	tion 1986	M State of	legal domicile N M
Pa	art I	Summ				<u>.</u>				
	1 1	Briefly, de	escribe	the organization's r	nission or most sig	inificant activities	s: <u>2.11</u>	24066	edvo	esnoncel
m	_ ا	and	رو:	soderoto cell	opportun	tres to	r au	120198	maxe	14 700
Š	_	Natu	هو.	American	Childre	a la g	radi	1 ZS	510%	<u>, </u>
Governance	.					<u> </u>				
Š	2 (Check this	box ⊳ l	if the organization of	discontinued its operat	ions or disposed of	more tha	n 25% of its	assets	₩
ಂಶ	3 1	Number	of votin	ng members of the o	governing body (Pa	art VI, line 1a).			. 3	
ies	4 1	Number	of inde	pendent voting men	nbers of the gover	ning body (Part \	/I, line 1	b)		
Activities	5	Total nur	nber of	f employees (Part V,	line 2a)				. 5	190
Ą	6	Total nur	nber of	f volunteers (estimat	e if necessary) .				. 6	
				elated business reve			(C)		. 7a	
	Ь	Net unre	lated bi	usiness taxable inco	ome from Form 990)-1, line 34	• • •	· · · · ·	. 7b	
								Prior '		Current Year
ē	8			nd grants (Part VIII,				16,34.	7,282	14,488,500
Revenue	9 1	_		e revenue (Part VIII,				240.	197	11990 46/1
æ	10			ome (Part VIII, colum				10 Y 74 !	183	(1,375,456)
	11 1	Other rev	venue (Part VIII, column (A) add lines 8 through 1	i, lines 5, 60, 80, 91 1 (must equal Part V	C, IUC, and IIe)	. 12 \			15,015,262
							0 12 <i>j</i>	17,561	, <i>3 32</i>	13,013,202
				ilar amounts paid (Poor for members (Pa					-	
es B				ompensation, employ						
Expenses				idraising fees (Part IX			3-10)	-	_	
쭚				g expenses (Part IX, c						
_				(Part IX, column (A						
	18	Total ex	nenses	. Add lines 13-17 (m	nust equal Part IX	Column (A)	 25)	17.18	7.582	19,393,912
	19	Revenue	less ex	penses. Subtract line	18 from meta	A. D. O.		37	052	14,378656
<u>ه ه</u>						10, 01		Beginning		End of Year
Net Assets or Fund Balances	20	Total ass	sets (Pa	art X, line 16)				62,74	2,949	59,633,472
t As	21	Total liab	oilities (Part X, line 26) .				2.87	4,883	1,620,422
2	22	Net asse	ts or fu	und balances. Subtra	act line 21 from lin	e 20		59,86	6.066	58,013,020
Pa	art II	Sign	ature	Block						·
		Under pe	enalties of	f perjury, I declare that I have someter	ave examined this return	, including accompan	ying sche	dules and state	ements, and to	the best of my knowledge reparer has any knowledge
)	.A.A.	Occidention of prepare	(other trial officer) is	s based of	ı alı irildiriladı		. ,
Sig	gn	Sign	Mas	ue //led	inay				3-/3	- 10
Ηe	ere	Sign	ature of	113	and a		0.1	D	ate	
					EDINA, J	IL, CAA	19	$-\upsilon$		
_		+	_ -	name and title		<u> </u>	<u>'</u>	Yearls of	1-	
		Preparer	's 🖒			Date		Check if self-	Preparer's i	dentifying number tions)
Pai	d	signature	y				e	employed ▶ L	_ال	
Pre	parer's	Firm's =				1			_1	
Use	Only	ıf self-en		<u> </u>				EIN	D	
_			and ZIP			0.7		Phone	no D (
Με	y the	IHS disc	uss this	s return with the pre	eparer shown abov	e? (see instruction	ons) .	<u> </u>	· •. •.	. Yes ₩o

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

Cat No 11282Y

Form	990	(2008)	

Page	2

Par	ft 000 Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: Provide educational and resident apportion is For approximately about Massius American Children in grades a to 2
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
_	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 19,393,912 including grants of \$ 15,015,262) (Revenue \$ 15,015,262)
	Provided educiational classiforms and a residential progra for approximately 700 Native American students. Proproximately 100 Students graduated with Over 11,000,000 in scholarships
	
46-	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (Hevenue \$)
40	
40	
40	
40	
460	
46	
40	
460	
4c	(Code:) (Expenses \$

Pàr	TO 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	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		V
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		/
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		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		V
9	Did the organization report an amount in Part X, line 21; 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		
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	10	/	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	/	
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	<u> </u>	/
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 17		/
17 ⊲o	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 	-
18 19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part III	19		Ž
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		√
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		4
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 questions	0.6		
	24b–24d and complete Schedule K. If "No," go to question 25	24a	 	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	246	 	
	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 250		24d	 	
25a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ ·
b 	person from a prior year? If "Yes," complete Schedule L, Part I	25b	<u> </u>	/
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	\
27 	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

[එල	nt IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			I
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		·
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		/
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	/
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		/
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		/
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		/
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		/
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		/
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		/

Form **990** (2008)

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Par	₹ V Statements Regarding Other IRS Filings and Tax Compliance				
		لــــا	Yes	No	
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	ł			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<u></u>		
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		7		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь			
	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			
b	If "Yes," enter the name of the foreign country: ▶				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			
	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).				
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<u> </u>	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		/	
	If "Yes," indicate the number of Forms 8282 filed during the year	} '	1		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			۱ ۵
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	├		N
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	<u> </u>		П
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring				
_	organization, have excess business holdings at any time during the year?	8	 		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a	 	\vdash	
a b	Did the organization make any taxable distributions under section 4966?	9b			
0	Section 501(c)(7) organizations. Enter:		 		
a	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	 	 	\vdash	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a	<u></u>	<u></u>	

Form **990** (2008)



Part Ⅶ Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Wanagement		_T		
		لـــــا	Yes	No	
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the		,		
	circumstances, processes, or changes in Schedule O. See instructions.	ļ			
1a	Enter the number of voting members of the governing body	Ι.			
b	Enter the number of voting members that are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	t _	~ 1	1	
	any other officer, director, trustee, or key employee?	2			
3	Did the organization delegate control over management duties customarily performed by or under the direct	_	- [V	
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		 ,	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		V	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	/		
6	Does the organization have members or stockholders?	6	<u> </u>		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?	7a			
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		1		
	the year by the following.	8a		J	
	The governing body?	8b			
_	, , , , , , , , , , , , , , , , , , , ,	9a	-		
9a	Does the organization have local chapters, branches, or affiliates?	30			
O	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			/	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11			
<u>Sec</u>	tion B. Policies				
			Yes	No	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	- 1		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		А		
	rise to conflicts?	12b			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X		
13	Does the organization have a written whistleblower policy?	13		$\perp \chi_{\perp}$	
14	Does the organization have a written document retention and destruction policy?	14	χ	<u> </u>	
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:		- 		
а	The organization's CEO, Executive Director, or top management official?	15a	X		^ 3 0
b	Other officers or key employees of the organization?	15b			N
	Describe the process in Schedule O. (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10			
	with a taxable entity during the year?	16a	-		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard				
	the organization's exempt status with respect to such arrangements?	16b			
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▷ None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.		• /		
	☐ Own website ☐ Another's website ☑ Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest		
	policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and recognization:	ords o	f the	875	(D)

Paint VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- O List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- o List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- o List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

compensated employees; and former such pers Check this box if the organization did not co		anv c	offic	er. (dıre	ctor.	trus	itee, or kev em	plovee.	
(A)	(B)			(((D)	(E)	(F)
Name and Title	Average hours per		_	hecl	c all	that ap		Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Perry Mantinez, President	8	K		K				600		15,900
Perry Mastinez, President B+5, Bok 316. A, Sama Fe, 10 hr Gregory Jojola 3312 Kelner NW, Albeg 10 m Margie Dishta	F	X		ĸ				-	_	14,000
TO BOX 1122, CONT. NIVAL	~	X		K	ļ			-	_	3,700
Doe Chavez PO Box 31,5 mto Domingo No Stanley Tatoya PO Box 1787 Espanola WM Robert B. Bascia	y M	1						-	_	6,250
to Box 1787 Espanola WM	Z	1						_	_	5,750
PO BOK 321, Algodones, WM Ron Lovato	11	1						-	_	7,800
100 Box 1070, San Juan Puchlo	enco,	1						_	-	650
Makine Abeyta 190 Box 1422, SanJuan, NM	N	X	<u> </u>				X		_	900
				_						
				L						
								i.		
				•			_			

Part VII	Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	an	d Xig	hes	t Compensate	d Employees (continued)
	(A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee Or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation from the organization and related organizations
	- Medina, Ir	40				A	χ		10- 011/	_	
3300 E	ede NE, Albug Nor 77111	10			 	A	<u> </u>		135,241		14,229
60 BO.	& 2100 Espanola, WM	40				X	Х		103,570		12,428
	a Guliosett an Jose, Santa Re, WM	40				ス	X		100,430	_	12,052
Paxro	eou sandoval						_		100,		1,51000
7076 G	plenhills, Rio Runcho, NV	2 40				X	X	_	110,551		13,246
9,152.	ort M. Pena	40				K	Х		92,250	_	11,070
Dulce	SOX 113, Santa Fe, N M	40				A				-	
\ - \.	1485 santa Cruz Nm se R. Nasanjo					, ,	/	ļ	100,709		-
# 565	Santa Clara, Espernola	40				X	X		79,235		9,508
POBOK	1065, Espanola, NM	40				X	X		30,038	-	3,477
126-WA	na Montoya Contenta Ridge, Santa Fiz	40	1			X	Х		75,195	_	9,023
C VOUG	OK 339, Santo Dom. 190 N	m40				X	X		53,746		
Gary	Luan 1320				-		• • •		32, 176		
40 B	na Taba, WM	40				A	X	-	60,012	-	
		40					X		72,371	_	283,8
Arth	x 783, Espanola, NM	b 1 -				Д	a		, ,		
21 Bo 1b Tota	sque Los, 3, 5ama Fre, 70	my C		<u> </u>		4	X	<u> </u>	87,227	-	10,467
2 Tota	I number of individuals (including thos nization ▶ Ц	e in 1a) wh	o rec	eive	ed n	nore	thar	ր \$1	00,000 in repo	rtable compe	nsation from the
3 Did	the organization list any former office loyee on line 1a? If "Yes," complete S	er, director	or tri	uste	e, k	ey vidu	empl	oye	e, or highest o	compensated	Yes No
the o	any individual listed on line 1a, is the sorganization and related organizations indual.										4 X
5 Did serv	any person listed on line 1a receive ices rendered to the organization? If "	or accrue Yes," comp	com _i	oens Sch	satio	on 1 le J	rom for s	any such	unrelated org	anization for	5 Y
	B. Independent Contractors								• • • • • • • • • • • • • • • • • • • •		
1 Com	plete this table for your five highest copensation from the organization	ompensate	d ind	epe	nde	nt c	contra	acto	rs that receive	d more than \$	5100,000 of
	(A) Name and business add	dress							(8) Description of s	ervices	(C) Compensation
	1400, Inc , 6020 India							0	Lonstruc	Moon 3	
	· 164th 2428 Baylor SE	Albuer	يحمو	<u> </u>	-) '	ত ৷	M	LP	Thotas		329,002
_	n musters, 20 Box 1029 Wodge, 500 Rodeo Ste						20	6	Jantor		118,376
7 00	Freal Estate 300 Pases		salt		-		rafe	_	2461012 CM		80,000
2 Tota	al number of independent contractors										

Pari	X 000	Statement of Revenue				T
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	ь с е г	Federated campaigns 1a				
<u>ဂ</u> ၕ		Total. Add lines 1a–1f	16.488,560			
Program Service Revenue		All other program service revenue . Total. Add lines 2a–2f				
		Investment income (including dividends, interest, and				
	4	other similar amounts)	(1,875,456	11.822,42		
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	388,913	388,912		
	7a	Gross amount from sales of assets other than inventory				
	ь	Less: cost or other basis and sales expenses .				
		Gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$				
O. P.		Less. direct expenses b Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities. See Part IV, line 19				
		Less. direct expenses b			<u> </u>	
	b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory ▷				
		Miscellaneous Revenue Business Code				
	11a b	Donatron	13,305	13,305		
	4	All other revenue	<u> </u>		 	
	e	Total. Add lines 11a-11d	13,305			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	15,015,26	\$ < 1,473,25	8) 28)	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	lumn (A) but are no	ot required to comp	olete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, 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 governments and organizations in the U.S. See Part IV, line 21	•		<u></u>	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	_			
	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	_			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,029,804	493,350	536,454	
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	R 258 (163	7,904,960	350,703	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	539,876	472,645	67,231	
9 10 11	Other employee benefits	693,459	857,846 653,421	40,038	
a b	Management	62,500 73,041 57,202	0 1	13,041 57,202	
d	Accounting		_	-	
	Investment management fees	26,982	26,982	_	
13 14 15	Office expenses	73,538	73,538	12,653	
16 17	Occupancy	264, 137	214,148	49,989	_
18 19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings.		-	1	
20 21 22	Interest	1,549,025	1,549,025		
23 24	Insurance	139,533	107,465	31, 368	
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a b	Expendables Utilities Consultants	1,914,411	1,900,356 553,888	37,951	
c d e	Miscellancous	599,668	599,668	31,13,	
25 26	All other expenses	19,393,912	17,997,402	1,396,510	
20	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	_X 35	Balance Sheet					
			(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing	500	1	207		
	2	Savings and temporary cash investments	7,488,761	2	6.198,279		
	3	Pledges and grants receivable, net	2	3	732,960		
	4	Accounts receivable, net	140,280	4	22,45)		
	•	·	140				
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .		_5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	9	6			
_s	-	Part II of Schedule L		7			
Š	7	Notes and loans receivable, net		8			
Assets	8	Inventories for sale or use		9			
``	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost basis 10a 55,166,967					
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	47,180,701	10c	48,193,61S		
	11	Investments—publicly traded securities	7'913,'007	11	<u> </u>		
	12	Investments—other securities. See Part IV, line 11		12			
	13	Investments—program-related. See Part IV, line 11	ŝ	13			
	14	Intangible assets	-	14			
	15	Other assets. See Part IV, line 11	•	15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	62,742,949	16	59,633,472		
	17	Accounts payable and accrued expenses	2,8.76,883	17	1,620,452		
	18	Grants payable		18			
	19	Deferred revenue		19	•		
	20	Tax-exempt bond liabilities		20	•		
S.	21	Escrow account liability. Complete Part IV of Schedule D		21	•		
Liabilities	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
		persons. Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D	_	25			
	26	Total liabilities. Add lines 17 through 25	2,874,883	26	1,620,452		
ances		Organizations that follow SFAS 117, check here ▷ □ and complete lines 27 through 29, and lines 33 and 34.					
<u>8</u>	27	Unrestricted net assets	10,197,843		51,269,318		
<u>8</u>	28	Temporarily restricted net assets	49,668,223	28	6743,202		
Þ	29	Permanently restricted net assets		29			
or Fund		Organizations that do not follow SFAS 117, check here ▷ □ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30	<u> </u>		
Met Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
As	32	Retained earnings, endowment, accumulated income, or other funds		32			
ĕ	33	Total net assets or fund balances	59,866,066	33	58,013,020		
کے	34	Total liabilities and net assets/fund balances	62,742,949	34	59, 633 472		
Ρa	irt XI		197		, , , , ,		
	- '		 -		Yes No		
1	Δοσ	ounting method used to prepare the Form 990: Cash Accrua	al 🗌 Other				
_				+2	2a X		
2a		Were the organization's financial statements compiled or reviewed by an independent accountant?					
t t		e the organization's infancial statements addited by an independent actives to lines 2a or 2b, does the organization have a committee that assumes			. —		
C		audit, review, or compilation of its financial statements and selection of an ii		-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2.		audit, review, or compliation of its financial statements and selection of an il a result of a federal award, was the organization required to undergo an					
96		Single Audit Act and OMB Circular A-133?			1 (2/ 1		
k		Yes," did the organization undergo the required audit or audits?					
	7 it 160, and the organization undergo the required addit of addits?						

SCHEDULE A (Fòrm 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

⊳ Attach to Form 990 or Form 990-EZ. ⊳ See separate instructions.

OMB No 1545-0047

20008

Open to Public Line procession.

Nam	e of t	he organization		•			======			r identificat			
	$\sum Q$	inta		ndian S			in Mi	_		<u>034(</u>		7	
Pe		Reason	for Public Cl	narity Status (All or	ganizatio	ons mus	comple	ete this p	oart.) (se	e instruc	ctions)_		
The	orga	anization is no	ot a private four	ndation because it is:	(Please c	heck only	one org	anization	ı.)				
1		A church, co	onvention of chu	irches, or association	of church	nes descr	rbed in s	ection 1	70(b)(1)(<i>A</i>	۷)(i).			
2	\mathbf{X}	A school des	scribed in secti e	on 170(b)(1)(A)(ii). (Att	ach Sche	edule E.)							
3				hospital service organ			ın sectio	n 170(b)(1)(A)(iii).	(Attach S	chedule	e H.)	
4	_			ation operated in conj									r the
			me, city, and st				· 						 -
5		An organizat		r the benefit of a colle	ge or uni	versity ov	vned or c	perated	by a gove	ernmental	unit de	escrib	ed in
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit	described	d ın sect i	ion 170(b)(1)(A)(∀)				
7		An organizat	ion that normall	y receives a substantia	al part of	its suppo	rt from a	governm	ental unit	or from t	he gen	eral p	ublic
				(1)(A)(vi). (Complete P		• •		•			•		
8				d in section 170(b)(1)		omplete	Part II.)						
9		An organizat	ion that normally	y receives: (1) more tha	an 331/3 %	of its su	oport from	n contrib	utions, m	embershi	p fees,	and g	gross
		support from	n gross investm	ed to its exempt funct ient income and unre	lated bus	siness tax	kable inc	ome (les	s section				
		-	-	n after June 30, 1975.		-		=	=				
10		An organizat	tion organized a	nd operated exclusive	ely to test	for publ	ıc safety.	See sec	tion 509(a)(4). (see	e instru	ction	s)
11	\sqcup			and operated exclusiv									
				blicly supported orgar at describes the type									ction
		a 🗌 Type	1 b 🗆] Type Ⅱ c	□ Typ	e III–Fun	ctionally	integrated	d	d 🗆	Type	III–Ot	her
е		By checking	this box, I cer	tify that the organizat			•	-		one or	more d	isqua	alified
				on managers and other									
		509(a)(1) or s	section 509(a)(2)).									
f		If the organi	zation received	a written determinati	on from	the IRS 1	that it is	a Type I	. Type II.	or Type	III sup	portir	na
			, check this box						, . ,				ั⊓
g		Since Augus	st 17, 2006, has	the organization acce	epted any	alft or c	ontributio	on from a	ny of the				
Ĭ		following pe		J	. ,	J			•		_		
		(i) A persor	n who directly o	r indirectly controls, e	either alo	ne or tog	ether wit	h person	s describ	ed in (ii)		Yes	No
				rning body of the supp							11g(i)		
		(ii) A family	member of a pe	erson described in (i) a	above?						11g(ii)		i
				of a person described		(II) above	?				11g(iii)		
h		Provide the	following inform	ation about the organ	izations 1	the organ	ization si	upports.					
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the		mount	
	org	ganization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organizat	on in col zed in the	SU	pport	
			Ì	(see instructions))				oort?		S ?			
					Yes	No	Yes	No	Yes	No			
								<u> </u>					
						1			1				
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							1	1		•			
Tot	al		1	[I .	i .		1	,		1		

Par	Support Schedule for Org (Complete only if you check					and 170(b)(1	1)(A)(vi)
Sec	tion A. Public Support	nod the bex	011 11110 0, 1,	<u> </u>			
	endar year (or fiscal year beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						N./4
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 1-3		 		_	<u> </u>	
5 6	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)						
	tion B. Total Support		1			·	<u> </u>
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV.)						
11	Total support. Add lines 7 through 10 .	L	.1		<u> </u>	100	1
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>		_		16 [7]
Sec	tion C. Computation of Public Su		•			T	
14	Public support percentage for 2008 (line					14	
15	Public support percentage from 2007 Sc					15	
16a	331/3 % support test — 2008. If the organiand stop here. The organization qualifies						eck th∦s box □
b	33% % support test – 2007. If the organic box and stop here. The organization quality						
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	facts-and-circu	ımstances" test,	check this box	and stop here	. Explain in Par	t IV how the
b 18	10%-facts-and-circumstances test – 2007 more, and if the organization meets the "organization meets the "facts-and-circumstance" Private foundation. If the organization did	facts-and-circui ances" test. The	mstances" test, e organization qu	check this box alifies as a publi	and stop here. cly supported o	Explain in Part	t IV how the \
							\

Per	Support Schedule for Organ (Complete only if you checke	nizations De d the box or	escribed in S n line 9 of Pa	section 509(a art I)	1)(2)		
Seci	tion A. Public Support	u the bex e.	1 1110 0 01 1 0				
	lendar year (or fiscal year beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(গ) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				_		NA
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 1-5					-	<u> </u>
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support			T			
Ca	alendar year (or fiscal year beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					1	<u> </u>
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourt		year as a secti	on 501(c)(3) □
Sec	ction C. Computation of Public Su					 -	
15 16	Public support percentage for 2008 (line Public support percentage from 2007 \$	Schedule A, P	art IV-A, line 2			15	% %
Sec	ction D. Computation of Investmen	nt Income P	ercentage				<u> </u>
17	Investment income percentage for 200	8 (line 10c, co	olumn (f) dıvıde	ed by line 13, o	column (f)) .	17	1 %
18	Investment income percentage from 20					18	
19a	331/3 % support tests – 2008. If the org 17 is not more than 331/3 %, check this b						
b	33% % support tests—2007. If the organ line 18 is not more than 33% %, check this						
20	Private foundation. If the organization		_				

Page	L

Portiv	Supplemental information. Complete this part to provide the explanation required Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information.	see instructions)
		NIA
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

DAttach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

_		a Fe Indian School, Inc.		85	0346497				
ĺ	Pat	¿'ft Organizations Maintaining Do	nor Advised Funds or Other Similar Fo	unds or	Accounts. Complete if				
		the organization answered "Yes	s" to Form 990, Part IV, line 6.						
A			(a) Donor advised funds	(b) F	unds and other accounts				
1	1	Total number at end of year							
	2	Aggregate contributions to (during year)							
		Aggregate grants from (during year) .							
		Aggregate value at end of year							
	5		donor advisors in writing that the assets he	ld in don	or advised				
\	5		pject to the organization's exclusive legal con-						
1	6	, , ,	donors, and donor advisors in writing that gra						
1	U	used only for charitable purposes and no	t for the benefit of the donor or donor adviso	r or other	,				
- }			. <u></u>		Yes No				
١	Par		plete if the organization answered "Yes" to		90. Part IV. line 7.				
I.	1	- · · · · · · · · · · · · · · · · · · ·	d by the organization (check all that apply).						
١	•	Preservation of land for public use (e.		of an hist	orically important land area				
١		Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·		ed historic structure				
1		☐ Preservation of open space	Treservation	i or ocitiii	ca motorio stractaro				
	2	· · · · · · · · · · · · · · · · · · ·	eld a qualified conservation contribution in the f	form of a c	conservation easement				
	_	on the last day of the tax year.							
					Held at the End of the Year				
	а	Total number of conservation easements			2a				
1	b		easements		2b				
1	C	Number of conservation easements on a	I .	2c					
1	d		ded in (c) acquired after 8/17/06		2d				
1			•						
1	3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶							
1	4	Number of states where property subject to conservation easement is located >							
1	5		cy regarding the periodic monitoring, inspecti						
	•	enforcement of the conservation easement							
	6	Staff or volunteer hours devoted to monif	coring, inspecting, and enforcing easements of	during the	year ⊳				
	7	Amount of expenses incurred in monitorii	ng, inspecting, and enforcing easements duri	ng the ye	ar⊳ \$				
	8	Does each conservation easement report	ed on line 2(d) above satisfy the requirements	s of secti	on				
		170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			L Yes No				
	9		n reports conservation easements in its rever						
			the text of the footnote to the organization's	financial	statements that describes				
		the organization's accounting for conserv		04- 0					
	Pai		lections of Art, Historical Treasures, or swered "Yes" to Form 990, Part IV, line 8.	Other Si	milar Assets.				
		Complete ii the organization ans	swered res to rolli 990, rait IV, line 6.						
	1a	If the organization elected, as permitted	under SFAS 116, not to report in its revenue s	statement	t and balance sheet works of				
		art, historical treasures, or other similar as	sets held for public exhibition, education, or re	esearch in	furtherance of public service,				
		provide, in Part XIV, the text of the footne	ote to its financial statements that describes	these iter	ns.				
	b	If the organization elected, as permitted	under SFAS 116, to report in its revenue state	ement and	d balance sheet works of art,				
			s held for public exhibition, education, or res	search in	furtherance of public service,				
		provide the following amounts relating to							
			VIII, line 1						
		(ii) Assets included in Form 990, Part X			. ▷ \$				
	2		s of art, historical treasures, or other similar	assets f	or financial gain, provide the				
			d under SFAS 116 relating to these items:						
	а		, line 1						
	b	Assets included in Form 990, Part X .			. ▷ \$				

Page	2
------	---

Pan	t 000 Organizations Maintaini	ng Collections	of Art, H	istorical	Treasure	s, or O	ther Similar A	ssets (continued)
3	Using the organization's accession	and other record	ls, check a	any of th	e following	that ar	e a significant	use of its collection
	items (check all that apply).			_	•		-	A
а	Public exhibition		d	L/ L	oan or exch	ange p	rograms	1.
b	Scholarly research		e	\sqcup o	ther			
С	Preservation for future generate	ions						
4	Provide a description of the organization and XIV.	ation's collection	s and exp	laın how	they furthe	r the o	rganızatıon's ex	empt purpose in
5	During the year, did the organization sassets to be sold to raise funds rather	solicit or receive d r than to be maint	lonations o ained as p	f art, hist art of the	orical treasu organizatio	res, or n's colle	other similar ection?	☐ Yes ☐ No
Reli	Trust, Escrow and Custo Part IV, line 9, or reported					on ansv	wered "Yes" to	Form 990,
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?							
b	If "Yes," explain the arrangement in	Part XIV and co	mplete the	following	ig table:			
	-						<i>F</i>	Amount
С	Beginning balance					. 1c		
d	Additions during the year					. 1d		
е	Distributions during the year					. <u>1e</u>	_	
f	Ending balance					1f		
2a b	Did the organization include an amount "Yes," explain the arrangement in		0, Part X,	line 21?				∐ Yes ∐ No
Par	t V Endowment Funds. Co	mplete if organ	izatıon ar	nswered	"Yes" to	Form 9	990, Part IV, li	ne 10.
-		(a) Current year	(b) Pro	or year	(c) Two year	s back	(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions		<u> </u>					
С	Investment earnings or losses .		ļ					
	Grants or scholarships							
е	Other expenditures for facilities and programs							
	Administrative expenses End of year balance		 					
2	Provide the estimated percentage of the year end balance held as:							
а	Board designated or quasi-endown							ł
b	Permanent endowment ▷							
С	Term endowment ▷	6						
3а	organization by:							
	(i) unrelated organizations							3a(i)
								3a(ii)
þ	If "Yes" to 3a(ii), are the related org					• •	<i></i> .	3b \
45.5	Describe in Part XIV the intended u					Port V	line 10	
Par		T T						40.5
	Description of investment	(a) Cost or (invest	ment)		st or other s (other)	(c)	Depreciation	(d) Book value
1a	Land				_			
b	Buildings			55,1	44,947	6,9	13,352	48,193,615
c	Leasehold improvements							<u> </u>
	Equipment			719	, 5 5 3	7 '	19,553	
	Other	envel Form 200 5	Doub V 1	me (D) (10/51 1	L		48,193,615
ı ota	I. Add lines 1a-1e. (Column (d) should of	equai rorm 990, F	aπ λ, colu	rın (13), lil	ie (U(C).) .	<u></u>	<u> </u>	70,173,613

-		•
Pа	ae	•

Part VII Investments—Other Securities	. See Form 990, Part	X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
		<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments—Program Relate	d. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year ma	ation rket value
	-		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13) ▷		-	
Part IX Other Assets. See Form 990, Pa	rt X. line 15.		
Carlot / too to	(a) Description		(b) Book value
	·		
Total. (Column (b) should equal Form 990, Part X, co	il (R) line 15)		
Part X Other Liabilities. See Form 990,	n. (B) line 15.)		
(a) Description of liability	(b) Amount		
Federal-income taxes	(-),		
Today Market	 		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▷	<u> </u>		

Page	4
Page	4

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	ìs	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,015,262
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,393,912
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	('M,378,650)
4	Net unrealized gains (losses) on investments	4	<u> </u>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4–8	9	/·· > > @ · · - · · ›
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	(4,378,65b)
		<u>e pei</u>	15,015,262
1	Total revenue, gains, and other support per audited financial statements	<u> </u>	131013,202
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Not unrealized gains on investments	\dashv	
þ	bonated services and use of facilities	┨	
C	Theoretics of prior your grants	┪	
d	Office (Booking In Factor)	2e	_
e	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1	-	
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 Other (Describe in Part XIV)		
C	Add lines 4a and 4b	40	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	15,015,262
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen		er Return
1	Total expenses and losses per audited financial statements	1	19,393,912
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
ď	Other (Describe in Part XIV)		
е		2€)
3	Subtract line 2e from line 1	3	·
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4a	4	
b	Other (Describe in Part XIV)		_
C	Add lines 4a and 4b	40	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	19,393,912
Con	rt XIV Supplemental Information splete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		Part IV, lines 1b
			,

Schedule D (For	rm 990) 2008	Page 3
Part MV	Supplemental Information (continued)	
0 (20 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3		

SCHEDULE E (Ferm 990 or 990-EZ)

Schools

> To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

> Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

20006

Open to Public Inspection

0346497

Department of the Treasury Internal Revenue Service

Santa Fe Indian School, Inc.

Employer identification number

85

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1		4
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2		1
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	1	
	school for Native American youth under Public Law 100-297.			
4	Does the organization maintain the following?		L	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	✓_	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	1	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	4c	1	
d	with student admissions, programs, and scholarships?	4d	1	_
u u	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		1
ь	Admissions policies?	5b	-	1
С	Employment of faculty or administrative staff?	5c		1
d	Scholarships or other financial assistance?	5d		1
e	Educational policies?	5e	<u> </u>	4
f	Use of facilities?	51	<u> </u>	√
g	Athletic programs?	5g		4
h	Other extracurricular activities?	5h		4
			-	-
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	1	-
þ	Has the organization's right to such aid ever been revoked or suspended?	6b	+	1
7	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
•	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	7	1	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

	OMB No 1545-0047		
00	2008		
•	Open to Public		
	Inspection		
Employer Identification number			

Santa Fe Indian School, Inc.	85	0346497
Santa Fe Indian School, Inc., did not receive any unrelated business income.		
Form 990, Part VI, Line 12(c) Board of Trustees are required sign a Conflict of Interest	21 70 gr	roally eview and y statemen
Form 990, Part VI, Line & naj-(e) The Governors from the 19 pue Mexico oure the members who ownership of the school		
Form 990 part VI, Line 10 Form 990 is reviewed by the ent and the President of the	scho	
Form 900, Part VI, Line 19 Bourning documents, conflict o and Financial Statements are the public upon request		

Form 990, Schedule E, Line 6a

The entity received financial aid from the United States Department of the Interior Bureau of Indian Affairs under Public Law 100-297.