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Extended Return

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)
Sponsoning organizations of donor 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 pand 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	e 2011 calendar year, or tax year beginning and ending									
В	Check if	C Name of organization	D Employer identification number								
Γ	_	ess change	•	-							
Ē		Santa Fe for Students	85-0481104								
Ē		3.00-80	- 								
Ē		nated 978 Indian Ridge Rd			986-5053						
ř	_	04 - 4 - 4 - 4 - 7 - 7 - 7	F Group Exemption								
Ē	_	aton pending Santa Fe, NM 87501		nber 🕨	•						
G		nting Method: X Cash Accrual Other (specify) ▶			if the organization is not						
ī		e: N/A			attach Schedule B						
		empt status (check only one) — X 501(c)(3)			, 990-EZ, or 990-PF)						
	Check Inf the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than										
••		O A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction									
		1, be sure to file a complete return	, 50	21 11 (110	organization enouses to me						
1		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	11								
-		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	, 	s	74,712.						
P	art I	<u> </u>	ctions								
	<u> </u>	Check if the organization used Schedule O to respond to any question in this Part I			, 🟋						
	1	Contributions, gifts, grants, and similar amounts received		1	74,643.						
	2	Program service revenue including government fees and contracts	Ì	2							
	3	Membership dues and assessments	Ì	3							
	4	Investment income See Schedule O	Ī	4	69.						
	5a	Gross amount from sale of assets other than inventory 5a		•							
	J	Less cost or other basis and sales expenses 5b		4							
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c							
	6	Gaming and fundraising events	Ì								
_	a	Gross income from gaming (attach Schedule G if greater than									
Revenue	-	\$15,000) 6a									
eVe	Ь	Gross income from fundraising events (not including \$ of contributions									
Œ		from fundraising events reported on line 1) (attach Schedule G if the sum of such									
		gross income and contributions exceeds \$15,000) 6b									
	C	Less direct expenses from gaming and fundraising events 6c									
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d							
	7a	Gross sales of inventory, less returns and allowances 7a									
		Less cost of goods sold 7b									
		Gross profit-or-(loss) from sales of inventory-(Subtract line-7b from line-7a)		7c							
	8	Other revenue (describe in Schedule O)		8							
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8RECEIVED	•	9	74,712.						
	10	Grants and similar amounts paid (list in Schedule 0) See Schedule 0		10	30,400.						
	11	Benefits paid to or for members MAY 2 4 2012	. [11							
S	12	Salaries, other compensation, and employee benefits 2 4 2012 0		12							
Expenses	13	Professional fees and other payments to independent-contractors		13	5,152.						
ğ	14	Occupancy, rent, utilities, and maintenance OGDEN, UT	[14							
ш	15	Printing, publications, postage, and snipping	[15	223.						
	16	Other expenses (describe in Schedule 0)		16	27,158.						
	17	Total expenses. Add lines 10 through 16	•	17	62,933.						
s	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	11,779.						
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))									
As		(must agree with end-of-year figure reported on prior year's return)		19	35,264.						
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)	[20	0.						
_	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	47,043.						
LH	A For	Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2011)						

132171 02-06-12

Form 990-EZ Department of the Treasury

Internal Revenue Service

Pa	Balance Sheets. (see the instructions for Part II.					
	Check if the organization used Schedule O to res	spond to any ques				X
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		29,556	- 22		47,043.
23	Land and buildings			23		
24	Other assets (describe in Schedule O) See Schedule C) .	5,708			0.
25	Total assets		35,264	- 25		47,043.
26	Total liabilities (describe in Schedule O)		0	- 26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		35,264	• 27		47,043.
Pa	rt III Statement of Program Service Accomplishme	nts (see the instru	ctions for Part III.)	Ex	rpenses
	Check if the organization used Schedule O to res	spond to any gues	tion in this Part III			for section
What	is the organization's primary exempt purpose? See Schedule C					and 501(c)(4) ons and section
	the the organization's program service accomplishments for each of its three largest program		enses in a clear and concise	i	4947(a)(1) trusts, optional
	er, describe the services provided, the number of persons benefited, and other relevant inform				for others)
	To establish a part-time family cen					
	Elementary School and provide famil	y and neart	n support 1	<u>n</u>		
	the school	······································		_		
	(Grants \$ 30,400.) If this amount includes foreign		<u> </u>	<u> </u>	28a	31,140.
	To provide school books for educati					
	elementary schools, benefitting 1,0	000 students				
	(Grants \$) If this amount includes foreign of	grants, check here	•		29a	17,063.
30	To provide emergency funds for heal		ground			
	checks for two elementary schools					
•						
	(Grants \$) If this amount includes foreign of	grante chack hara		<u> </u>	30a	3,751.
	Other program services (describe in Schedule O)	grants, check here .			,,,,	- 0,731.
				\square	,	
	(Grants \$) If this amount includes foreign of	grants, cneck nere			31a	
					00	51 Q5 <i>1</i>
32	Total program service expenses (add lines 28a through 31a)				32	51,954.
32	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key E	mployees. List each o		see the ir		
32	Total program service expenses (add lines 28a through 31a)	mployees. List each o spond to any ques	tion in this Part IV	see the ir	estructions f	or Part IV)
32	Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	mployees. List each o spond to any ques (b) Title and average ho	etion in this Part IV	see the ir	estructions for the benefits, outlons to	or Part IV) (e) Estimated
32	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key E	Employees. List each o spond to any ques (b) Title and average ho per week devoted to	urs (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heal contrib employ plans, as	estructions for the benefits, buttons to the benefit and deferred	(e) Estimated amount of other
32 Pa	Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and address	Employees. List each of spond to any ques (b) Title and average hore per week devoted to position	urs (c) Reportable	(d) Heal contrib employ plans, as	eth benefits, butions to see benefit	or Part IV) (e) Estimated
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Pa Wi Rd	Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and address 1liam C. Carson, 978 Indian Ridge , Santa Fe, NM 87501	mployees. List each o spond to any ques (b) Title and average hor per week devoted to position President 1.00	urs (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heal contrib employ plans, as	estructions for the benefits, buttons to the benefit and deferred	(e) Estimated amount of other
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Page 3

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in t			X
	instructions for that v.) officer in the organization used con. O to respond to any question in t			
33	Did the experience on any configuration to assume the experience of the the IDCO (4 N/ + 5 d) and the distriction of the second of the		res	No
93	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			X
34	activity in Schedule 0	33		<u> </u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	,,	X	l
25.0	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		 -
358	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			J.
_	on lines 2, 6a, and 7a, among others)?	35a	NT /	X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
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			
00	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			v
07.	complete applicable parts of Schedule N	36	ļ	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0	-1 1	•	
	Did the organization file Form 1120-POL for this year?	37b	ļ	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made		1	.,
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	- !		
39	Section 501(c)(7) organizations Enter.			
	Initiation fees and capital contributions included on line 9 39a N/A	-	:	
	Gross receipts, included on line 9, for public use of club facilities N/A	-		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0 . section 4912 ► 0 . section 4955 ► 0 .			
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?			
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		1	.,
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► NM The organization's books are in care of ► William C. Carson Telephone no ► 505-9	0 E	<u> </u>	
42 a		8750		
		3730	91	
U	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ļ	V	Al-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	X
	If "Yes," enter the name of the foreign country—	42b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		******	~~~
r	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	į	х
·	If "Yes," enter the name of the foreign country	426		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	\Box
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	The street are street or an overlap interest reserved of accorded during the tax year.			
		ſ	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			110
	Form 990-EZ	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	770		
~	of Form 990-EZ	44b	, 1	Х
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
~	in School to O	440	, 1	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	$\overline{}$	<u> </u>
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	700		<u> </u>
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	, 1	
	The second secon	Form 99	90-F7	(2011)
				• • /

Form 990-	EZ(2011) Santa Fe for Students				85-0481	04	F	Page 4
	he organization engage, directly or indirectly, in political campaign activities, complete Schedule C, Part I	es on behalf of or I	n opposition	to candidates for pu	ublic office?	46	Yes	No X
Part V		147(a)(1) none		charitable tru	sts only All		I	
I CH L V	organizations and section 4947(a)(1) nonexempt charitable tr							(0)(0)
	for lines 50 and 51. Check if the organization used Schedule		-		and complete t	iic tab	103	
	Tot lines se and e ft official time organization assessment	o to respond to	ary quost	OTT III TIIIS I WIT VI		-	Yes	No
47 Did t	he organization engage in lobbying activities or have a section 501(h) elec	tion in effect durin	n the tay ve:	ar2 If "Ves " complete	Sch C Part II	47		X
	e organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," o		•	in 163, complete	, 0011 0, 1 411 11	48		X
	he organization make any transfers to an exempt non-charitable related or		_			49a		X
	es," was the related organization a section 527 organization?	gamzation			•	49b		
	plete this table for the organization's five highest compensated employees	: (other than office)	rs directors	trustees and key en	uniovees) who ea	·	wed n	nore
	\$100,000 of compensation from the organization of there is none, enter		13, 411001013	, trustees and noy on	iipioyees/ wiie ee			
(,,,,,,,	(a) Name and address of each employee	(b) Title and aver	ane hours	(C) Reportable	(d) Health benefits	(e)	Estima	ated
	paid more than \$100,000	per week dev		compensation (Forms	contributions to employee benefit			other
	NONE	position	າ	W-2/1099-MISC)	plans, and deferred compensation	com	pensa	ation
			-		56(1,55)	1		
		1						
						\dagger		
		1						
						†		
		1	l			-		
						1		
		1						
			_			† · · ·	-	
		1			ı			
51 Com	number of other employees paid over \$100,000 plete this table for the organization's five highest compensated independe nization. If there is none, enter "None" NONE	nt contractors who			· · · · · · · · · · · · · · · · · · ·			
(a) Nam	e and address of each independent contractor paid more than \$100,000		(b) Type of	service	(E) (ompen	sation	<u>. </u>
								
						_		
								
								
					Ì			
		-	··	····				
d Tota	number of other independent contractors each receiving over \$100,000			•				
	he organization complete Schedule A? Note : All section 501(c)(3) organiz	ations and 4947(a))(1) nonexer	mpt				
abor	table trusts must attack a semalated Cabadula A	•	,,	•	▶ 🖸	Yes	Г	□No
Under penal Declaration	Iddle trusts must attach a complete schedule A time to accompanying sche best of penjury, I declare that I have examined this return, including accompanying sche of preparer (other than officer) is based on all information of which preparer has any kno	dules and statements,	and to the be	st of my knowledge and	belief, it is true, cor	ect, and	comple	ete
	1/1/1/2 1 12				5-19-	_		
Sign Here	Signature doffices	^			Date			
Here	President William C C	6000	<u> </u>	<u> </u>				
	Print/Type preparer's name Preparer's signature		Date	Check	If PTIN	••		
Paid		_	1	self- emplo	-			
Prepar	er Ally Towle, CPA	200	5-11.		P006	5930	45	
Use Or		- yerse	<u> </u>		▶ 85-020			
	Firm's address Post Office Box 93656	 		Phone no	505-99			<u> </u>
	Albuquerque, NM 87199			, 310			_ •	
May the IF	S discuss this return with the preparer shown above? See instructions				. ▶ []	Yes		No
				· <u></u>		orm 99		
							- 1	,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Santa Fe for Students

Employer identification number 85-0481104

		<u> </u>										
Part I			rity Status (All organi					tructions.				
The orga	7		because it is: (For lines	_		-	•					
1 🖳	A church, co	onvention of church	es, or association of chui	rches desc	cribed in se	ection 170)(b)(1)(A)(ī).				
2	A school des	scribed in section 1	70(b)(1)(A)(ii). (Attach So	chedule E.))							
з 🖳	A hospital or	r a cooperative hosp	ortal service organization	described	ın section	170(b)(1)	(A)(iii).					
4	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170)(b)(1)(A)(i	ii i). Enter t	he hospita	d's nam	e,
	city, and stat											
5] An organizat	tion operated for the	e benefit of a college or u	iniversity o	wned or o	perated by	a govern	mental un	it describe	ed in		
	section 170	(b)(1)(A)(iv). (Comp	lete Part II.)									
6	A federal, sta	ate, or local governr	nent or governmental un	rt describe	d in sectio	on 170(b)(1)(A)(v).					
7 X	An organizat	tion that normally re	ceives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	e general į	oublic desc	onbed in	n
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	activities rela	ated to its exempt fu	unctions - subject to certa	aın exceptı	ions, and (2) no more	e than 33	1/3% of its	s support	from gross	investr	ment
	income and	unrelated business	taxable income (less sec	tion 511 ta	ax) from bu	sinesses	acquired b	y the orga	anization a	after June 3	30, 197	5.
	See section	509(a)(2). (Complet	te Part III.)									
10	An organizat	ion organized and o	perated exclusively to te	est for publ	lic safety. S	See sect io	on 509(a)(4	4).				
11 🗀	An organizat	ion organized and o	perated exclusively for ti	he benefit	of, to perfo	orm the fu	nctions of	, or to can	ry out the	purposes o	of one o)r
	more publicly	y supported organiz	ations described in secti	ion 509(a)(1) or section	on 509(a)(2). See se e	ction 509((a)(3). Che	ck the box	c that	
	describes the	e type of supporting	organization and compl	let <u>e lin</u> es 1	1e through	ո 11ի.						
	a L Type	I b_	Type II d	с 🔲 Тур	e III - Func	tionally in	tegrated		d 🗀	Type III -	Other	
е	By checking	this box, I certify th	at the organization is not	t controlled	d directly o	r indirectly	by one o	r more dis	qualified p	persons ot	her thar	า
	foundation m	nanagers and other	than one or more publicl	y supporte	ed organiza	ations des	cribed in s	section 50	9(a)(1) or s	section 509	∂(a)(2).	
f	If the organiz	zation received a wr	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check t	this box									
g	Since Augus	t 17, 2006, has the	organization accepted ai	ny gift or c	ontribution	n from any	of the foll	owing per	sons?			
	(i) A perso	on who directly or in-	directly controls, either a	lone or tog	ether with	persons o	described	ın (ii) and ((iii) below,		Yes	No
	the gov	eming body of the s	supported organization?							11g(i)		
	(ii) A family	member of a perso	on described in (i) above?	? .						11g(ii)		
	(iii) A 35%	controlled entity of	a person described ın (i)	or (ii) abov	e?					11g(iii)	<u> </u>	
h	Provide the f	following information	n about the supported or	ganızatıon	(s).							
						,		,				
(i) Nam	e of supported	(ii) EIN	- (iii)-Type of		organization			(vi)-ls		(vii)-Ar	nount of	
or	ganization		organization (described on lines 1-9		sted in your		tion in col	organizati (i) organiz	zed in the	sup	port	
			above or IRC section		document?		r support?	US	7			
			(see instructions))	Yes	No	Yes	No	Yes	No			
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					1	1	1					
Total		i	1	1	1	1	E	3	1			

132021

Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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.")	33,709.	36,729.	33,630.	43,843.	74,643.	222,554.
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	33,709.	36,729.	33,630.	43,843.	74,643.	222,554.
5	The portion of total contributions	,					
	by each person (other than a	·		1			
	governmental unit or publicly						
	supported organization) included					,	
	on line 1 that exceeds 2% of the			1		4	
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						222,554.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	33,709.	36,729.	33,630.	43,843.	74,643.	222,554.
8	Gross income from interest,		•				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	330.	216.	95.	107.	69.	817.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					, , , , , , , , , , , , , , , , , , , ,	223,371.
12	Gross receipts from related activities,	etc. (see instruction	ons) .			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						▶
Sec	ction C. Computation of Publ	ic Support Pei	rcentage				
14	Public support percentage for 2011 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.63 %
	Public support percentage from 2010	· ·	=			15	%
16a	33 1/3% support test - 2011. If the c	_		line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		•			• •	. ► <u>X</u>
b	33 1/3% support test - 2010. If the c	_			line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual		5				
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac			•	•	rt IV how the organ	nization
_	meets the "facts-and-circumstances"	J	•		•		
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				•		,
	organization meets the "facts-and-circ		-	•			· •
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	<u>ı, 16b, 17a, or 17b</u>			
					Sche	dule A (Form 990	or 990-E Z) 2011

Schedule A (Form 990 or 990-EZ) 2011 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	endar 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					 		
-	ization's benefit and either paid to			1			
	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		-				
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	, - 					
8	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6				_		
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income					1	
	(less section 511 taxes) from businesses	1					
	acquired after June 30, 1975	I					
	Add lines 10a and 10b -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.)			-			
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here	_			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2011 (I			column (f))		15	<u> </u>
16	Public support percentage from 2010	Schedule A, Part	III, line 15	-		16	<u> </u>
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	11 (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from 2	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 line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						▶□
b	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		_			-	▶□
1320	23 01-24-12		 _		Sch	nedule A (Form 99	0 or 990-EZ) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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 **Employer identification number** Santa Fe for Students 85-0481104 Form 990-EZ, Part I, Line 4, Other Investment Income: Description of Property: Amount: Interest Income 69. Form 990-EZ, Part I, Line 10, Grants and Allocations: Activity Classification: Health Services Grantee Name: Cooking with Kids Grantee Relationship: None Amount Given: 2,900. Activity Classification: Health Services Grantee Name: La Familia Grantee Relationship: None Amount Given: 27,500. Total included on Form 990-EZ, line 10 30,400. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Background Checks 352. Books 17,063. Emergency Fund 1,460. Evaluation 2,000. Family Programs 740. Fundraising 412. Miscellaneous 30. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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	нізресцоп
Name of the organization Santa Fe for Students	Employer identification number 85-0481104
Writing	500.
Fees	12.
Insurance	985.
Professional Development	200.
Program Supplies	1,939.
Administrative Costs	536.
Typing Expenses	929.
Total to Form 990-EZ, line 16	27,158.
Form 990-EZ, Part II, Line 24, Other Assets:	
Description	Beg. of Year End of Year
RIF Matching	5,708. 0.
Form 990-EZ, Part III, Primary Exempt Purpose - health services for two Santa Fe elementary sch	
Form 990-EZ, Part V, Line 34	
Changes in organizing or governing documents	
In the prior year, the organization filed Form	990-PF. In the current
year the organization is filing Form 990-EZ and	has a name change. See
attachments.	
Form 990-EZ, Part V, Information Regarding Pers	onal Benefit Contracts:
The organization did not, during the year, rece	eive any funds, directly,
or indirectly, to pay premiums on a personal be	· · · · · · · · · · · · · · · · · · ·
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12	Schedule O (Form 990 or 990-EZ) (2011)
13	

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

Departn Internal	nent of the Treasury Revenue Service				Jiii 990	01 8	► Attac	h to For	m 990 or 9	990-EZ.	iiiiQiiiia			Inspection
Name	of the organizati	on	Sant	a I	e fo	or	Stud	ents					Emplo 85-	yer identification numbe -0481104
<u>The</u>	organiza	ation	, di	ld r	not,	dι	ıring	the	year	, pay	any	premi	ums,	directly,
or	indirect	ly, o	n a	pei	csona	al	bene	fit (contra	act.				
			•					.			<u>-</u>			
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												<u>_</u> _		



NEW MEXICO PUBLIC REGULATION COMMISSION

Certificate Of Amendment

OF

SANTA FE FOR STUDENTS

7393300

NEW MEXICO

The Public Regulation Commission certifies that the Articles Of Amendment, duly signed and verified pursuant to the provisions of the

Nonprofit Corporation Act

(53-8-1 To 53-8-99 NMSA 1978)

have been received by it and are found to conform to law. Accordingly, by virtue of the authority vested in it by law, the Public Regulation Commission issues this Certificate Of Amendment and attaches hereto a duplicate of the Articles Of Amendment.

Dated: September 16, 2011

In testimony whereof, the Public Regulation of the State of New Mexico has caused this certificate to be signed by its Chairman and the seal of said Commission to be affixed at the city of Santa Fe.

Stacy Starr-Garcia

Chairman

Bureau Chief

ARTICLES OF AMENDMENT TO BYLAWS of THE SALAZAR PARTNERSHIP a Non-Profit Corporation

The undersigned, THE SALAZAR PARTNERSHIP, a New Mexico Non-Profit Corporation, by its President and Secretary, in order to amend the Bylaws of said corporation, do hereby certify as follows:

Section 1 of Article I of the original Bylaws as amended by the Articles of Amendment to the Articles of Incorporation filed with the New Mexico Public Regulation Commission on September 16 ______, 2011, is amended as follows:

SECTION 1: Name: The name of this corporation is Santa Fe for Students.

IN WITNESS WHEREOF, the corporation has caused the Articles of Amendment to be executed this 15th day of September , 2011.

WILLIAM C. CARSON, President

ATTEST:

ANNE FULLERTON, Secretary

VERIFICATION

STATE OF NEW MEXICO)
) ss
COUNTY OF SANTA FE)

WILLIAM C. CARSON and ANNE FULLERTON, President and Secretary, respectively, of The Salazar Partnership, upon being first duly sworn, under oath, depose and state: That they are the President and Secretary, respectively, of The Salazar Partnership; that this Verification is made by them in their respective capacities; that they have read, know and understand the contents of the foregoing Articles of Amendment to Bylaws of The Salazar Partnership; and that upon information and belief, the statements therein made are true and correct.

WILLIAM C. CARSON, President

ANNE FULLERTON Secretary

SUBSCRIBED AND SWORN to before me this 15th day of Suptember, 2011, by

WILLIAM C. CARSON and ANNE FULLERTON.

NOTARY PUBLIC

02467001\082511.Articles of Amendment.Bylaws

mmission Expires:

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.

OMB No. 1545-1709

-	u are filing for an Automatic 3-Month Extension, comple	_			>	X			
 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								
require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 8	868 to request an e	extension			
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for 3	ransfers	Associated With Co	ertain			
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the ele	ctronic filing of this	form,			
visit w	vw.irs.gov/efile and click on e-file for Charities & Nonprofits	S							
Part	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).					
A corp	pration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete					
Part I o						· 🔲			
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	IICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time				
Type o		Employe	r identification num	ber (FIN) or					
print						. ,			
File by the				X	85-048110				
filing your return Se	978 Indian Ridge Rd	ee instruc	tions.	Social se	ecurity number (SSI	N)			
instructio		oreign add	ress, see instructions.						
									
Enter th	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Applica	ation	Return	Application			Return			
Is For		Code	Is For			Code			
Form 9	90	01	Form 990-T (corporation)		<u> </u>	07			
Form 9		02	Form 1041-A		·	08			
Form 9	77 7	01	Form 4720			09			
Form 9		04	Form 5227			10			
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		·	11			
	90-T (trust other than above)	06	Form 8870			12			
	William C. Cars		1 0.111 0070			1 12			
• The	books are in the care of ▶ 978 Indian Rid		- Santa Fe. NM 87	508					
	phone No. ► 505-986-5053	, 	FAX No.						
	e organization does not have an office or place of business	o in the 1 le							
	s is for a Group Return, enter the organization's four digit (Ethio Iofo		السسا معطف عام مع			
box ▶	. If it is for part of the group, check this box	1	ch a list with the names and EINs of						
	request an automatic 3-month (6 months for a corporation				ers the extension is	i ior.			
• •			tion return for the organization name		The extension				
ie	for the organization's return for:	i organiza	tion return for the organization name	d above.	me extension				
	X calendar year 2011 or								
•			d andina						
	Lax year beginning	, an	d ending		- •				
2 If	the tax year entered in line 1 is for less than 12 months, ci	hack reas	on: Initial return I	inal retur	~				
_ "[Change in accounting period	TICCK TOUS	Jii IIIII TELUITI	iliai letui					
	this application is for Form 990-BL, 990-PF, 990-T, 4720, conrefundable credits. See instructions.			0.					
nonrefundable credits. See instructions. 3a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
				3ь	\$	0.			
	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.								
	If you are going to make an electronic fund withdrawal was a second to make an electronic fund withdrawal was a second to make an electronic fund withdrawal was a second to make an electronic fund withdrawal was a second to make an electronic fund withdrawal was a second to make an electronic fund withdrawal was a second to make an electronic fund withdrawal was a second to make an electronic fund withdrawal was a second to make an electronic fund withdrawal was a second to make an electronic fund withdrawal was a second to make an electronic fund withdrawal was a second to make an electronic fund withdrawal was a second to make an electronic fund withdrawal was a second to make an electronic fund withdrawal was a second to make an electronic fund withdrawal was a second to make an electronic fund withdrawal was a second to make a second t								
LHA	For Privacy Act and Paperwork Reduction Act Notice,				Form 8868 (R				

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