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CHANGE OF ACCOUNTING PERIOD

Department of the Treasury

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

OMB No 1545-0047 Open to Public

		nue service The organization may have to use a copy of this fetom to sa			inspection
<u>A F</u>	or th	e 2011 calendar year, or tax year beginning JUL 1, 2011 and	ending [EC 31, 2011	
Bo	heck if pplicab			D Employer identific	cation number
	Addre	S Creative Santa Fe		ļ	
]Name			20-24	457936
	Initial return		Room/suite	E Telephone number	
	Termi ated				989-9934
	Amen	City or town, state or country, and ZIP + 4		G Gross receipts \$	215,513.
	Apple tion	* Santa Fe , NM 87504		H(a) Is this a group re	turn
	pendi	F Name and address of principal officer:William A. Miller		for affiliates?	Yes X No
		314 Read St., Santa Fe, NM 87501		H(b) Are all affiliates incl	uded? Yes No
1 1	ax ex	empt status: X 501(c)(3)	-	list. (see instructions)	
J۷	Vebsi	te:▶ www.creativesantafe.org		H(c) Group exemption	number -
KF	orm o	organization X Corporation Trust Association Other	L Year	of formation 2005 M	State of legal domicile NM
	rt I	Summary			
a	1	Briefly describe the organization's mission or most significant activities: Crea-	tive S	anta Fe is o	dedicated
Š		to the growth and vitality of the Santa	Fe re	gion's creat	tive
Activities & Governance	2	Check this box If the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets.
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
S.	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	10
<u>\$</u>	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	ь	Net unrelated business taxable income from Form 990-II, line 34	18	7ь	0.
		© JUN 0 4 2012	121 _	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		<u>9,</u> 480.	211,890.
a	9	Program service revenue (Part VIII, line 2g)		8 , 566.	3,600.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d DEN, UT		2.	23.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	7,458.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,506.	215,513.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	ļ	0.	0.
1 8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	22,658.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	85.		
) }	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	20,595.	59,166.
	ı	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	20,595.	81,824.
<u>-&</u>	19	Revenue less expenses. Subtract line 18 from line 12		4,911.	133,689.
္ဌဗ			Be	ginning of Current Year	End of Year
ssel Bala	20	Total assets (Part X, line 16)		5,488.	139,177.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	<u> </u>	0.	120 177
		Net assets or fund balances. Subtract line 21 from line 20		5,488.	139,177.
	<u>irt </u>	Signature Block			le sudada da
		alties of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and belief, it is
true,	corre	ct, and complete Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r nas any knowledge	
		Squature of officer		<u> コ/ぴし/</u> 7	KU 16
Sig			0001180	Date 7	
Her	е	William A. Miller, Board Chair and Tro	easure	5T.	·
				Date Check	PTIN
Deid		Print/Type preparer's name Preparer's signature	/ 1 <i>H</i> I		
Paid		Kim McNulty, CPA	<u> </u>	05/18/12 self-employe	P00279211 86-1048509
Prep		Firm's name McNulty Zahm, LLC	hc	Firm's EIN ▶	00-1040309
Use	uniy	Firm's address 5203 Juan Tabo Blvd. NE, Suite	20	D	05-830-9446
		Albuquerque, NM 87111		Phone no 5	
May	<u>' tne l</u>	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

See Schedule O for Organization Mission Statement Continuation

Form 990 (2011) Creative Santa Fe

Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Í		ĺ
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	N/	<u>A</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	_		.,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			.
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X]
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
Ü	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	٠٠		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X_
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-		,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		х
4-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19		х
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	The state of the second second of the second		990 (2011)

Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the 21 Х United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, Х 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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 Х 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 X Schedule L. Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified Х 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III 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): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a 28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? X 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Х 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of X 35b section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V 1a Enter the number reported in Box 3 of Form 1056. Enter -0 ri not applicable	1a 9 1b 0 1c NA 2a 0 ns? 2b ns? 3a X 3b authority over, a account)? Accounts. 5a X 5b X 5c are organization solicit and or gifts 4a X 7b as required 7c X 7d ontract?		
Check if Schedule O contains a response to any question in this Part V 1a Enter the number reported in Box 3 of Form 1986. Enter 0-rf not applicable b Enter the number of Forms W20 included in line 1a. Enter 0-rf not applicable c Did the organization comple with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 If all 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-rife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes,* has it flied a Form 990-T for this year? If Y6,* provide an explanation in Schedule 0 4a At any time during the celendar 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 Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Dd any stuable party notify the organization file Form 8868-T? 5c 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? 7 Organizations that may receive deductible contributions under section 170(c). 8b If Yes,* did the organization notify the donor of the value of the goods or services provided? 7 Did the organization receive a payment in excess of \$75 made party is a contribution of quarty for goods and services provided? 8c Did the organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization file Form 8890 as required? 9 If Yes,* indicate the n	1a 9 1b 0 1portable gaming 1c NA 2a 0 ns?) 3a X 3b 3		Га
tal Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable Enter the number of Forms W.2G included in line 1a. Enter 0- if not applicable De the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gammling) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled 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 (see instructions) Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note: if the organization have unrelated business gross income of \$1.000 or more during the year? Sa At any time during the calendary year, did the organization in Schedulio 0 If Yes, 'the time than a fee foreign country (such as a bank account, securities account, or other financial accountry) If 'Yes,' the time the mane of the foreign country: Important in the security of the security in the security in the security in the security of the security in the security in the security of the security in the security of the security in the security of the security in the security in the security in the security in	1a 9 1b 0 1c NA 2a 0 ns?) 3a X 3b authority over, a account)? Accounts. 5a X 5b X 5c de organization solicit for or gifts as required 7c X 7d ontract?		· · ·
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b Enter the number of Forms WGG included in line 1a. Enter Orf. not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled 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 4erile (see instructions) 3a Dod the organization have unrelated business gross income of \$1,000 or more during the year? 5 if "Yes," has if filed a Form 990-T for this year? if "No," provide an explanation in Schedule O 4 At any time during the celendar 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 accountly? 5 if "Yes," here the name of the foreign country: ▶ 5 se instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 su Was the organization are prize to a prohibited tax sheller transaction? 6 if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited ax sheller transaction? 7 if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 8 if "Yes," to line 5a or 5b, did the organization file Form 888617? 9 Organizations that may receive deductible contributions under section 170(c). 10 Organizations that may receive deductible contributions under section 170(c). 20 Ot the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shall may receive deductible contributions under section 170(c). 21 If "Yes," did the organization include with every solitation and party for	authority over, a accounts. State organization solicit To NA T	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	12
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2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return 1 If alleast one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2 as greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 5 If 'Yes,' has if filed a Form 990-1 for this year' if 'No, 'provide an explanation in Schedule O 4 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)? 5 If 'Yes,' enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 If 'Yes,' in the Sa or 5b, of the organization file Form 8886-17? 6 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? 6 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made parily as a contribution and parily for goods and services provided? 9 If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 10 If the organization receive any funds, directly or indirectly, or paymenting organization file form 8899 as required? 11 If the organization make accounting the year, pay premiums, directly or indirectly, or a personal benefit contract?	2a 0 ns? 2b 3a X 3b X authority over, a account)? 4a X accounts. 5a X 5b X 5c 5c accounts. 6a X se organization solicit 6a X ions or gifts 6b X vices provided to the payor? 7a X as required 7c X ontract? 7e X		Ü
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h. Enter the amount of recognise the expansioning required to mointain by the states in which the			
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organization is licensed to issue qualified health plans		·	
c Enter the amount of reserves on hand		c Enter the amount of reserves on hand	
	- 1		
b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<u>e O 14b </u>	a Did the organization receive any payments for indoor tanning services during the tax year?	

Par	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	"No" n	espon	se
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
•	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	h		
	The governing body?	8a	X	[
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	1		
<u> </u>	HOTE D. F CHOICS (THIS OCCURN B TEXTESSES WHOTH ABOUT DONISON BY THE WHOM B THE THE TEXTESSES THE WHO IS THE W		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	1
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	In Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
	Did the organization have a written document retention and destruction policy?	14		X
14 15	Did the process for determining compensation of the following persons include a review and approval by independent		····	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	}
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	1	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
<u> 17</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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	id finai	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	•	
20	The Organization - 505-989-9934			
	314 Read St, Santa Fe , NM 87501			

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and Title	Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)
Nours per week (describe hours for related organizations in Schedule O) Nours for		J	(do		Pos	itior		one	Reportable		
Classification Compensation Co			box	box, unless person is both an				h an			
Chairman 30.00 X X 0.00 0		(describe hours for related organizations in Schedule	-	Individual trustee or director Institutional trustee Officer					the organization	organizations	compensation from the organization and related
Treasurer	(1) William Miller								}		
Treasurer	Chairman	30.00	X		X	<u> </u>	<u> </u>		0.	0.	0.
(3) Mary Bonney Director 1.00 X 0. 0. 0.	(2) Devon Ross						İ			•	•
Director 1.00 X 0. 0. 0. 0. 0. 0.	Treasurer	1.00	X		X		↓	<u> </u>	0.	0.	0.
(4) Mechele Hesbrook 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(3) Mary Bonney	1 1 1 1	,,						_		^
Director 1.00 X 0. 0. 0. 0. 0. 0.		1.00	X		├		<u> </u>	-		U.	U.
Director	• •	1 00	v	1					_	^	n
Director		1.00	^		-				<u> </u>	<u> </u>	U •
(6) James Patterson 4.00 X X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	• •	2 00	v						0	n	0.
Vice Chairman 4.00 X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		2.00	^	-		-			- ·	<u> </u>	
(7) Tom Aegeson 2.00 X 0. 0. 0. Director 1.00 X 0. 0. 0. (9) Bobby Levin 0. 0. 0. 0. Director 2.00 X 0. 0. 0. (10) Kris Swedin 0. 0. 0. 0. Board Chair thru 7/2011 15.00 X X (11) Clark Hulse 0. 0. 0. 0.	• •	4.00	x		X				0.	O.	0.
Director 2.00 X 0. 0. 0. 0. 0. (8) Geoff Hendricks Director 1.00 X 0. 0. 0. 0. 0. (9) Bobby Levin Director 2.00 X 0. 0. 0. 0. (10) Kris Swedin Board Chair thru 7/2011 15.00 X X 15,994. 0. 0. (11) Clark Hulse				_				-			
Director 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Director	2.00	X					[0.	0.	0.
(9) Bobby Levin Director (10) Kris Swedin Board Chair thru 7/2011 (11) Clark Hulse	(8) Geoff Hendricks										
Director 2.00 X 0. 0. 0. 0. (10) Kris Swedin Board Chair thru 7/2011 15.00 X X 15,994. 0. 0. (11) Clark Hulse	Director	1.00	X					L_	0.	0.	0.
(10) Kris Swedin Board Chair thru 7/2011 (11) Clark Hulse 0.0000	(9) Bobby Levin		1							<u>.</u>	_
Board Chair thru 7/2011 15.00 X X 15,994. 0. 0. (11) Clark Hulse	Director	2.00	X				lacksquare		0.	0.	0.
(11) Clark Hulse	(10) Kris Swedin							1			
	Board Chair thru 7/2011	15.00	X		X	_	<u> </u>		15,994.	0.	0.
Executive Director eff 12/2011 20.00 X 6,664. U. U.	•	20.00							6.664	_	•
	Executive Director eff 12/2011	20.00	-		X		-	-	6,664.	0.	
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Pat	t VII Section A. Officers, Directors, Tr		mple	oyee			ligh	<u>est</u>	i e			_	-	
	(A)	(B)			ر) Pos	C) Ition			(D)	(E)			(F)	
	Name and title	Average		not c	heck	more	than		Reportable	Reportable			mate	
		hours per week		unie cer an					compensation from	compensation from related			ount c ther	or
		(describe	ē						the	organizations		comp		ion
		hours for	trustae or director				- -		organization	(W-2/1099-MISC	»		m the	
		related	98	25 26			Sage	ŀ	(W-2/1099-MISC)	,	´	orga	nızatı	on
		organizations	E	Institutional trustee		8	Ē		`		1	and	relate	ed
		ın Schedule	Individual	製	15	Key employee	5 St	펄				orgar	nzatio	ns
		O)	<u>jo</u>	말	B B B	Š	Highest compensati employee	퉏	<u></u>					
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	Sub-total	. 	1		ь	l .		J	22,658.		0.			0.
	Total from continuation sheets to Part V	/II. Section A					>		0.		0.			0.
	Total (add lines 1b and 1c)	.,							22,658.		0.			0.
2	Total number of individuals (including but	not limited to ti	hose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable				
	compensation from the organization												. 1	<u></u>
											Г		Yes	No
3	Did the organization list any former officer			e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on	ŀ		1	Х
	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s					-		d _4	har aampanaatiaa from	the erganization	}	3		
4	and related organizations greater than \$15									the organization		4	ĺ	Х
5	Did any person listed on line 1a receive or									idual for services	ן			
•	rendered to the organization? If "Yes," con											5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensa	ation fr	om	
	the organization. Report compensation for	the calendary	/ear	end	ing v	<u>with</u>	or w	<u>ithir</u>		year.		401		
	(A) Name and busines:	s address	N	ONI	FC.				(B) Description of s	services	C	(C) ompen		1
				0111		_			<u> </u>					
					_			_		-		_		
					_			\dashv	 -				-	
2	Total number of independent contractors		not I	ımıte	ed to		_	stec	d above) who received r	nore than				
	\$100,000 of compensation from the organ	ilzation 🕨					0			<u>.</u> <u>.</u>				

	•	, Otalement of Never			(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	9	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor	ts, and ve 1f	211,250.	211,890.			
Program Service Revenue	2 a b c d e f			Business Code 561520	3,600.	3,600.		
	3 4 5	I Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax Royalties		•	23.			23.
	6 a b c		(i) Real	(II) Personal				
	7 a b	a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue		Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of	>				
Othe	с 9 а	Less: direct expenses Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less: direct expenses	t draising events	>				
	c 10 a b	Net income or (loss) from garr Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	ning activities returns a	•				
•	11 a b c	Miscellaneous Revenu	ie	Business Code				
	_	Total. Add lines 11a-11d Total revenue. See instructions		•	215,513.	3,600.	0	. 23.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons	se to any question in this	Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22			.,	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	22,658.	15,194.	4,532.	2,932.
	trustees, and key employees	22,030.	13,174.	4/3321	2/332.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	-			· · · · · · · · · · · · · · · · · · ·
7 8	Other salaries and wages Pension plan accruals and contributions (include)				
0					
9	section 401(k) and section 403(b) employer contributions) Other employee benefits			·····	
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
ь	Legal				
	Accounting	1,203.		1,203.	
ď	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	29,913.	22,774.		7,139.
12	Advertising and promotion	2,837.	2,837.		
13	Office expenses	7,261.	2,392.	4,527.	342.
14	Information technology				
15	Royalties				
16	Occupancy				<u> </u>
17	Travel	2,497.	2,497.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	400	400		
19	Conferences, conventions, and meetings	498.	498.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	765.		765.	
23	Insurance	703.		703.	******
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	Moving labor and materi	3,995.		3,995.	
b	Telephone and telecommu	2,949.	1,399.	865.	685.
c	Materials and supplies	2,634.	1,971.	584.	79.
d	Program events	2,100.	2,100.	700	200
e	All other expenses	2,514.	1,497.	709.	308.
25	Total functional expenses. Add lines 1 through 24e	81,824.	53,159.	17,180.	11,485.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>		Form 990 (2011)
	0 01-23-12				

Balance Sheet Part X (A) (B) Beginning of year End of year 3,625. 2,813. 1 1 Cash · non-interest-bearing 1,863. 130,891.2 2 Savings and temporary cash investments . . . 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule I Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 3,473. basis. Complete Part VI of Schedule D 10a 0. 3,473. 10c b Less: accumulated depreciation 10b 11 11 Investments · publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 2,000. 0. 15 15 Other assets See Part IV, line 11 139,177. 5,488. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17:24). Complete Part X of 25 Schedule D 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 5,488. 139,177. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here
and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 139,177. 5,488. 33 33 Total net assets or fund balances 139,177. 5,488. Total liabilities and net assets/fund balances

Form	990 (2011) Creative Santa Fe	20-245	7936	Pag	je 12		
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI		<u>-</u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			$\frac{13.}{24.}$		
2 Total expenses (must equal Part IX, column (A), line 25)							
3 Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,4	88.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	139	9,1	77.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>		
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь				

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

QUII
Open to Public inspection

Name of the organization

Creative Santa Fe

Employer identification number 20-2457936

Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
The orgai	nization is not a	a private foundation l	because it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1 🗀	A church, co	nvention of churches	s, or association of church	ches descr	nbed in se	ction 170	(b)(1)(A)(i)					
2 🔲	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospit	tal service organization o	described t	n section	170(b)(1)(A)(iii).					
4 🔲			operated in conjunction					(b)(1)(A)(iii). Enter th	ne hospital'	s name	в,
	city, and stat											
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unit	describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🔲	A federal, sta	ite, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desci	nbed ir	ı
	-	b)(1)(A)(vi). (Comple										
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	nembership	o fees, an	d gross red	eipts f	rom
	activities rela	ted to its exempt fur	nctions - subject to certa	in exception	ons, and (2	2) no more	than 33 1	/3% of its	support f	from gross	ınvestr	ment
	income and u	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon a	fter June 3	0, 197	5.
	See section	509(a)(2). (Complete	Part III.)									
10 🖳	An organizati	ion organized and or	perated exclusively to te	st for publi	c safety. S	ee sectio	n 509(a)(4	l).				
11 📖			perated exclusively for the									or
			ations described in section). See se c	ction 509(a	a)(3). Che	ck the box	that	
			organization and comple	_								
_	a L Type I		,,,,		e III - Func	•	-			Type III - C		
e 📖			t the organization is not									า
			han one or more publicly						(a)(1) or s	ection 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e []				
		rganization, check th				_			_			
9			rganization accepted ar								<u> </u>	NI.
			rectly controls, either al	one or tog	ether with	persons o	lescribed i	in (ii) and (i	II) below,	44.49	Yes	No
	_		upported organization?							11g(i)		
	• • •	•	n described in (i) above?		•					11g(ii)		
			person described in (i) o							11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(S).							
· -		1	(III) Type of	(E.) I. A		(a) Did io		(vi) Is	the			
` '	e of supported	(ii) EIN	organization	r ,	rganization sted in your			organizátic	on in col	nA (iiv)		Ī
orç	anization		(described on lines 1-9		document?			(i) organiz	2 111 1116	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
_			(occurrency)	1.55								
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				1								

Schedule A (Form 990 or 990-EZ) 2011 Creative Santa Fe

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on long 5-7 and of Part Land 4th annual content of the Content of Part Land 4th annual c

Calendar year (or fiscal year beginning in Calendar year (or fiscal year (or fiscal year beginning in Calendar year (or fiscal year (or fiscal year beginning in Calendar year (or fiscal year (o	fails to qualify under the tests				raneo to quality t	moer Fart III. II tile	Organization
Calendary sets (or fiscal year beginning in) Calendary sets (or fisc				<u>.</u>		-	
1 Giffs, grants, contributions, and membrating feet received. (Do not include any "unusual grants.") 2 Tax review level for the organization include any "unusual grants.") 3 Tax vaview or services of reclidities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The potion of total contributions by each person (other than a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 6 The potion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Statisticates 5 tentes 4 8 Section B. Total Support. Calindar year (or fixal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
membership fees received. (to not include any runusual grants?) 71,296. 46,974. 8,156. 9,480. 211,890. 347,796. 2 Tax revenues levied for the organization benefit and either paid to or expended on its behalf with the programment of the organization without charge 4 Total Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 8 Public support. Submed lines from the 4 8 Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from similar sources 173. 26. 2. 2. 23. 226. 9 Net income from similar sources 173. 26. 2. 2. 2. 23. 226. 174. 1,997. 4,606. 3,600. 10,350. 358,372. 175. 181. 1997. 4,606. 3,600. 10,350. 358,372. 182. First five years. If the Form 90s is for the organization of Public support percentage for 2011 (ine 6, column (f)) and stop here. Section C. Computation of Public Support percentage for 2011 (ine 6, column (f)) and stop here. The organization qualifies as a publicly supported organization mests the "fact-sand-circumstances" test. The organization mests the "fact-sand-circumstances" test. The organization mests the "fact-sand-circumstances" test. The organization of the organization mests the "fact-sand-circumstances" test. The organization mests the "fact-sand-circumstances" test. The organization during the organization mests the "fact-sand-circumstances" test. The organization during the organization mests the "fact-sand-circumstances" test. The organization mests the "fact-sand-circumstances" test. The organization mediates as publicly supported organization mests the "fact-sand-circumstances" test. The organization during the organization mests the "fact-sand-circumstances" test. The organization during the organization mests the "fact-sand-circumstances" test. The organization organization mests the "fact-sand-circumstances" test. T	, , , , , , , , , , , , , , , , , , , ,	(5) 2.551	(5) 2555	(0/2000	(-)		
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organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
· [=]							▶ □
To Private foundation, if the organization did not check a dox on line 15, 152, 150, 172, or 170, check this dox and see instructions							s

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning In)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the		,				
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				}		
	iness under section 513						
4	Tax revenues levied for the organ-	-					
	ization'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				 		
	Amounts included on lines 1, 2, and		·		-		
7 6	3 received from disqualified persons						
,	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					 	
	Add lines 7a and 7b	<u> </u>			<u> </u>		
	Public support (Subtract line 7c from line 6)	<u>i</u>		<u> </u>	<u> </u>	<u> </u>	
	ction B. Total Support			4 3 0000	4 7 0040	43,0044	40 T-1-1
_	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9							
10a	Gross income from interest, dividends, payments received on					1	
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)		<u> </u>			<u> </u>	
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here						▶
Se	ction C. Computation of Publ	ic Support Pe	rcentage			-, <u>.</u>	
15	Public support percentage for 2011 (line 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2010) Schedule A, Part	III, line 15			16	<u>%</u>
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage			, ,	
17	Investment income percentage for 20)11 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2010 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organia	zation	
Ł	33 1/3% support tests - 2010. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	▶

Schedule A (Form 990 or 990-EZ) 2011 Creative Santa Fe	20-2457936 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, Iii	ne 10; Part II, line 17a or 17b;
and Part III, line 12. Also complete this part for any additional information. (See instructions).	
The organization changed it's year end to December 31st ef	fective December
31, 2011. The figures for 2011 in Schedule A are from the	short period
July 2011 to December 2011.	
	··
	····

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. QMB No 1545-0047
2011
Open to Public Inspection

Name of the organization

Creative Santa Fe

Employer identification number 20-2457936

Pa	organizations Maintaining Donor Advis	ed Funds or Other Similar Funds	or Accounts. Complete if the		
organization answered "Yes" to Form 990, Part IV, line 6.					
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds		
_	are the organization's property, subject to the organization's		Yes No		
6	Did the organization inform all grantees, donors, and donor		sed only		
_	for charitable purposes and not for the benefit of the donor				
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No		
Pa	rt II Conservation Easements. Complete if the o	rganization answered "Yes" to Form 990, Pa	rt IV, line 7.		
1	Purpose(s) of conservation easements held by the organiza				
	Preservation of land for public use (e.g., recreation or		orically important land area		
	Protection of natural habitat	Preservation of a certifi	ed historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of	f a conservation easement on the last		
	day of the tax year.				
			Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
ь	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified historic st	2c			
d		' '	re		
	listed in the National Register	·	2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	organization during the tax		
	year >				
4	Number of states where property subject to conservation e	asement is located			
5	Does the organization have a written policy regarding the po				
	violations, and enforcement of the conservation easements	it holds?	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements dui	ring the year 🕨		
7	Amount of expenses incurred in monitoring, inspecting, and	denforcing conservation easements during t	he year ▶ \$		
8	Does each conservation easement reported on line 2(d) about				
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIV, describe how the organization reports conserva	tion easements in its revenue and expense s	statement, and balance sheet, and		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes th	ne organization's accounting for		
	conservation easements.				
Pa	rt III Organizations Maintaining Collections		her Similar Assets.		
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,		
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furtherand	ce of public service, provide, in Part XIV,		
	the text of the footnote to its financial statements that desc	ribes these items.			
b	If the organization elected, as permitted under SFAS 116 (A				
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of publ	lic service, provide the following amounts		
	relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1		> \$		
	(ii) Assets included in Form 990, Part X		> \$		
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financial			
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:			
а	Revenues included in Form 990, Part VIII, line 1		> \$		
ь	Assets included in Form 990, Part X		▶ \$		

		<u>e Santa Fe</u>						_		Page 2
Par	t III Organizations Maintaining C	ollections of A	t, Hist	torical Tre	easures, c	or Othe	er Simil	<u>ar Asse</u>	ts (contii	nued)
3	Using the organization's acquisition, accession	on, and other record	ls, checl	any of the	following that	t are a si	gnificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ıms				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further tl	he organizatio	on's exe	mpt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit or								_	
	to be sold to raise funds rather than to be ma	untained as part of t	he orga	nization's co	ollection?				Yes	No_
Par	t W Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered '	'Yes" to	Form 990), Part IV,	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	lary for	contribution	s or other as	sets not	ıncluded		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:					<u> </u>	
									Amount	
С	Beginning balance						1c		_	
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						11			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	No
b	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0			
	-	(a) Current year	(b) P	nor year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses		_						ļ	····
d	Grants or scholarships				<u> </u>					
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses								<u> </u>	++++++++++++++++++++++++++++++++++++++
9	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation the	at are held a	ind administe	red for t	he organı	zatıon	r	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									_
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990	D, Part X	, line 10	. ,			·		
	Description of property	(a) Cost or o		1 ''	or other	• •	ccumulat	I .	(d) Book	value
		basis (investr	nent)	basis	(other)	de	preciation)		
1a	Land								_	
b	Buildings							_		
c	Leasehold improvements									
d	Equipment				3,473.					3,473.
e	Other			<u> </u>						2 450
Tota	l. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part	X, colui	nn (B), line 1	10(c).)			•		3,473.

▶ 3,473. Schedule D (Form 990) 2011

Part VII Investments - Other Securities. S	ee Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method	of valuation: ear market value
(1) Financial derivatives			
(2) Closely-held equity interests			· · · · · · · · · · · · · · · · · · ·
(3) Other			
(A)	 		
<u>(B)</u>	 		
(C)			
(D)			
<u>(E)</u>			
(F) (G)	 		
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.	See Form 990, Part X, lir	ne 13.	
(a) Description of investment type	(b) Book value	(c) Method	of valuation: ear market value
(1)			
(2)			···
(3)			=
(4)			
(5)			
(6)			
(7)			
(8)			···
(9)			
(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part X Other Assets. See Form 990, Part X, line	e 15		
) Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin			<u> </u>
Part X Other Liabilities. See Form 990, Part X	, line 25.	(I) Declaration	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6) (7)			
(8)			
(9)			
(10)			
(11)		• • • • • • • • • • • • • • • • • • • •	
Total. (Column (b) must equal Form 990, Part X, col (B) lir FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote St. FIN 48 (ASC 740)	ne 25)		
FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote	to the organization's financial si	atements that reports the organization's liability	or uncertain tax positions under

	dule D (Form 990) 2011 Creative Santa re			20-24	77930 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A	<u>Audited</u>	Financial Stat	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		215,513.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		81,824.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		133,689.
4	Net unrealized gains (losses) on investments		4		
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 through 8		9		122 600
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	D-4	133,689.
	XII Reconciliation of Revenue per Audited Financial Statemen	its with	Revenue per i		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
a	Net unrealized gains on investments	2a		-	
Ь	Donated services and use of facilities	2b	-	-	
С	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIV.)	2d		- _	
_	Add lines 2a through 2d			2e 3	
3	Subtract line 2e from line 1			-3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا مه ا			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	·	-	
Ь	Other (Describe in Part XIV.)	4b		4c	
	Add lines 4a and 4b			5	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Stateme	nte With	Expenses pe		
		TILO WILL	LAPONOCO PO	1	
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				
2	Donated services and use of facilities	2a			
a	Prior year adjustments	2b		7	
b C	Other losses	2c		7	
d	Other (Describe in Part XIV.)	2d	···	-	
	Add lines 2a through 2d			7 2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)	4b		7	
	Add lines 4a and 4b			7 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete				
			<u>.</u>		
		.			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Creative Santa Fe

Employer identification number 20-2457936

Form 990, Part I, Line 1, Description of Organization Mission:
economy.
Form 990, Part III, Line 4a, Program Service Accomplishments:
Planning for this new initiative continued during this period and the
first implementation of this initiative is to occur in 2012.
Form 990, Part VI, Section B, line 11: An electronic draft of the Form 990
was provided to board members for their review before it was filed.
Form 990, Part VI, Section B, Line 12c: Board members are required to
timely disclose any potential conflicts if they arise.
Form 990, Part VI, Section B, Line 15a: Part VI Section B Line 15a -
process for determining compensation of Executive Director. Research was
conducted to determine compensation paid to the Executive Directors of
similar sized organizations.
Form 990, Part VI, Section C, Line 19: Method of making governing
documents, conflict of interest policy, and financial statements available
to the public. Governing documents and conflict of interest policy are
available upon request. Financial statements provided on Form 990 which is
available through Guidestar and upon request.

4

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

990

OMB No 1545-0172

Attachment Sequence No 179

Identifying number

Cr	eative Santa Fe			For	m 990 1	Page 10		20-2457936
	rt Election To Expense Certain Proper	ty Under Section 1	79 Note: If yo	u have any lis	ted property,	complete Part	V before yo	ou complete Part I.
	Maximum amount (see instructions)						1	500,000.
	Total cost of section 179 property place	ed in service (see	instructions)				2	
	Threshold cost of section 179 property	3	2,000,000.					
4 1	Reduction in limitation. Subtract line 3 f	4						
5 (Dollar limitation for tax year Subtract line 4 from line	5						
6	(a) Description of pro							
7	Listed property. Enter the amount from	line 29			7			
8	Total elected cost of section 179 prope	rty. Add amounts	s in column (c), lines 6 and	7		8	
9 .	Tentative deduction. Enter the smaller	of line 5 or line 8					9	<u></u>
10 (Carryover of disallowed deduction from	line 13 of your 2	010 Form 45	62			10	
	Business income limitation. Enter the sr		•		•		11_	
12 3	Section 179 expense deduction. Add lir	nes 9 and 10, but	do not enter	more than lir			12	
	Carryover of disallowed deduction to 20				▶ 13			1 1111
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	e: Do not use Part II or Part III below for							
	rt II Special Depreciation Allowa		<u> </u>	•				
14 3	Special depreciation allowance for qual	ified property (ot)	ner than listed	d property) pl	aced in servi	ce during		
	the tax year						14	<u> </u>
	Property subject to section 168(f)(1) ele	ction					15	
	Other depreciation (including ACRS)						16	
P-8	MACRS Depreciation (Do no	t include listed pi		ction A)			
		····					17	
	MACRS deductions for assets placed in	-		•			┐ ├ ''	
18	f you are electing to group any assets placed in serv Section B - Assets						tion Syste	em
	Section B - Assets	(b) Month and		r depreciation	1			
	(a) Classification of property	year placed in service		nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					·		
- b	5-year property	1				-		
	7-year property	1						
d	10-year property	1						
e	15-year property	1						
f	20-year property	1						
	25-year property	1			25 yrs.		S/L	
		/	-		27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets P	laced in Service	During 201	1 Tax Year U	sing the Alte	rnative Depre	ciation Sys	stem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
င	40-year	/			40 yrs.	MM	S/L	
Pa	rt IV Summary (See Instructions.)							
21	Listed property. Enter amount from line	28					21	
22	Total. Add amounts from line 12, lines	14 through 17, lin	es 19 and 20) ın column (g), and line 21			
1	Enter here and on the appropriate lines	of your return. P	artnerships a	ind S corpora	tions · <u>see in</u>	str.	22	0.
23	For assets shown above and placed in	service during th	e current yea	r, enter the				
11626	portion of the basis attributable to secti	on 263A costs			23			

Fo	rm 4562 (2011)	Cre	ative	Santa	Fe							20-	2457	936	Page 2
_	art V Listed Proper	ty (Include a	utomobiles,	certain ot	her vehic	les, cer	taın com	puters	s, and proj	perty use	ed for en				
	amusement.) Note: For any	vehicle for w	hich you are	using the	standar	d mileag	e rate or	dedu	cting lease	expens	e, comp	lete only	/ 24a, 24	4b, colui	nns (a)
	through (c) of S	Depreciation						nstruc	tions for li	mits for i	าลรรคกต	er auton	nobiles.)		
24:	a Do you have evidence to s					$\overline{}$	es		24b If "Y					Yes	No
240	· · · · · · · · · · · · · · · · · · ·	(b)	(c)	THE IT USE OF		기'	(e)		(f)		g)		h)	T	(i)
	(a) Type of property	Date	Busines		(d) Cost or		is for depre		Recovery		thod/		ciation	Ele	cted
	(list vehicles first)	placed in service	investme use percen		her basis	(bu:	siness/inve use only		period	Conv	ention	dedu	ıctıon		on 179 Ost
25	Special depreciation allo		<u> </u>		v nlaced	in service	re durino	the to	ax vear an	<u></u>					
20	used more than 50% in				piacca	50. 410	30 0011118	,	ac your an	_	25				
26	Property used more that					<u> </u>								<u> </u>	•
			<u> </u>	%								_			•
_	· · · · · · · · · · · · · · · · · · ·			%											
_	· · · · · · · · · · · · · · · · · · ·	<u> </u>		%											
27	Property used 50% or le	ess in a qual	Ified busines							1					
<u></u>	1100011, 0000 0070 011			%						S/L·					
_		- · · · -		%						S/L·				1	
		• •		%			-			S/L·			-	1	
28	Add amounts in column	(h) lines 25	through 27		e and or	line 21	page 1		· -		28			1	
	Add amounts in column		-				, pago .						29	····	
	Add arrivality in column	1 (1), 11110 20. 1	-11101 11010 01	Section			on Use	of Vet	nicles	_			, =-	·	
Co	mplete this section for ve	ehicles used	by a sole or							or related	d person				
	ou provided vehicles to												ng this s	section f	or
	se vehicles.														
					(a)	(b)		(c)	(4	d)	(6	e)	(r)
30	Total business/investment	miles driven d	uring the		hicle		hicle	Ιv	/ehicle	1	nicle	1	ncle		ıcle
•	year (do not include comi		g		Vollidio Vollidio										
31	Total commuting miles	• .	the vear												
	Total other personal (no	_													
-	driven		,, ,,,,,,,			1									
33	Total miles driven during	n the year						<u> </u>							
•	Add lines 30 through 32									ł					
34	Was the vehicle availab		al use	Yes	No	Yes	No	Yes	No.	Yes	No	Yes	No	Yes	No
•	during off-duty hours?	io toi potooti		100	1 33		1	1							
35	Was the vehicle used p	rimarily by a	more		1										
	than 5% owner or relate						1	ĺ					ļ	j	
36	Is another vehicle availa		onal			†									
•••	use?														
		Section C	- Question	s for Emp	lovers V	Vho Pro	vide Vel	nicles	for Use b	y Their I	Employe	es			
An	swer these questions to			_	-								re not m	ore than	5%
	ners or related persons.		•							•					
37	Do you maintain a writte	en policy sta	tement that	prohibits	all perso	nal use	of vehicl	es, Inc	luding coi	nmuting	, by you	r		Yes	No
	employees?	' '		•	•										
38	Do you maintain a writte	en policy sta	tement that	prohibits	personal	use of v	vehicles,	excep	ot commut	ing, by y	our/				
	employees? See the ins														
39	Do you treat all use of v														
	Do you provide more th					ınforma	tion from	your	employee	s about					
	the use of the vehicles,		-					•							İ
41	Do you meet the require					monstra	ation use	?							
	Note: If your answer to								covered ve	ehicles.					
P	art VI Amortization				•										
	(a)			(b)		(c)			(d)		(e)			(f)	
	Description o	f costs	(Date amortization begins	1	Amortiza amoun	ble t		Code section		Amortiza period or per		A	mortization or this year	
42	Amortization of costs th	at begins du	uring your 20		ar:										
		-													
43	Amortization of costs th	nat began be	fore your 20	011 tax ye	ar							43			
	Total. Add amounts in	•	-	-		o report						44			

41 ki €

Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

OMB No. 1545-1709

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Form 8868 (Rev. 1-2012)

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 20-2457936 Creative Santa Fe File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) P.O. Box 2388 filing your return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. Santa Fe , NM 87504 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) Return **Application** Return **Application** Is For Code Is For Code 07 01 Form 990-T (corporation) Form 990 Form 1041-A 08 02 Form 990-BL 09 Form 4720 Form 990-EZ 10 Form 5227 Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 05 12 Form 8870 Form 990-T (trust other than above) The Organization \bullet The books are in the care of \blacktriangleright 314 Read St - Santa Fe , NM 87501 Telephone No. ► 505-989-9934 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2011 , and ending DEC 31, 2011 If the tax year entered in line 1 is for less than 12 months, check reason: __ Initial return X Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA