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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

A Fo	r the .	2009 caleı	ndar yea	r, or tax year beginning 07-	01-2009 and ending 06-30-2010	<del></del>		<u> </u>	
			lease	C Name of organization	_		D Employer	identification number	
_	dress ch	nange us	se IRS	GROW SANTA FE COMMUNITY	20-1594	20-1594570			
Name change print or type. See Doing Business As							E Telephone	number	
_	ial retu	ty	/pe. See pecific		.1	(505) 428	8-1210		
Instruc- 6401 RICHARDS AVE					ss)  Room/suit	<b>G</b> Gross receip	ots \$ 1,282,753		
_			ons.						
_	ended			City or town, state or country, SANTA FE, NM 87508	and ZIP + 4				
Арі	olication	n pending		·					
				ne and address of principal	officer	<b>H(a)</b> Is t	— this a group reti		
			Larry C 6401 F	neek RICHARDS AVE		affıl	liates?	ΓYes <b>Γ</b> No	
				FE, NM 87508		H(b) Are	all affiliates incl	uded?	
								st (see instructions)	
I Ta	x-exem	npt status	<b>√</b> 501(c)	) ( 3 ) ◀ (insert no )	a)(1) or		oup exemption		
J W	ebsite	<b>e: ►</b> sfccnr	m edu						
V For	m of or	and the F	Corporat	tion Trust Association Ot	hor Mr.	l Voor of	formation 2005	M State of legal domicile	
K FOII	II OI OIG	ganization j•	Согрога	LIOITE TRUSCE ASSOCIATIONE OF	ner 🗲	L fear or	TOTTIALION 2005	NM	
Pa	rt I	Summa	ary						
	1	•		e organization's mission or	<del>-</del>				
		Support th		on of santa fe community co	llege to help students succeed a	nd serve ou	r community th	rough advocacy and	
Governance		lunurarsing	9						
图									
ĕ									
<del>ှိ</del>	2	Check this	s box 🛏 🦳	if the organization discont	inued its operations or disposed	of more tha	n 25% of its ne		
<b>26</b>	3	Number of	f voting r	members of the governing b	ody (Part VI, line 1a)		•	3	
Activities	4	Number of	fındepen	ident voting members of the	governing body (Part VI, line 1b	)	•	4	
<u> </u>	5	Total num	berofen	nployees (Part V , line 2a)				5	
হূ	6	Total num	berofvo	lunteers (estimate if neces	sary)			632	
	1	_			Part VIII, column (C), line 12 .	•		7a	
	b	Net unrela	ited busi	ness taxable income from F	orm 990-T, line 34			<b>7b</b>	
						Pr	ior Year	Current Year	
gi	8			d grants (Part VIII, line 1h)			462,221	358,798	
Ravenue	9							0	
3	10				ines 3, 4, and 7d)		72,278	<u> </u>	
	11		=		5, 6d, 8c, 9c, 10c, and 11e)			23,362	
	12				equal Part VIII, column (A), line	9	534,499	525,333	
	13				lumn (A), lines 1-3)		350,941	<u> </u>	
	14				umn (A), line 4)		,	0	
	15				efits (Part IX, column (A), lines 5	i_			
Expenses		10)		, , ,			0		
कें	16a	Professio	onal fund	raising fees (Part IX, colum	n (A), line 11e)			0	
ੜੀ	ь	Total fundr	aısıng exp	enses (Part IX, column (D), line 2					
	17	Otherex	penses (	(Part IX, column (A), lines 1	1a-11d, 11f-24f)		168,814	179,580	
	18	Total exp	enses /	Add lines 13–17 (must equ	al Part IX, column (A), line 25)		519,755	596,080	
	19	Revenue	less exp	penses Subtract line 18 fro	m line 12		14,744	-70,747	
<u>ያ</u>						Beginni	ing of Current	End of Year	
D T							Year		
Not Assets or Fund Balances	20			rt X, line 16)			5,578,911	<del> </del>	
2 B	21						431,050		
	22				1 from line 20		5,147,861	5,306,349	
Pai	rt II	Signat							
					ned this return, including accompanying of preparer (other than officer) is based				
		<u> </u>						,	
Sigr		*****					.1-03-21		
Here	е	Signatui	re of office	er		Dat	e		
			heek Presi						
		I ype or	print nam	e and title					
		Preparer's		Castner		Check if elf-	Preparer's ide	ntifying number	
Paid		signature	мапа	Castner		empolyed 🕨 🎵		nia)	
•	arer's	Firm's name (or yours Moss Adams LLP					EIN Þ		
Use (	Only	ıf self-emplo address, an		6100 Uptown Blvd NE Ste 40	0		-   CIN F		
				Albuquerque, NM 87110			Phone no 🕨	(505) 878-7200	
May :	the IR	S discuss t	thıs retu	rn with the preparer shown a	above? (see instructions)			✓ Yes	

Cat No 11282Y

### Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization's	mission
---	---------	----------	-----	----------------	---------

Support the mission of santa fe community college to help students succeed and serve our community through advocacy and fundraising

(Expenses \$		ng grants of \$	) (Revenue \$	)
o their program services	(	•		
Other program services	(Describe in Schedu	le O )		
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
GROW AWARDED SCHOLARS	HIPS TO STUDENTS ATTEN	DING SANTA FE COMMUNITY COLLEGE FOR	R FALL AND SPRING SEMESTERS OF 20	09/2010
(Code	) (Expenses \$	541,293 including grants of \$	416,500 ) (Revenue \$	)
Section 501(c)(3) and 5	01(c)(4) organizations	s and section 4947(a)(1) trusts are	e required to report the amount	
			·	
			ducts, any program	Yes ▼ No
If "Yes," describe these	new services on Sche	dule O		
<del>-</del>			which were not listed on	Yes 🔽 No
	the prior Form 990 or 99  If "Yes," describe these is Did the organization cease services?  If "Yes," describe these of Describe the exempt pur Section 501(c)(3) and 5 allocations to others, the Code  GROW AWARDED SCHOLARS  (Code	the prior Form 990 or 990-EZ?	the prior Form 990 or 990-EZ?	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Part TV	Checklis	st of De	auired 9	Schedules
	CHECKII	SL UI KE	uuneu s	cneuules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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 similar funds or 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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	17		Νο
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	Yes	
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

1 01111	990 (2009)			Page -
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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) and 501(c)(4) 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		No
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		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
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		No
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	Yes	
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		No
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		Νο
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		103	110
	of U.S. Information Returns. Enter -0- if not applicable			
	<del>                                    </del>			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
_	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		Νο
Ь	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a		Νο
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).			
а	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	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12>	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	a		
0	vear			

Santa Fe Community College 6401

SANTA FE, NM 87508 (505) 428-1210

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

Se	ction A. Governing Body and Management					
			Yes	No		
		1				
_		1				
1a	Enter the number of voting members of the governing body	!				
ь	The the hamper of voting members that are made ended					
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		Νο		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο		
6	Does the organization have members or stockholders?	6		Νο		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		 N о		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		163			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo		
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)					
ICC	vende code.)		Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a				
	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?	10b				
11						
	Thus the organization provided a copy or this Form 550 to an intempers or its governing body before ining the form	11	Yes			
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13				
14	Does the organization have a written document retention and destruction policy?	14		No.		
15	Did the process for determining compensation of the following persons include a review and approval by					
2	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a		Νο		
	b Other officers or key employees of the organization					
_	If "Yes" to line a or b, describe the process in Schedule O (See instructions )	15b		N o		
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		Νο		
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?	461				
6.	ection C. Disclosure	16b				
<u> </u>	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 Form 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 interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	<b>.</b>		
-	Gilda Espinoza					

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

### 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. Use Schedule J-2 if additional space is needed

- 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
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did r		ate any	curr	ent d	or fo	rmer o	ffıce	r, dırector, trustee o	or key employee	
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
HEIDI TILTON vice presIDENT	1 00	х		х				0	0	0
LARRY CHEEK president	1 00	х		х				0	0	0
Sheila Ortega phd PRESIDENT OF SFCC - ex Off	1 00	х						0	0	0
jeff case PHD TREASURER	1 00	х		х				0	0	0
randy grissom secretary	1 00	х		х				0	0	0
Baryalaı K Shalazı member	1 00	Х						0	0	0
richard abeles member	1 00	Х						0	0	0
robert glick member	1 00	х						0	0	0
Jean Marqwardt EXECUTIVE DIRECTOR	1 00			х				0	103,876	22,436

For	n 990 (2009)			Page <b>8</b>		
<b>1</b> b	Total	876		22,436		
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0	•				
			Yes	No		
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No		
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		No		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person					
S	ection 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					
	(A) Name and business address  (B) Description of services		(C Comper			
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0					
		F	orm <b>99</b> 0	(2009)		

Form 9								Page <b>9</b>
Part		Statement of	or Revenue		(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	1a	Federated cam	paigns 1a					
	Ь	Membership du	ies <b>1b</b>					
[કુ. ∰	C	Fundraising eve	ents 1c	48,989				
<u>ਜ਼</u> ੋਰਾਂ	d		zations 1d					
ins,	e	Government grant						
E E	f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	309,709				
きき	g	1	ibutions included in 19,160					
and	h	· <del>-</del>	s 1a-1f	▶	358,798			
	+			Business Code				
Program Serwce Revenue	2a			Dusiniess data				
	ь	-						
93	c							
er v	d							
S =	e							
E	f	All other progra	am service revenue					
ξ	g	Total. Add lines	s 2a-2f					
	3		ome (including dividen					
		and other simil	aramounts)	▶	59,918			59,918
	4	Income from inves	stment of tax-exempt bond	proceeds				
	5	Royalties						
	6a	Gross Rents	(ı) Real	(11) Personal				
	Ь	Less rental						
	<sub>c</sub>	expenses Rental income						
		or (loss)	me or (loss)	<u> </u>				
	d	Net rental inco	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	829,080	(, 0				
	ь	than inventory Less cost or other basis and sales expenses	745,825					
	c	Gain or (loss)	83,255					
	d		ss)	►	83,255			83,255
Other Revenue	8a	events (not inc \$48 of contributions	s,989 s reported on line 1c)					
Вę		See Part IV, lir	ne 18 <b>a</b>					
je.	Ь	Less directex	penses <b>b</b>	8,080 11,595				
₹	c		(loss) from fundraising		-3,515			-3,515
	9a		rom gaming activities ne 19 a					
	b c		penses <b>b</b> (loss) from gaming acti					
	10a		inventory, less owances .					
	b c	_	a oods sold b (loss) from sales of invo	entory				
		Miscellaneous		Business Code				
	11a	other income		900,099	26,877	26,877		
	b							
	С							
	d	All other reven						
	e	Total. Add lines	s 11a-11d		26,877			
	12	Total revenue.	See Instructions .	. ▶	525,333	26,877	0	139,658

### Part IX Statement of Functional Expenses

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

A	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	116,395	116,395						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	300,105	300,105						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees								
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								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees)								
а	Management								
b	Legal								
c	Accounting	904		904					
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees	40,888		40,888					
g	Other								
12	Advertising and promotion	7,519		2,901	4,618				
13	Office expenses	2,358		998	1,360				
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel	573		573					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	1,654	500	1,154					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23 24	Insurance								
	expenses shown on line 25 below )								
а	SPECIAL PROJECTS	117,483	117,483						
b	BOND EXPENSES	6,810	6,810						
c									
d									
e									
f	All other expenses	1,391		1,391					
25	Total functional expenses. Add lines 1 through 24f	596,080	541,293	48,809	5,978				
26	Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Part X Balance Sheet (A) (B) End of year Beginning of year 504.560 655.932 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 2 339.835 2 Savings and temporary cash investments . . . . . . 3 3 4 40.207 4 2.166 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net . . . . . 8 Inventories for sale or use . . . . . . Prepaid expenses and deferred charges . . . . . . 9 Land, buildings, and equipment cost or other basis Complete Part 10a 10a VI of Schedule D 10b b Less accumulated depreciation . . . . 10c 4.563.833 11 4.284.525 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 470.311 15 15 470.311 16 5,578,911 16 5,752,769 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 431.050 25 Other liabilities Complete Part X of Schedule D . . . . . 25 446,420 26 **Total liabilities.** Add lines 17 through 25 . . . . . 431,050 26 446,420 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 694,390 775,598 27 Unrestricted net assets . . . . 27 28 1.722.865 28 1.769.584 Temporarily restricted net assets . . . . . Fund 2.730.606 29 2.761.167 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances . . . . . 5,147,861 33 33 5,306,349 34 Total liabilities and net assets/fund balances . . . . . 5.578.911 5.752.769 34

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

### OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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. See separate instructions.

Inspection

Employer identification number

GROW SANTA FE COMMUNITY COLLEGE FOUNDATION 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 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h Type III - Other ┌ Type I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e lion in ted in erning	(v) Did you no organiza col (i) o suppo	otify the tion in fyour	(vi Is tl organıza col (ı) or ın the l	ne Ition in ganized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
									+
Total									

# Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part I.	.)			
	ection A. Public Support		1	<del>,                                     </del>	T			
Cale	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2	009	<b>(f)</b> ⊤otal
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	830,01	13 487,943	3 4,287,001	462,221		358,798	6,425,976
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions	830,01	487,943	4,287,001	462,221		358,798	6,425,976
	by each person (other than a governmental unit or publicly supported organization) included or line 1 that exceeds 2% of the amount shown on line 11, column	n						263,424
6	(f) <b>Public Support.</b> Subtract line 5 from line 4	n						6,162,552
S	ection B. Total Support	•	•	•	•			
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 20	09	<b>(f)</b> Total
7	A mounts from line 4	830,013	29,813	4,287,001	462,221		358,798	6,425,976
8	Gross income from interest,							_
	dividends, payments received on securities loans, rents, royalties and income from similar sources	22,292	29,813	57,052	67,456		59,918	236,531
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						26,877	26,877
11	Total support (Add lines 7 through 10)							6,689,384
12	Gross receipts from related activiti	ies, etc (See ins	tructions )			12		
13	First Five Years If the Form 990 is check this box and stop here			, third, fourth, or fi	fth tax year as a !	501(c)(3	) organız	ation, ▶
	ection C. Computation of Pul			11 adver (5)				
14	Public Support Percentage for 200	•		II COIUMN (T))		14		92 120 %
15	Public Support Percentage for 200	,	ŕ			15		<del> </del>
16a	<b>33 1/3% support test—2009.</b> If the and <b>stop here.</b> The organization qua	_		•	ne 14 is 33 1/3%	or more	, check th	his box <b>►</b> ▼
	33 1/3% support test—2008. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization medorganization medorganization	e organization did n qualifies as a p — <b>2009.</b> If the org ition meets the "1	not check the bo ublicly supported anization did not o acts and circums	x on line 13 or 16a organization check a box on line tances" test, chec	e 13, 16a, or 16b k this box and <b>st</b> o	and line	: 14 Explain	check this
ь	10%-facts-and-circumstances test	-						
18	15 is 10% or more, and if the organization Explain in Part IV how the organization private Foundation If the organization	ition meets the "f	acts and circums	tances" test The	organızatıon qual	ıfıes as a	a publicly	<b>▶</b> ┌
	instructions	ara mor emeer		5 a, _ 5 b, _ 7 a 01	b, shock this t	A unu .		<b>▶</b> ┌

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV
Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation	
-------------	--

 $Schedule\ A\ ,\ Part\ II\ ,\ Line\ 10\ ,\ Explanation\ of\ O\ ther\ Income\ Settlement\ income\ from\ previous\ foundation$ 

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493105004431

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Rev

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

mai Revenu	e Selvice   FAttach to Fo	orm 990. F See separate instructions.		Tilsbection
	the organization ITA FE COMMUNITY COLLEGE FOUNDATION		Employer identific	cation number
Part I			20-1594570   unds or Account	ts. Complete if th
	organization answered "Yes" to Form 99	U, Part IV, line 6.  (a) Donor advised funds	(b) Funds and	other accounts
Tota	I number at end of year	(a) Donor advised funds	(b) runus anu	other accounts
	regate contributions to (during year)			
	regate grants from (during year)			
	regate value at end of year			
Did	the organization inform all donors and donor advi s are the organization's property, subject to the	<del>-</del>	nor advised	□ Yes □ No
Dıd used	the organization inform all grantees, donors, and donly for charitable purposes and not for the ben erring impermissible private benefit	donor advisors in writing that grant funds	•	ΓYes ΓΝα
art II	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	to Form 990, Part :	IV, line 7.
Г Сот	Preservation of land for public use (e g , recreating Protection of natural habitat  Preservation of open space  Inplete lines 2a-2d if the organization held a qualing ment on the last day of the tax year	Preservation of a	n historically importa certified historic stru n of a conservation	•
	,		Held at th	e End of the Year
Tota	I number of conservation easements		2a	
Tota	Il acreage restricted by conservation easements		2b	
Num	ber of conservation easements on a certified his	toric structure included in (a)	2c	
Num	nber of conservation easements included in (c) ac	equired after 8/17/06	2d	
the t	nber of conservation easements modified, transferaxable year  nber of states where property subject to conserva	ition easement is located 🗠		
	s the organization have a written policy regarding rcement of the conservation easements it holds?	·	dling of violations, ar	rd
	fand volunteer hours devoted to monitoring, insp			_
	ount of expenses incurred in monitoring, inspecting.			·
170	s each conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	, ,		┌ Yes ┌ No
bala	art XIV, describe how the organization reports concessheet, and include, if applicable, the text of torganization's accounting for conservation easem	he footnote to the organization's financia	•	•
art III	Organizations Maintaining Collectio Complete if the organization answered "		or Other Simila	r Assets.
art,	e organization elected, as permitted under SFAS historical treasures, or other similar assets held ide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch in furtherance of p	
histo	e organization elected, as permitted under SFAS orical treasures, or other similar assets held for pide the following amounts relating to these items	oublic exhibition, education, or research i		
(i) <sub>F</sub>	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	34,71
(ii)	Assets included in Form 990, Part X			470,311
Ifth	e organization received or held works of art, histo wing amounts required to be reported under SFA:			
	enues included in Form 990, Part VIII, line 1	-	<b>►</b> \$	
	,			

Part	Organizations Maintaining Co	llections of Art	<u>, Hist</u>	orica	al Treas	sures, c	or Othe	<u>er Simil</u>	<u>lar Ass</u>	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	records, check any	of the	follo	wing that	are a sigi	nıfıcant	use of its	collection	on	
а	Public exhibition		d	Γι	oan or ex	xchange p	orogram	S			
b	Scholarly research		e	$\Gamma$	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	ın how	they 1	urther th	e organiza	atıon's e	xempt pu	ırpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							mılar	Г	Yes	✓ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	<b>ements.</b> Comple	ete ıf t	he or	ganızatı			Yes" to I	orm 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary f	or cor	ntribution	s or othe	rassets	not	Г	Yes	∏ No
b	If "Yes," explain the arrangement in Part XIV	' and complete the f	followi	ng tab	le				A mo	unt	
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 Fo	orm 990, Part X, line	21?					•	Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV		_						,	- <del>-</del>	
	rt V Endowment Funds. Complete		n ansv	verec	l "Yes" t	o Form 9	990. Pa	rt IV, lır	ne 10.		
		(a)Current Year		Prior Ye		:)Two Years				<b>e)</b> Four `	Years Back
1a	Beginning of year balance	3,991,341		4,1	14,190						
b	Contributions	31,561			87,832						
c	Investment earnings or losses	571,135		-	55,166						
d	Grants or scholarships	136,525		1	34,025						
e	Other expenditures for facilities and programs				450						
f	Administrative expenses	40,888			21,040						
g	End of year balance	4,416,624		3,9	91,341						
2	Provide the estimated percentage of the yea	r end balance held a	is								
а	Board designated or quasi-endowment 🕨	%									
ь	Permanent endowment - 100 000 % %										
С	Term endowment ► %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation th	nat are	e held and	d admınıs	tered fo	r the			
	organization by									Yes	+
	(i) unrelated organizations			•					. 3a(i)		No
	(ii) related organizations								3a(ii)	)	No_
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•							. Зь		
	t VI Investments—Land, Buildings					Dart Y	line 10				
. u	t VI III Cottile III Luiid, Building	,, and Equipmen	iit. 50		Cost or oth		ost or othe		cumulated		
	Description of investment				(investme		is (other)		reciation	(d)	Book value
1a	Land		•							$\perp$	
b	Buildings		•							$\perp$	
	Leasehold improvements			1						1	
c			_					_		_	
	Equipment										
d e	·										

Part VII Investments—Other Securities. See  (a) Description of security or category			od of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives	<u> </u>		
Closely-held equity interests Other	<del> </del>		
- Cities			
	+		
	<del> </del>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	: Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		00010101111	, your manker raide
	<del>                                     </del>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	ie 15.	_	
(a) Descrip	tion		(b) Book value
A RT WO RK			470,311
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			470,311
Part X Other Liabilities. See Form 990, Part X	, line 25.		470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability			470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	( <b>b)</b> A mount		470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	( <b>b)</b> A mount		470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	( <b>b)</b> A mount		470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	( <b>b)</b> A mount		470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	( <b>b)</b> A mount		470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	( <b>b)</b> A mount		470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	( <b>b)</b> A mount	. , , <b>.</b>	470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	( <b>b)</b> A mount		470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	( <b>b)</b> A mount	<b>.</b>	470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	( <b>b)</b> A mount		470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	( <b>b)</b> A mount		470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	( <b>b)</b> A mount	. , , , <b>F</b>	470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	( <b>b)</b> A mount	<u>*</u>	470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	( <b>b)</b> A mount		470,311
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	( <b>b)</b> A mount		470,311

Schedule D (Form 990) 2009

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	525,333
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	596,080
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-70,747
4	Net unrealized gains (losses) on investments	4	229,235
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	229,235
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	158,488
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		· · · · · ·
1	Total revenue, gains, and other support per audited financial statements	1	972,168
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		·
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 11,595		
e	Add lines <b>2a</b> through <b>2d</b>	2e	487,723
3	Subtract line <b>2e</b> from line <b>1</b>	3	484,445
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 40,888		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	40,888
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	525,333
Part	<b>XIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
1	Total expenses and losses per audited financial	1	813,680
2	statements		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	258,488
3	Subtract line <b>2e</b> from line <b>1</b>	3	555,192
4	A mounts 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 40,888		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	40,888
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	596,080
Pai	TEXIV Supplemental Information		· · · · · · · · · · · · · · · · · · ·

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part III, Line 4		The organization maintains works of art and similar assets that are held for public exhibition and education in furtherance of public service rather than financial gain. The organization's art collection consists of various donations from the community. These works of art adorn the campus facilities.
Part V, Line 4	Description of Intended Use of Endowment Funds	Scholarships
Part XII, Line 2d - Other Adjustments		direct fundraising expenses 11595
Part XIII, Line 2d - Other Adjustments		direct fundraising expenses 11595

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DLN: 93493105004431

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number Name of the organization GROW SANTA FE COMMUNITY COLLEGE FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	t II	Fundraising Events. Com more than \$15,000 on Form					eport	:ed
		,	(a) Event #1  green gala (event type)	(b) Event #2  Appeals (event type)	(c) O ther Events  1 (total number)	(d) Tot (Add col		
M.	1	Gross receipts	40,403	9,858	6,808		5	7,069
Reveilue	2	Less Charitable contributions	32,322	9,858	6,809		4	8,989
	3	Gross income (line 1 minus line 2)	8,081		-1		-	8,080
	4	Cash prizes						
တ္က	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
ğ	7	Food and beverages	4,014					4,014
Direct	8	Entertainment	400					400
莅	9	Other direct expenses .	7,181					7,181
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)			1	1,595
	11	Net income summary Combine lii	nes 3, column d, and line	10			-,	3,515
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1	Gross revenue						
Ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct E	4	Rent/facility costs						
<u>ā</u>	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	∀es			
		Direct expense summary Add lines  Net gaming income summary Com						
_							Yes	No
9 a	Ist	er the state(s) in which the organiza he organization licensed to operate			· · · · · · · · · · · ·	· 9a		
b	If "	No," Explain						
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming a the organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnersh	p or other entity	11		<u> </u>
	forn	ned to administer charitable gaming	?		Schedule G (Form 9	12 90 or 990-	EZ) 20	09

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493105004431

Open to Public

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Name of the organization	Employer identific	Employer identification number					
GROW SANTA FE COMMUNIT	20-1594570						
Part I General Inform	mation on Gran	ts and Assistance					
<ol> <li>Does the organization mathe selection criteria use</li> <li>Describe in Part IV the organization</li> </ol>	d to award the grant	s or assistance?			bility for the grants or assi	stance, and · · · · · · · ·	Г Yes  Г I
Form 990, Part 1	IV, line 21 for any	y recipient that receiv	ed more than \$5,00	00. Check this box i	es. Complete if the org f no one recipient receiv	ed more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Santa Fe Community College6401 RICHARDS AVE SANTA FE,NM 87508		State of NM		116,395	DONOR VALUATION/REVIEWED ON RECEIPT	Various equipment	To further the mission of SFCC to help students and serve the community
							<u> </u>
3 Enter total number of oth	er organizations .					<u> </u>	

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS for 178 Santa Fe community college students No individual student received more than \$5,000	178	295,805			
Funds given to employees of Santa Fe Community College for emergency use An individual must apply and meet eligible criteria such as a significant and unanticipated change in family situation, change in income, health challenge, etc The maximum amount awarded per individual is \$500	11	4,300			
See Addıtıonal Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 All grants are made in accordance with the Santa Fe Community College and Grow Santa Fe community college Foundation board policies Grants are also monitored by the finance officer and GROW director

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization GROW SANTA FE COMMUNITY COLLEGE FOUNDATION

Employer identification number

				20-1594570	
art I Types of Property	<u>'</u>		T	T	
	(a) Check If	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of determ revenues	nining
Art—Works of art	applicable X	1	1g 34 710	donor valuation	
Art—Historical treasures .		1	34,710	donor varuation	
			2 20 5	donoruplustion	
Clothing and household	.   ×		2,385	donor valuation	
goods					
Cars and other vehicles	•				
Boats and planes					
Intellectual property	' <u> </u>				
Securities—Publicly traded .					
Securities—Closely held stock	•				
Securities—Partnership, LLC, or trust interests					
Securities—Miscellaneous .	•				
Qualified conservation contribution—Historic structures					
Qualified conservation contribution—Other					
Real estate—Residential .					
Real estate—Commercial .					
Real estate—Other					
Collectibles					
Food inventory					
Drugs and medical supplies .	X	3	49,125	donor valuation	
Taxidermy					
Historical artifacts					
Scientific specimens					
Archeological artifacts					
tv studio					
Other ► ( backdrops )	X	1	<u> </u>	donor valuation	
Other►( <u>CPU's</u> )	X	1	11,700	donor valuation	
Other ▶ ( <u>fabric</u> )	X	1	15,000	donor valuation	
steel drafting					
Other ► ( table )	X	1		donor valuation	
Other ► ( <u>lecture tapes</u> )	X	1	300	donor valuation	
printmaking			350	donoryalistica	
Other ► ( ink )	X	1	250	donor valuation	
wine & meeting					
Other ► (supplies)	×	1	699	donor valuation	
Other ► (Supplies )	Х	3	591	donor valuation	
Other ► ()	Х	1			
Number of Forms 8283 receiv	ed by the org	anızatıon durıng the tax ye	ar for contributions		
for which the organization com	npleted Form 8	3283, Part IV, Donee Ackr	nowledgement	29	
					Yes
a During the year, did the organ	ızatıon receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it	
must hold for at least three ye	ars from the o	date of the initial contributi	on, and which is not require	d to be used	
for exempt purposes for the er	ntıre holdıng p	erıod?		30а	
f "Yes," describe the arrange	ment ın Part I	I			
Does the organization have a	gıft acceptano	e policy that requires the	review of any non-standard	contributions? 31	Yes
Does the organization hire or	use third parti	es or related organizations	to solicit, process, or sell	non-cash	
contributions?				32a	1
f "Yes," describe in Part II					
If the organization did not repo	ort revenues ı	n column (c) for a type of p	roperty for which column (a	) is checked,	
describe in Part II		•	•	·	

Page 2

### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: Software Version:

**EIN:** 20-1594570

Name: GROW SANTA FE COMMUNITY COLLEGE FOUNDATION

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DLN: 93493105004431

**SCHEDULE 0** 

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Inspection

Name of the organization

GROW SANTA FE COMMUNITY COLLEGE FOUNDATION

**Employer identification number** 

20-1594570

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Form 990 is first reviewed by the Executive director. The finalized copy of the Form 990 is delivered to the Board members in their board packets prior to the next scheduled meeting. Upon completion of the 990 review, The Board approves execution and submission of the Form 990 to the IRS.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		A CONFLICT OF INTEREST STATEMENT IS SIGNED BY EACH MEMBER OF THE BOARD, OFFICERS, AND KEY EMPLOYEES EVERY YEAR THE STATEMENT EXPLAINS THE TERMS AND ASKS FOR DETAILS REGARDING ANY CONFLICT IF A CONFLICT ARISES, IT IS REVIEWED BY INDEPENDENT MEMBERS OF THE BOARD A PERSON WITH A CONFLICT IS NOT ALLOWED TO VOTE ON SUCH TRANSACTION

ldentifier	Return Reference	Explanation
		The officers and key employees of the organization are compensated by Santa Fe Community College Board members are not compensated and there are no paid employees of the organization. Accordingly, compensation review and approval by the board is not applicable

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		The Form 990 and Form 1023 are available for review at the business office of the organization They are also available for public inspection upon request

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The audited financial statements, conflict of interest policy, and all other governing and organizing documents are available for review at the business office of the organization. They are also available for public inspection upon request. In addition, the governing and organizing documents and the conflict of interest policy are available on the organizations wiebsite.

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DLN: 93493105004431

2009

Employer identification number

Open to Public Inspection

OMB No 1545-0047

## **SCHEDULE R** (Form 990)

Name of the organization

**Related Organizations and Unrelated Partnerships** 

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

GROW SANTA FE COMMUNITY COLLEGE FOUNDATION				20-1594570	
Part I Identification of Disregarded Entities (Complete	ıf the organızatıon a	nswered "Yes" on	Form 990, Part 1	IV, line 33.)	
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the tax-exempt organizations.	ons (Complete if that year.)	ne organization an	swered "Yes" on	Form 990, Part	IV, line 34 because it had one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c))	(f) Itus Direct controlling (3)) entity
Santa Fe Community College					
6401 richards ave	Education	NM	state of nm		N/A
santa fe, NM 87508					·

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	Legal (d) domicile Direct controlling (state or entity foreign	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income			( <b>h</b> ) Disproprtionat allocations?		ionate Code V—UBI		(j) General or managing partner?	
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f)	)		(-)	(5)		
(a) Name, address, and EIN o	f related organization	<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)	( <b>d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

Louring 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) royalities (iv) rent from a controlled entity  b Gift, grant, or capital contribution to other organization(s)  c Gift, grant, or capital contribution from other organization(s)  d Loans or loan guarantees to or for other organization(s)  e Loans or loan guarantees by other organization(s)  f Sale of assets to other organization(s)  g Purchase of assets from other organization(s)  f Exchange of assets  i Lease of facilities, equipment, or other assets to other organization(s)  j Lease of facilities, equipment, or other assets from other organization(s)  k Performance of services or membership or fundraising solicitations for other organization(s)  li Yes  k Performance of services or membership or fundraising solicitations by other organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of paid employees  o Reimbursement paid to other organization for expenses  lo Neimbursement paid by other organization for expenses  lo Other transfer of cash or property to other organization(s)  la Neimbursement paid by other organization for expenses  lo Other transfer of cash or property to other organization(s)  la Neimbursement paid by other organization for expenses	Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, In	ine 34, 35, or 36.)				
Receipt of (1) interest (III) annuates (III) regulates (IVI) rent from a controlled entity   10 kg	Not e.	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No	
b Gift, grant, or capital contribution to other organization(s)  c Gift, grant, or capital contribution from other organization(s)  d Loans or loan guarantees to or for other organization(s)  e Loans or loan guarantees by other organization(s)  f Sale of assets to other organization(s)  f Sale of assets to other organization(s)  f Purchase of assets from other organization(s)  f Lease of facilities, equipment, or other assets to other organization(s)  i Lease of facilities, equipment, or other assets to other organization(s)  i Lease of facilities, equipment, or other assets from other organization(s)  i Lease of facilities, equipment, or other assets from other organization(s)  i Lease of facilities, equipment, or other assets from other organization(s)  ii Ves  k Performance of services or membership or fundrasing solicitations for other organization(s)  ii Ves  n Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of paid employees  ii Ves  o Raimbursement paid to other organization for expenses  p Reimbursement paid to other organization for expenses  ii Ves  iii Ve	<b>1</b> During t	he tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	?				
c Giff, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s)  f Sale of assets to other organization(s)  g Purchase of assets from other organization(s)  h Exchange of assets i Lease of facilities, equipment, or other assets to other organization(s)  j Lease of facilities, equipment, or other assets from other organization(s)  k Performance of services or membership or fundriasing solicitations for other organization(s)  m Sharing of facilities, equipment, mailing lists, or other assets  Sharing of facilities, equipment, mailing lists, or other assets  R Sharing of facilities, equipment, mailing lists, or other assets  R Performance of services or membership or fundriasing solicitations by other organization(s)  m Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of facilities, equipment, mailing lists, or other assets  or Reimbursement paid to other organization for expenses  or Reimbursement paid to other organization for expenses  10 N  R Other transfer of cash or property to other organization(s)  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) N  Name of other organization for expenses  (a) Transaction  (b) A Other transfer of cash or property from other organization for expenses  (a) N  Name of other organization for expenses  (b) A Other transfer of cash or property from other organization for information on who must complete this line, including covered relationships and transaction thresholds  (c) Amount model  (d) See Additional Data Table  (d) A M  A M  A M  A M  A M  A M  A M  A M	<b>a</b> Rece	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No	
d Loans or loan quarantees to or for other organization(s)  e Loans or loan quarantees by other organization(s)  f Sale of assets to other organization(s)  g Purchase of assets from other organization(s)  i Lease of facilities, equipment, or other assets from other organization(s)  j Lease of facilities, equipment, or other assets from other organization(s)  k Performance of services or membership or fundrasing solicitations for other organization(s)  k Performance of services or membership or fundrasing solicitations for other organization(s)  k Performance of services or membership or fundrasing solicitations by other organization(s)  k Performance of services or membership or fundrasing solicitations by other organization(s)  k Performance of services or membership or fundrasing solicitations by other organization(s)  g Reimbursement paid to other organization for expenses  n Sharing of paid employees  a Reimbursement paid by other organization for expenses  q Other transfer of cash or property to other organization(s)  g Uther transfer of cash or property to other organization(s)  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  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  (3) See Additional Data Table  (4)  Name of other organization for expenses  (5) See Additional Data Table  (6)  Name of other organization for expenses  (7) See Additional Data Table  (6)  Reight See Additional Data Table  (7) Amount involved  (8) See Additional Data Table  (9) See Additional Data Table							
E Loans or loan quarantees by other organization(s)    F   Sale of assets to other organization(s)   F   Sale of assets to other organization(s)   F   Sale of assets from other organization(s)   F   Sachange of assets from other organization(s)   F   Lease of facilities, equipment, or other assets from other organization(s)   F   Lease of facilities, equipment, or other assets from other organization(s)   F   Performance of services or membership or fundraising solicitations for other organization(s)   F   Performance of services or membership or fundraising solicitations by other organization(s)   F   Performance of services or membership or fundraising solicitations by other organization(s)   F   Performance of services or membership or fundraising solicitations by other organization(s)   F   Performance of services or membership or fundraising solicitations by other organization(s)   F   Performance of services or membership or fundraising solicitations by other organization(s)   F   Performance of services or membership or fundraising solicitations by other organization(s)   F   Performance of services or membership or fundraising solicitations by other organization(s)   F   Performance of services or membership or fundraising solicitations by other organization or expenses   F   Performance of services or membership or fundraising solicitations by other organization or expenses   F   Performance of services or membership or fundraising solicitations for other organization or expenses   F   Performance of services or membership or fundraising solicitations by other organization or expenses   F   Performance of services or membership or fundraising solicitations for other organization or expenses   F   Performance of services or membership or fundraising solicitations for other organization or expenses   F   Performance of services or membership or fundraising solicitations for other organization or expenses   F   Performance of services or membership or fundraising solicitations for other organization or ex	<b>c</b> Gift, g	rant, or capital contribution from other organization(s)		1c		No	
f Sale of assets to other organization(s) g Purchase of assets from other organization(s) i Lease of facilities, equipment, or other assets to other organization(s) i Lease of facilities, equipment, or other assets from other organization(s) j Lease of facilities, equipment, or other assets from other organization(s) i Performance of services or membership or fundraising solicitations for other organization(s) i Performance of services or membership or fundraising solicitations by other organization(s) ii Ves m Sharing of facilities, equipment, mailing lists, or other assets n Sharing of paid employees  o Reimbursement paid to other organization for expenses n Sharing of paid employees  o Reimbursement paid by other organization for expenses q Other transfer of cash or property to other organization(s) r Other transfer of cash or property to other organization(s)  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  (4)  (4)  (4)  (5)	<b>d</b> Loans	or loan guarantees to or for other organization(s)		1d	Yes		
g Purchase of assets from other organization(s)  h Exchange of assets  i Lease of facilities, equipment, or other assets to other organization(s)  j Lease of facilities, equipment, or other assets from other organization(s)  k Performance of services or membership or fundraising solicitations by other organization(s)  in Sharing of facilities, equipment, mailing lists, or other assets  m Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of paid employees  n Sharing of paid employees  n Sharing of paid employees  11 Yes  12 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  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  (4) See Additional Data Table  (5) Tamasaction Type(a-1)  Amount information  (6) Tamasaction Type(a-1)  (7) See Additional Data Table  (8) Amount information on who must complete this line, including covered relationships and transaction thresholds  (8) Amount information on who must complete this line, including covered relationships and transaction thresholds  (8) Amount information on who must complete this line, including covered relationships and transaction thresholds  (9) Amount information on who must complete this line, including covered relationships and transaction thresholds  (9) Amount information on who must complete this line, including covered relationships and transaction thresholds  (10) Amount information on who must complete this line, including covered relationships and transaction thresholds  (11) See Additional Data Table  (12) See Additional Data Table  (13) Amount information on who must complete this line, including covered relationships and transaction thresholds  (13) Amount information on who must complete this line, including covered relationships and transaction thresholds  (14) Amount informat	<b>e</b> Loans	s or loan guarantees by other organization(s)		1e	Yes		
g Purchase of assets from other organization(s)  h Exchange of assets  i Lease of facilities, equipment, or other assets to other organization(s)  j Lease of facilities, equipment, or other assets from other organization(s)  k Performance of services or membership or fundraising solicitations for other organization(s)  l Performance of services or membership or fundraising solicitations by other organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of paid employees  11 Ves  o Reimbursement paid to other organization for expenses  p Reimbursement paid to other organization for expenses  q Other transfer of cash or property to other organization(s)  12 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  13 See Additional Data Table  (4) See Additional Data Table  (5) Tamasetion Type(a+)  Amount information  (6) Tamasetion Type(a+)  (7) See Additional Data Table  (8) See Additional Data Table  (9) Tamasetion Type(a+)	<b>f</b> Sale (	of assets to other organization(s)		1f		No	
h Exchange of assets i Lease of facilities, equipment, or other assets to other organization(s)  j Lease of facilities, equipment, or other assets from other organization(s)  j Lease of facilities, equipment, or other assets from other organization(s)  k Performance of services or membership or fundraising solicitations for other organization(s)  l Performance of services or membership or fundraising solicitations by other organization(s)  l Performance of services or membership or fundraising solicitations by other organization(s)  li Ves  m Sharing of facilities, equipment, mailing lists, or other assets  m Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of facilities, equipment, mailing lists, or other assets  n N Sharing of facilities, equipment, mailing lists, or other assets  n N Sharing of facilities, equipment, mailing lists, or other assets  n N Sharing of facilities, equipment, mailing lists, or other assets  n N Sharing of facilities, equipment, mailing lists, or other assets  n N Sharing of facilities, equipment, mailing lists, or other assets  n N Sharing of facilities, equipment, mailing lists, or other assets  n N Sharing of facilities, equipment, mailing lists, or other assets  n N Sharing of facilities, equipment, mailing lists, or o						No	
i Lease of facilities, equipment, or other assets to other organization(s)  j Lease of facilities, equipment, or other assets from other organization(s)  k Performance of services or membership or fundraising solicitations for other organization(s)  ii Performance of services or membership or fundraising solicitations by other organization(s)  iii Ves						No	
j Lease of facilities, equipment, or other assets from other organization(s)  k Performance of services or membership or fundraising solicitations for other organization(s)  l Performance of services or membership or fundraising solicitations by other organization(s)  l Performance of services or membership or fundraising solicitations by other organization(s)  m Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of paid employees  n Reimbursement paid to other organization for expenses  n Reimbursement paid to other organization for expenses  n Reimbursement paid by other organization for expenses  q Other transfer of cash or property to other organization(s)  r Other transfer of cash or property from other organization(s)  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 other organization  (b)  Transaction  Amount involved  (c)  Amount involved  (d) See Additional Data Table  (d)  (d)						No	
k Performance of services or membership or fundraising solicitations for other organization(s)  i Performance of services or membership or fundraising solicitations by other organization(s)  in Sharing of facilities, equipment, mailing lists, or other assets  in Sharing of paid employees  o Reimbursement paid to other organization for expenses  o Reimbursement paid by other organization for expenses  q Other transfer of cash or property to other organization(s)  r Other transfer of cash or property from other organization(s)  1 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  (1) See Additional Data Table  (3)   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  (4)   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  (5)   Amount involved (1) See Additional Data Table  (4)   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  (6)   Amount involved (1) See Additional Data Table  (7)   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  (6)   Amount involved (1) See Additional Data Table  (7)   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  (8)   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  (8)   If the answer to any of the above is "Yes," see the instructions for	I Lease	or lacinities, equipment, or other assets to other organization(s)			+		
k Performance of services or membership or fundraising solicitations for other organization(s)  i Performance of services or membership or fundraising solicitations by other organization(s)  in Sharing of facilities, equipment, mailing lists, or other assets  in Sharing of paid employees  o Reimbursement paid to other organization for expenses  o Reimbursement paid by other organization for expenses  q Other transfer of cash or property to other organization(s)  r Other transfer of cash or property from other organization(s)  1 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  (1) See Additional Data Table  (3) See Additional Data Table  (4) See Additional Data Table  (4) See Additional Data Table  (5) Amount involved the Additional Data Table  (6) See Additional Data Table  (7) See Additional Data Table	j Lease	of facilities, equipment, or other assets from other organization(s)		1j	Yes		
Performance of services or membership or fundraising solicitations by other organization(s)   Main   Sharing of facilities, equipment, mailing lists, or other assets   1m   Yes   1m   Y	-					No	
m Sharing of facilities, equipment, mailing lists, or other assets n Sharing of paid employees  o Reimbursement paid to other organization for expenses o Reimbursement paid by other organization for expenses  q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s)  1				11	Yes		
o Reimbursement paid to other organization for expenses  p Reimbursement paid by other organization for expenses  q Other transfer of cash or property to other organization(s)  r Other transfer of cash or property from other organization(s)  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 other organization  (b)  Transaction  (b)  Transaction  (c)  Amount involved  (1) See Additional Data Table  (2)  (3)  (4)				1m	Yes		
P Reimbursement paid by other organization for expenses  q Other transfer of cash or property to other organization(s)  r Other transfer of cash or property from other organization(s)  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)	<b>n</b> Sharı	ng of paid employees		1n	Yes		
q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s)  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    Column	o Reim	bursement paid to other organization for expenses		10		No	
The first of cash or property from other organization(s)  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 other organization  (b)  Transaction type(a-r)  (1) See Additional Data Table  (2)  (3)  (4)	<b>p</b> Reim	bursement paid by other organization for expenses		1р		No	
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)  (b)  Transaction type(a-r)  (1) See Additional Data Table (2)  (3)  (4)	<b>q</b> Othe	r transfer of cash or property to other organization(s)		<b>1</b> q		No	
(a) Name of other organization (1) See Additional Data Table (2) (3) (4)	<b>r</b> Other	transfer of cash or property from other organization(s)		1r		No	
Name of other organization (1) See Additional Data Table (2) (3) (4)	<b>2</b> If the	answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	s and transaction thres	holds			
(1) See Additional Data Table (2) (3) (4)		Name of other organization  Transa				ed	
(4)		onal Data Table	,, ,				
(4)	(2)						
(4)	(3)						
(5)	(4)						
	(5)						
(6)	(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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations		<b>(e)</b> Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	( <b>h)</b> eral or naging rtner?	
			Yes	No		Yes	No		Yes	No	
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Software ID: Software Version:

**EIN:** 20-1594570

Name: GROW SANTA FE COMMUNITY COLLEGE FOUNDATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) A mount Involved (\$)
(1)	santa Fe Community College	В	416,500
(2)	santa Fe Community College	N	238,517
(3)	santa Fe Community College - under 50000	М	
(4)	santa Fe Community College - under 50000	J	
(5)	santa Fe Community College - under 50000	L	
(6)	santa Fe Community College	E	446,420
(7)	santa Fe Community College - under 50000	D	