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Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
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 frust or private foundation)
Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

A	For th	ne 2011 calendar year, or tax year beginning	·	and ending			
B	Check if				D Emp	ployer ide	entification number
	Addr	ress change Santa Fe Century Committee					
		e change c\o Willard Chilcott			8	5-04	73155
	Initia	Number and street (or P O box, if mail is not delivered to street add	Iress)	Room/suite	E Tel	ephone n	umber
	Term	nnated 885 Camino Del Este			5	05 - 9	82-1282
	Amei	nded return City or town, state or country, and ZIP + 4			F Gro	up Exem	ption
		aton pending Santa Fe, NM 87501				mber 🕨	
G	Accour	nting Method X Cash Accrual Other (specify) ▶			H Che	eck 🕨	X if the organization is not
1	Websit	te: >			req	uired to a	ittach Schedule B
J	Tax-ex	cempt status (check only one) $ \times$ 501(c)(3) \longrightarrow 501(c) ()	ert no) 🔲 4	947(a)(1) or 527	(Fo	rm 990, 9	990-EZ, or 990-PF)
K	Check	If the organization is not a section 509(a)(3) supporting organization	or a section 52	7 organization and its	gross re	eceipts ar	e normally not more than
	\$50,00	00 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-po	ostcard) may be	required (see instruct	ions) B	ut if the o	rganization chooses to file
	a retur	n, be sure to file a complete return					
L	Add lin	nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$2	200,000 or more	e, or if total assets (Pa	t II,		
	line 25	, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-	EZ			▶ \$	72314.
P	art I	Revenue, Expenses, and Changes in Net Assets o	r Fund Bal	ances (see the inst	ructions	for Part	
		Check if the organization used Schedule O to respond to any question in thi	s Part I		_•		X
	1	Contributions, gifts, grants, and similar amounts received				1	
	2	Program service revenue including government fees and contracts				2	72307.
	3	Membership dues and assessments				3	
	4	Investment income	See S	Schedule O		4	7.
	5a	Gross amount from sale of assets other than inventory	<u>5a</u>				
	b	Less cost or other basis and sales expenses	_ <u>5b</u>				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	line 5a)			5c	
	6	Gaming and fundraising events					
ē	а	Gross income from gaming (attach Schedule G if greater than		1			
Revenue	İ	\$15,000)	_ <u>6a</u>	L			
æ	b	Gross income from fundraising sevents (not including \$		entributions			
		from fundraising events reported on line 1) (attach Schedule G if the sum of s	I .	1			
		gross income and contributions exceeds \$15,000)	6b	30.	71.	1	
	C	Less direct expenses from gaming and fundraising events	<u>6c</u>		1/1.	1 . 1	-38171.
	d	Net income or (loss) from gaming and fundraising events: (add lines 6a and 6	I	ine 60) I		6d	-301/1.
	7a	Gross sales of inventory, less returns and allowances	7 <u>a</u>	-		1	
	1 6	Less cost of goods sold	_ 7b	<u></u>		1	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c 8	
•	8	Other revenue (describe in Schedule 0)					34143.
_	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O)	See S	Schedule 0		10	23368.
	11	Benefits paid to or for members				11	
w	12	·				12	
Expenses	13	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors				13	395.
per	14	Occupancy, rent, utilities, and maintenance				14	
Ä	15	Printing, publications, postage, and shipping				15	4992.
	16	Other expenses (describe in Schedule O)	See S	Schedule 0		16	13317.
	17	Total expenses. Add lines 10 through 16			>	17	42072.
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	-7929.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
Ass		(must agree with end-of-year figure reported on prior year's return)				_19	88645.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)				20	0.
_	21	Net assets or fund balances at end of year Combine lines 18 through 20				21	80716.
īμ	Λ For	Panerwork Reduction Act Notice see the senarate instructions					Form 990-EZ (2011)

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Form 990-EZ (2011)

P	art II Balance Sheets. (see the instructions for Part II.)					
	Check if the organization used Schedule O to res	pond to any ques	stion in this Part II			X
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		82249	• 22		74320.
23		. [-		23		
24		, –	6396			6396.
25	7	<u> </u>	88645			80716.
26				• 25 • 26		0.
27		-	88645			80716.
	art III Statement of Program Service Accomplishmer	ate (see the instru				
			•			penses for section
	Check if the organization used Schedule O to res		stion in this Part in			and 501(c)(4)
vvna	at is the organization's primary exempt purpose? See Schedule O					ons and section
	onbe the organization's program service accomplishments for each of its three largest program sizes. The confidence is the services provided, the number of persons benefited, and other relevant informations.		enses in a clear and concise		for others) trusts, optional)
		ation for each program title				·
28	Santa Fe Century Bike Ride					
					1	
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	<u>Ш</u>	28a	35036.
29						
					} }	
	(Grants \$) If this amount includes foreign g	rants, check here	•		29a	
30	Total Carried	,	·			
-						
	(Charles & Life this arrange to the feature of			$\overline{}$	30a	
24	(Grants \$) If this amount includes foreign g	rants, check nere		<u>اب</u>	304	
31	Other program services (describe in Schedule O)				04-	
•-	(Grants \$) if this amount includes foreign g	rants, check here		<u> </u>	31a	35036.
32	Total program service expenses (add lines 28a through 31a)				32	
	art IV List of Officers, Directors, Trustees, and Key E				instructions for	or Part IV)
	Check if the organization used Schedule O to res					
		(b) Title and average ho			alth benefits, nbutions to	(e) Estimated
	(a) Name and address	per week devoted to	W-2/1099-MISC)	emple	oyee benefit and deferred	amount of other compensation
		position	(if not paid, enter -0-)		pensation	Compensation
		Pres/Treas.	1			
	ste, Santa Fe, NM 87501	_5.00_	0.		0.	0.
Ch	narles F. Loesch	Vice Pres.				
P.	O. Box 1245, Santa Fe, NM 87504	5.00	0.		0.	0.
F]		Secretary				
	rive, Santa Fe, NM 87501	5.00	0.		0.	0.
		Director				
	5 East Alicante, Santa Fe, NM 87501		0.		0.	0.
		Director				
	rcle N, Santa Fe, NM 87505	5.00	0.		0.	0.
5	to Chimbia 11912 El Colindo	Director				
			0.		0.	0.
AI	buquerque, NM 87110	5.00	<u> </u>			<u> </u>
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Form 990-EZ (2011) C\O Willard Chilcott

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each X 33 activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported X 35a on lines 2, 6a, and 7a, among others)? N/A 35b b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax Х 35c requirements during the year? If "Yes," complete Schedule C, Part III 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X 36 complete applicable parts of Schedule N 0. 37a 37a Enter amount of political expenditures, direct or indirect, as described in the instructions X 37b b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X 38a in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter N/A 39a a Initiation fees and capital contributions included on line 9 N/A b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under 0. 0 • , section 4955 ► 0 • ; section 4912 ► b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? Х 40b If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers 0. or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X 40e transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed. ▶ None Telephone no ► 505-982-1282 42a The organization's books are in care of ► Willard Chilcott ZIP+4 ► 87501 Located at ▶ 885 Camino del Este, Santa Fe, NM b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 42c c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A ▶ 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of 44a Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b of Form 990-EZ 44c c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d in Schedule O Х 45a 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b Form 990-EZ (2011)

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	Yes	No

6 Did the or	rganization engage, directly or indirectly, in	political campaign activ	nies on denan of or in oppositio	II IU CANUIUAIES IOI D		Į.	- 1
	omplete Schedule C, Part I				1	46	x
Part VI	Section 501(c)(3) organizatio	ns and section 4	1947(a)(1) nonexempt	charitable tru	sts only. All s	ection 5	01(c)(
(organizations and section 4947(a)(1) r	nonexempt chantable	trusts must answer question	ns 47-49b and 52,	and complete th	e table:	3
	for lines 50 and 51. Check if the organ	nization used Schedu	le O to respond to any ques	tion in this Part VI			
						Ye	
Did the or	ganization engage in lobbying activities or	have a section 501(h) e	lection in effect during the tax ye	ear? If "Yes," complet	e Sch C, Part II 📙	47	X
Is the org	anization a school as described in section :	170(b)(1)(A)(ii)? If "Yes,	complete Schedule E			48	Х
a Did the or	rganization make any transfers to an exemp	ot non-charitable related	organization?		4	19a	_ X
	ras the related organization a section 527 o	•			_	19b	
	this table for the organization's five highes			s, trustees and key ei	mployees) who eac	h receive	ed more
than \$100	0,000 of compensation from the organization			1 (-)	(4)		
	(a) Name and address of each empload more than \$100,000	oyee	(b) Title and average hours per week devoted to	(C) Reportable compensation (Forms	(d) Health benefits, contributions to	amount	timated of othe
	·	ONE	position	W-2/1099-MISC)	employee benefit plans, and deferred		nsation
	14(JRE		 	compensation		
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	nber of other employees paid over \$100,00		>				
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Complete organizati	this table for the organization's five highes on If there is none, enter "None" NO	st compensated indepen					
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d Total num Did the or	this table for the organization's five highes ion. If there is none, enter "None". No diaddress of each independent contractor purpose the properties of the	st compensated indepen ONE paid more than \$100,000	(b) Type (of service		ompensa	tion
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SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of t	the organizati	on Santa F	e Century Co	mmitt	ee	, , , , , , , , , , , , , , , , , , , ,		Er	nployer id	lentification	on num	ıber
		c\o Wil	lard Chilcot	t					85	<u>-0473</u>	<u> 155</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
The organi	ization is not a	private foundation	because it is: (For lines 1	through 1	11, check o	only one b	ox.)	-				
1 🔲			s, or association of churc					•				
2 🗀	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)(A)(iii).					
4			operated in conjunction					(b)(1)(A)(iii	i). Enter th	e hospītal'	s name) ,
	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	described	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🗀	A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).					
7 🔲	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 in	I
	section 170(b)(1)(A)(vi). (Comple	te Part II)									
8 🗔	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	embershij	p fees, and	d gross rec	eipts fi	rom
	activities rela	ted to its exempt fur	nctions - subject to certa	an exception	ons, and (2	2) no more	than 33 1	/3% of its	support fi	rom gross	ınvestr	nent
	income and i	inrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization af	ter June 3	0, 1975	5.
	See section	509(a)(2). (Complete	e Part III.)									
10 🔲			perated exclusively to te									
11			perated exclusively for the									r
			ations described in secti				?). See sec	tion 509(a	a)(3). Chec	k the box	that	
	describes the		organization and compl									
	a L Type				e III - Func					Type III - C		
e 📖			at the organization is not									1
			han one or more publicly						∂(a)(1) or s	ection 509	(a)(2).	
f			tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	9 111				
		rganization, check ti		<u>.</u>								L
9			organization accepted ar								V	No
			lirectly controls, either al	lone or tog	ether with	persons c	iescribed	n (II) and (III) below,	44~(i)	Yes	IAO
			upported organization?							11g(i)	1	
	• •		n described in (i) above?		-0					11g(ii) 11g(iii)		
_	• •	•	person described in (i)							1 19(11)		-
h	Provide the f	ollowing information	about the supported or	ganization	(S).							
			(iii) Type of	Viv.) In the c	organization	(w) Did you	notify the	(vi) Is	the	4-111 4-		
	of supported	(ii) EIN	organization	in col (I) lis	sted in your	organizat	ion in col	Lorganizatio	on in col l	nA (iiv)	iount or port	
orga	anization		(described on lines 1-9		document?			(I) organiz U S	? " " " "	Sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_							
				1								
		 -		1								
				T		_						
				<u> </u>	<u>L</u>		<u></u>					
_												
								ļ	ļ <u>.</u>	_		
Total			1	1	E .							

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

	edule A (Form 990 or 990-EZ) 2011	O	. December of the	C4: 470	/b\/4\/A\/i+\ ==	- 470/b\/4\/A\/	Page 2
ME	Support Schedule for (Complete only if you checke						
	fails to qualify under the tests				n railed to quality	under rait iii. ii ti	ie organization
<u></u>		, iloted below, piec	ase complete r art				
	ction A. Public Support	4) 0007	4 > 0000	4) 0000	4.0.0040	(-) 2011	(f) Total
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(i) Total
'	Gifts, grants, contributions, and			ļ		}	
	membership fees received. (Do not include any "unusual grants.")						
_	, ,					 	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						-
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	-					
4	Total. Add lines 1 through 3				<u> </u>		· · · · · · ·
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)						
	**						
	Public support. Subtract line 5 from line 4 ction B. Total Support		1	<u> </u>	1	<u>L</u>	<u>-L</u>
		1 4 3 2007	43,0000	4-3.0000	(4) 0010	(-) 0011	(f) Total
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(I) IOIAI
_	Amounts from line 4				-	-	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources				 	 	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				1		
	assets (Explain in Part IV.)		· · · · · · · · · · · · · · · · · · ·				
	Total support. Add lines 7 through 10		1	1	.1	12	
	Gross receipts from related activities	•		ral facurth ar fifth t	ov voor on a coate		
13	First five years. If the Form 990 is fo		s ilist, second, tili	ia, iourni, or mar t	ax year as a section	5/1 50 1 (C)(O)	▶□
Se	organization, check this box and sto ction C. Computation of Pub	lic Support Pe	rcentage				
	Public support percentage for 2011			column (fl)		14	9/
14 15	Public support percentage from 2010			001011111 (1))		15	9/
	a 33 1/3% support test - 2011. If the			on line 13, and line	14 is 33 1/3% or	.	
101	stop here. The organization qualifies				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		▶□
	o 33 1/3% support test - 2010. If the				d line 15 is 33 1/39	% or more, check	this box
	and stop here. The organization qua					,,	▶□
17	and stop here. The organization qua				e 13. 16a. or 16b	and line 14 is 10	% or more.
176	and if the organization meets the "fai						
	meets the "facts-and-circumstances"						▶□
	o 10% -facts-and-circumstances tes					17a, and line 15	s 10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶ □

Schedule A (Form 990 or 990-EZ) 2011

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

<u> </u>	qualify under the tests listed be	low, please compl	ete Part II.)			· · ·	
	ction A. Public Support		#1 000c	(-) 0000	4-0.004.0	(a) 0044	(D.T.)
	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.")	-		-			
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	67290.	66628.	70055.	73266.	72307.	349546.
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	67290.	66628.	70055.	73266.	72307.	349546.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						349546.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	67290.	66628.	70055.	73266.	72307.	349546.
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	4054.	1735.	224.	12.	7.	6032.
ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b	4054.	1735.	224.	12.	7.	6032.
-	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	20020	27,500				
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part IV.)	71344.	68363.	70279.	73278.	72314.	355578.
	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for check this box and stop here			, lourth, or litth ta	year as a section		▶ □
	ction C. Computation of Publi						00.00
15	Public support percentage for 2011 (li	ne 8, column (f) di	vided by line 13, co	olumn (f))	<u> </u>	15	98.30 %
16	Public support percentage from 2010	Schedule A, Part I	III, line 15			16	96.73 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	investment income percentage for 20	11 (line 10c, colum	n (f) divided by line	∋ 13, column (f))	۲	17	1.70 %
18					L	18	3.27 %
19a	33 1/3% support tests - 2011. If the						7 is not
_	more than 33 1/3%, check this box and 33 1/3% support tests - 2010. If the						▶ X
0	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization						
<u> 20</u>	rivate loundation. If the organization	I GIG HOL CHECK & L	JOA OII IIII 14, 194	, or 100, CHECK III		dule A (Form 990	000_EZ\ 2011

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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-FZ ▶ See separate instructions

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization Santa F	Te Century Committe Llard Chilcott	e	ee se	sparate instructions	3.		ntification number
C\O Willard Chilcott Part I 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.							
 1 Indicate whether the organization rai a Mail solicitations b Internet and email solicitation c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid incompensated at least \$5,000 by the 	e Solicitat Solicitat g X Special or oral agreement with any individual Part VII) or entity in connection with p lividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribution	aiser ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			_				
			_				
 					-		
	<u> </u>	·					
Total 3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	or has been notified	d it is	exempt from re	egistration
or licensing.							
				<u></u>			
	<u> </u>				-		
				·			
							<u> </u>
		•		<u>-</u>			

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2011

Santa Fe Century Committee 85-0473155 Page 2 Schedule G (Form 990 or 990-EZ) 2011 C\O Willard Chilcott Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Santa Fe (add col. (a) through Century Bike col. (c)) (event type) (event type) (total number) Revenue Gross receipts Less: Charitable contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: Yes a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2011

b If "Yes," explain:

132082 01-23-12

Santa Fe Century Committee Schedule G (Form 990 or 990-EZ) 2011 C\O Willard Chilcott 85-0473155 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility 13a **b** An outside facility 13b Enter the name and address of the person who prepares the organization's gaming/special events books and records: Yes No 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 of the third party: Name ► Address -16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ _____ Description of services provided Independent contractor Director/officer 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

85047311

	Footnotes	Statement 1
Direct Costs	······································	10287.
Event Supplies Clothing		9567. 9020.
Rentals		4964.
Event Equipment		416.
Meals		3867.
Labor		50.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

Santa Fe Century Committee c\o Willard Chilcott

Employer identification number 85-0473155

c\o Willard Chilcott	85-0473155
Form 990-EZ, Part I, Line 4, Other Investment Income:	
Description of Property:	Amount:
Interest Income	7.
Form 990-EZ, Part I, Line 10, Payments to Affiliates:	
Affiliate Name: St. Vincent Cancer Center	
Affiliate Address: St. Vincent Hospital Santa Fe, NM 8750	05
Purpose of Payment: Donation	
Amount of Payment:	7815.
Affiliate Name: Misc. Payments to Various Organizations	all under
\$200/each	
Affiliate Address: Santa Fe, NM 87505	
Purpose of Payment: Donation	
Amount of Payment:	3553.
Affiliate Name: Santa Fe Prep Bike Program	
Affiliate Address: Santa Fe, NM 87501	
Purpose of Payment: Donation	
Amount of Payment:	12000.
Total included on Form 990-EZ, line 10	23368.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Refunds	194.
Insurance Costs	504.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sche 132211 01-23-12	edule O (Form 990 or 990-EZ) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Santa Fe Century Committee **Employer identification number** Name of the organization c\o Willard Chilcott 85-0473155 Gratuities 9297. Phone; office supplies, etc. 3167. Permits and Fees 155. Total to Form 990-EZ, line 16 13317. Form 990-EZ, Part II, Line 24, Other Assets: Description Beq. of Year End of Year 6396. 6396. Equipment Form 990-EZ, Part III, Primary Exempt Purpose - To heighten general awareness of the use of bicycles as vechicles suitable for ordinary travel, to educate bicylists in the safe use of bicycles for transportation, to increase the familiarity of motorists and the general public with bicyclists using the roads and highways, to make roads safer for joint use by motorists and cyclists, and to foster bicycle use among persons of all ages and athletic abilities. Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.