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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	or the 2	2013 calendar year, or tax year beginning and er	naing			
В	heck if	C Name of organization	-	D Employer ident	ification number	
	Address	Creative Santa Fe				
	Name change	Doing Business As		20-	2457936	
	Initial		oom/suite	E Telephone numi	ber	
	Termin-	P.O. Box 2388		505	-989-9934	
	Amended	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	633,9	98.
	Applica-	Santa Fe, NM 87504		H(a) is this a group	return	_
	pending	F Name and address of principal officer: Cyndi Conn		for subordinat	tes? Yes X	_ No
		314 Read St., Santa Fe, NM 87501		H(b) Are all subordinate	es included? Yes	_  No
		npt status: X 501(c)(3) 501(c) ( )	527	If "No," attach	n a list. (see instructions	s)
		▶ www.creativesantafe.org		H(c) Group exemp		
		rganization X Corporation	L Year	of formation 2005	M State of legal domicile	le NM
P		Summary	-, <u>-</u>	<u>-</u>		
0	1 B	nefly describe the organization's mission or most significant activities: Creat	ive S	anta Fe (C	rsF) is a	
Activities & Governance	<u>n</u>	onprofit organization dedicated to stren				
E.	1	heck this box 🕨 🔛 if the organization discontinued its operations or dispose	ed of more	than 25% of its net	assets.	0
Š	l .	umber of voting members of the governing body (Part VI, line 1a)		T-	3	8 6
ಹ		umber of independent voting members of the governing body (Part VI, line 1b)		<del> -</del>	4	3
es	1	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		F-	5	$\frac{3}{40}$
ቜ		otal number of volunteers (estimate if necessary)		F	6	0.
Ā		otal unrelated business revenue from Part VIII, column (C), line 12		<del>-</del>	7a	0.
_	b N	et unrelated business taxable income from Form 990-T, line 34			7b	
	1	entributions and grants (Part VIII, line 1h)  RECEIVED	¬	Prior Year 440,695	Current Year 586,6	
Š		Otto Section Control of the Control	$\downarrow$	10,270		
Revenue		rogram service revenue (Part VIII, line 2g)	ğ	208		55.
8		rogram service revenue (Part VIII, line 2g)			21,0	
		that for all this policies ( all this policies to the policies	<b>á</b> †	451,173		
_	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 13)	1		).	0.
		enefits paid to or for members (Part IX, column (A), line 4)	#   <del>-</del>		).	0.
۰,	a= a	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		79,303		
Se	162 D	rofessional fundraising fees (Part IX, column (A), line 11e)	<u> </u>		8,6	
Expenses	b T	otal fundraising expenses (Part IX, column (D), line 25) 60,71	6.			
ŭ	17 0	ther expenses (Part IX, column (A), lines 11a·11d, 11f·24e)		467,522	355,4	91.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		546,825		
		evenue less expenses. Subtract line 18 from line 12		<95,652		53.
Find Ralances	10 11		Be	ginning of Current Ye	ar End of Year	
<u> </u>	20 T	otal assets (Part X, line 16)		57,556		316.
SE SE	21 T	otal liabilities (Part X, line 26)		14,106	$\frac{1}{2}$	42.
₹ <u>`</u>	22 N	let assets or fund balances. Subtract line 21 from line 20		43,450		74.
P	art II					
Und	ler penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best o	f my knowledge and belief	f, it is
true	, correct,	and complete Declaration of preparer (other than officer) is based on all information of while	ch preparer	has any knowledge		
Się	ın 📙	Signature of officer		Date 6	17/2014	
He	re	William A. Miller, Board Chair and Tre	asure	er		
		Type or print name and title	<b>A</b>	Data la .	DTIN	
		Print/Type preparer's name Peparer's spantared	<del>71</del>	Date Check		
Pai	<u> </u>	Kim McNulty, CPA Kim McNulty CPA	1 0	06/07/14 self-err	06 40 0	
	_	Firm's name McNulty Zahm, LLC	00	Firm's EIN	86-104850	<u> </u>
Us	Only	Firm's address 5203 Juan Tabo Blvd. NE, Suite 2	:C		ENE 020 0446	-
_		Albuquerque, NM 87111		Phone no_5	505-830-9446	
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)		<del></del>	X Yes	No

Form 990 (2013) Creative Santa Fe
Part IV Checklist of Required Schedules

	117 Oncomot of frequence		T	r
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X	<b>.</b>
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		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
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, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	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			X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	Х	
_	Part VI	11a	Λ.	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	110		<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<del></del>
•	the organization's separate of consolidated infancial 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	Х	
12a				
120	Schedule D, Parts XI and XII	12a	х	
ь	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 and XII is optional	12b		х
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<u> </u>
		Form	990	(2013)

### Creative Santa Fe Form 990 (2013) Creative Santa Fe Part IV Checklist of Required Schedules (continued)

04	Did the executation report more than \$5,000 of greate or other conjetance to any democity executation or		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	21	-	
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
LU	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
LTa	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		2-70		
LOU	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	200		
•	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2013)

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Form	990 (2013) Creative Santa Fe		20-2457	936	Pa	age 5
Pai				_		
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gamıng			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	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	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	,	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu-	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired		-	
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	et?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the s	upporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		•			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		•	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	I			
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c	<u> </u>	<b></b>		
	Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

Form 990 (2013) Creative Santa Fe 20-2457936 Page Part VI Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Check if Schedule O contains a response or note to any line in this Pert VI  Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting in this among members of the governing body, or if the governing body delegated broad suthority to an executive committee or similar committee, explain in Schedule 0  b Enter the number of voting members included in line 1a, above, who are inclependent  1b Enter the number of voting members included in line 1a, above, who are inclependent  1c Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or of their person?  1 Did the organization become aware during the year of a significant diversion of the organization's assets?  2 Did the organization have members, stockholders?  3 Did the organization have members, stockholders?  4 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?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the organization chargenacesusly document the meetings held or written actions undertaken during the year by the following a The governing body?  5 Each committee with authority to act on behalf of the governing body?  6 Each committee with authority to act on behalf of the governing body?  7 Each committee with authority to act on behalf of the governing body?  8 Is there any officer, director, fustes, or key employee listed in Part VII, Section A, who cannot be reached at the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches waiting and consistently mention and aderisacion's exempt purposes?  11a Has the organization have a wri	770 70		
a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body oblegated broad authority to an executive committee or similar committee, explain in Schedule 0  Enter the number of voting members included in line 1s, above, who are inclependent  District provided in the 1st provided in line 1s, above, who are inclependent  District provided in the 1st provided in line 1st power, who are inclependent  District provided in the 1st provided in line 1st provided l			X
If there are malerial differences in voting injihis among members of the governing body, or if this governing body delegated broad surhority to an executive committee or similar committee, explain in Schedule 0  1b Enter the number of voting members included in line 1a, above, who are independent  1b Enter officier, directors, trustee, or key employee have a family relationship or a business relationship with any other officier, directors, or trustees, or key employees to a management company or other person?  1c Did the organization delegate control over management duties customarily performed by or under the direct supervision of officiers, directors, or trustees, or key employees to a management company or other person?  1c Did the organization become aware during the year of a significant diversion of the organization's assets?  1c Did the organization have members or stockholders?  1c Did the organization have members or stockholders?  1c 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?  1c Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  1c Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?  1c Each committee with authority to sact on behalf of the governing body?  1c Subject of the organization reserved to the provision of the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  1c Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  1c 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?  1d Has the organization have a written whistleblower pol	<del></del>		
If there are malerial differences in voting injihis among members of the governing body, or if this governing body delegated broad surhority to an executive committee or similar committee, explain in Schedule 0  1b Enter the number of voting members included in line 1a, above, who are independent  1b Enter officier, directors, trustee, or key employee have a family relationship or a business relationship with any other officier, directors, or trustees, or key employees to a management company or other person?  1c Did the organization delegate control over management duties customarily performed by or under the direct supervision of officiers, directors, or trustees, or key employees to a management company or other person?  1c Did the organization become aware during the year of a significant diversion of the organization's assets?  1c Did the organization have members or stockholders?  1c Did the organization have members or stockholders?  1c 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?  1c Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  1c Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?  1c Each committee with authority to sact on behalf of the governing body?  1c Subject of the organization reserved to the provision of the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  1c Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  1c 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?  1d Has the organization have a written whistleblower pol		Yes	No
be digetated broad authority to an executive committee or similar committee, explain in Schedule 0 be Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees as a management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization have members or stockholders?  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?  If the end of the organization of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  If the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  The governing body?  If the organization the unthority to act on behalf of the governing body?  If a bar the governing body?  If a bar the organization that the properson of the properson of the organization of members of the governing body?  If a bar the organization have written actions and addresses in Schedule O.  Section B. Policles (The Section B requests information about policies not required by the Internal Revenue Code.)  Section B. Policles (The Section B requests information about policies not required by the Internal Revenue Code.)  The organization have a written official or interest policy?  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 org			
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19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	icial	
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:		
The Organization - 505-989-9934			

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#### Creative Santa Fe

20-2457936

Page 7

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

Check if Schedule O contains a response or note to any line 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.

Check this box if neither the organization n							nsat	T	r			
(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average		not c	Position check more than one				Reportable	Reportable	Estimated		
	hours per	box	box, unless person i officer and a director			is bot	h an	compensation	compensation	amount of		
	week (list any	<del></del>			TTT		155,	from	from related organizations	other compensation		
	hours for	Individual trustee or director				-	ŀ	the organization	(W-2/1099-MISC)	from the		
	related	5 28	3g			캶	ŀ	(W-2/1099-MISC)	(11 2 1000 111100)	organization		
	organizations	trat	量		8	Ē		(		and related		
	below	dena	Institutional frustee	<sub>25</sub>	ğ	oyee oyee	<u>ح</u> ق			organizations		
	line)	ŧ.	활	) Bg	₹.	Highest compensated employee	튠					
(1) William Miller	30.00	ļ						i				
Chairman and Treasurer	4 00	X	ļ	Х				0.	0.	0.		
(2) James Patterson	4.00											
Director	1 00	X	ļ.,	ļ	_	-	-	0.	0.	0.		
(3) Richard Albright	1.00											
Director	1 00	X	-			<u> </u>		0.	0.	0.		
(4) Sandy Zane	1.00	.,								_		
Director	1 00	X		<u> </u>		ļ		0.	0.	0.		
(5) Richard Moe	1.00	v								_		
Director	1 00	X	-		<u> </u>	<del> </del>		0.	0.	0.		
(6) Joel Barber	1.00	J	ļ					0.	0.	^		
Director	1 00	X	-	-		-		0.	0.	0.		
(7) Clark Hulse	1.00	X						12 220	0.	0.		
Director (Former Exec Dir)	1.00	^	-	<b>-</b>			-	13,328.	0.	<u></u>		
(8) Victoria Mora	1.00	X						0.	0.	0.		
Director	40.00	^	┢			-	-	0.	0.	0.		
(9) Cyndi Conn	40.00	-		X				75,000.	0.	2,848.		
Executive Director		<u> </u>	-	^		+	╁	75,000.		2,040.		
		1										
	<del> </del>		$\vdash$	╁		<del> </del>						
		1										
		$\vdash$	╁	-	<u> </u>	<del>                                     </del>	-					
		1										
	<del> </del>	-		<del>                                     </del>								
		1										
	<del> </del>	$\vdash$		$\vdash$		<u> </u>	t					
		1										
		T		t								
		1										
	-	1	Ī									
		L	L							<u> </u>		

	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensatio from related organization	n I	other		
		hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		f orç an	rom th ganizat nd relat anizati	ie tion ted
			_											
			_	_										
					į									
		-												
			-											
			-				-							
1b	Sub-total							<b>&gt;</b>	88,328.		0.		2,8	
	Total from continuation sheets to Part \ Total (add lines 1b and 1c)	/II, Section A						<b>▶</b>	88,328.		0.		2,8	0. 48.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed at	oove	e) wt	no re	eceived more than \$100	,000 of reportab	le			
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> office line 1a? If "Yes," complete Schedule J for			e, ke	y er	nplo	yee	or h	highest compensated e	mployee on		3		х
4	For any individual listed on line 1a, is the sand related organizations greater than \$1									the organization		4		х
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr			dual for services		2111111111		
Sec	rendered to the organization? If "Yes," co. tion B. Independent Contractors	mplete Schedul	ө <u>Ј 1</u>	or s	ucn	pers	son				ل	5_	1	X
1	Complete this table for your five highest of the organization. Report compensation for	•	-								pens	ation	from	
	(A)  Name and busines	•		INC		<b>71611</b>	<u>01 11</u>		(B)  Description of s				C) ensatio	ภา
	<del></del>								· · · · · · · · · · · · · · · · · · ·			<u> </u>		
				_		_		$\dashv$	<del> </del>					
								$\dashv$	· <del>- · · · · · · · · · · · · · · · · · ·</del>					

	<del></del>		Check if Schedule O conta	ains a response	or note to any line	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
क	1 a	3	Federated campaigns	1a				<del>-</del>	
and Other Similar Amounts	_		Membership dues	1b					
ξ			Fundraising events	1c					
, i			Related organizations	1d					
, E			Government grants (contributi		13,063.				
Š	1		All other contributions, gifts, grant						
<b>2</b>	•		similar amounts not included above		573,548.				
5			Noncash contributions included in lines		10,352.				
		_	Total. Add lines 1a-1f	1a-11 \$	▶	586,611.			
-			Total: Add lines 14 11	<del></del>	Business Code			*******************	
.	2 :		Studio Tour fee	S	561520	11,590.	11,590.		
<b>!</b>		a b	[WALK] Santa Fe		900099	8,600.	8,600.		
ž 2	'	_	Lecture		900099	1,013.	1,013.		<del></del>
<u> </u>	•		Product sales	·	900099	592.	592.		· -
Revenue	•	d	Flouder Bales	<del></del>	300033	3,20	0,20		
2	,	e	All other presume control toy						
	1		All other program service reve	mue		21,795.		<del></del>	
$\dashv$	<u> </u>	_	Total. Add lines 2a-2f	duudonda Intor	<del></del>				
	3		Investment income (including	dividends, litter	est, and	55.			55.
			other similar amounts)	v evernt bond	·				
	4		Income from investment of ta	x-exempt bond	proceeds	<del></del>			
	5		Royalties	(V.Deel	T				
	_			(i) Real	(II) Personal				
1	6		Gross rents		<del> </del> -				
			Less: rental expenses		<del>                                     </del>				
	1		Rental income or (loss)				1		1
			Net rental income or (loss)		T				
ļ	7		Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory		<del> </del>				
		b	Less: cost or other basis						
			and sales expenses		<del> </del>				
		С	Gain or (loss)				1		
- 1			Net gain or (loss)		<b>D</b>				
e l	8	а	Gross income from fundraisin	•					
Other Revenu			including \$	of					
ا ۾			contributions reported on line		25 527				
<u>_</u>			Part IV, line 18	•	25,537. 4,496.				
ਰ			Less: direct expenses	ı	4,496.	21 041			21,041.
			Net income or (loss) from fund			21,041.			21,041
ĺ	9	а	Gross income from garning a	ctivities. See					
			Part IV, line 19		•				
			Less: direct expenses	•	ــــــــــــــــــــــــــــــــــــــ				
1			Net income or (loss) from gar						
	10	а	Gross sales of inventory, less	returns					
			and allowances .	;	a				
		b	Less: cost of goods sold	. 1	b				
		С	Net income or (loss) from sale	es of inventory	<b>_</b>				
			Miscellaneous Reveni	ue	Business Code				
	11	а							<del> </del>
		ь							
		C							
		d	All other revenue			<u></u> -			
		e	Total. Add lines 11a-11d		▶				
	12		Total revenue. See instructions		▶ [	629,502.	21,795.	1 0	. 21,096

Form 990 (2013) Creative Santa Fe
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			mplete column (A).	X
	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		схрензез	general expenses	
	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,				
	trustees, and key employees	77,848.	60,659.	7,785.	9,404.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			00 550	
	persons described in section 4958(c)(3)(B)	23,758.	60 500	23,758.	0.061
7	Other salaries and wages	79,584.	69,723.		9,861.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1 070	1 634		220
9	Other employee benefits	1,872.	1,634.	640	238.
10	Payroll taxes	13,241.	10,973.	642.	1,626.
11	Fees for services (non-employees):				
а	Management	F 700	1 145	4 (54	
b	Legal .	5,799.	1,145.	4,654.	
C	Accounting	4,119.		4,119.	
d	Lobbying	0 (55			8,655.
е	Professional fundraising services See Part IV, line 17	8,655.			0,033.
f	Investment management fees				
9	' <del>'</del>	209,435.	172,055.	12,566.	24,814.
	column (A) amount, list line 11g expenses on Sch O)	19,684.	19,661.	23.	24,014.
12	Advertising and promotion	19,004.	19,001.	23.	
13	Office expenses .	4,127.	3,420.	200.	507.
14	Information technology	4/12/6	3/1201		30,0
15	Royalties	25,181.	20,585.	2,298.	2,298.
16	Occupancy	3,992.	3,290.	636.	66.
17	Travel Payments of travel or entertainment expenses	3,3320	0,2501		
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,080.	1,723.	102.	255.
23	Insurance	2,753.	1,425.	1,117.	211.
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 O)	22 745	10 272	2,775.	1,597.
а		22,745.	18,373.	471.	1,39/.
b	Printing and reproducti	18,976.	18,505.	847.	13.
C	Meals and entertainment	9,588.	8,728. 8,868.	04/•	13.
d		8,868. 18,144.	14,674.	2,299.	1,171.
е		560,449.	435,441.	64,292.	60,716.
25	Total functional expenses. Add lines 1 through 24e	300,449.	433,441.	04,232.	00,710.
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>	5 . 000 (0040)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 249. 45,456. 1 1 Cash - non-interest-bearing 95,650. 2 2 Savings and temporary cash investments 50,500. 5,000 3 3 Pledges and grants receivable, net 4,000. 2,322. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other 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 instr). Complete Part II of Sch L 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 11,633. 3,716. 10a basis. Complete Part VI of Schedule D 2,778. 7,917. 10c b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 12 Investments · other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 2,000. 2,000. 15 15 Other assets. See Part IV, line 11 57,556. 160,316. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 39,040. 14,106. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 3,102. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 14,106. 42,142. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 38,925. 43,450. 27 27 Unrestricted net assets 79,249. 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 118,174. 160,316. 43,450. 33 33 Total net assets or fund balances 57,556.

Total liabilities and net assets/fund balances

orm	990 (2013) Creative Santa Fe	20-245	7936	Pag	<u>je 12</u>
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 4	
3	Revenue less expenses. Subtract line 2 from line 1	3		0,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4.	3,4	<u>50.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		6,6	<u>71.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	118	3,1	<u>74.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>LX</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		1	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			- 1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	if the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	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		- 1	
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ıred audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
			Form	990 (	2013)

#### **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

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.

➤ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization

Creative Santa Fe

Employer identification number 20-2457936

Pa	irt [	Reason	for Public Cha	rity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.						
The	organ	ization is not a	private foundation	because it is: (For lines 1	through	11, check o	only one b	ox.)							
1		A church, cor	nvention of churche	es, or association of church	ches desc	nbed in se	ction 170	(b)(1)(A)(i)							
2		A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E.)										
3				oital service organization of	•		170(b)(1)	(A)(iii).							
4	$\Box$	•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital	's nan	ne,		
•		city, and state		- <b>-</b>		•			•	•	•				
5		•		benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental uni	t describ	ed in	•			
•			(b)(1)(A)(iv). (Comp												
6				nent or governmental uni	t describe	d in section	n 170/h\/¹	ι <b>(Δ)</b> (ω).							
_	$\overline{\mathbf{x}}$	•	. •	ceives a substantial part					r from the	general	public desc	nhed	ın		
•		-	b)(1)(A)(vi). (Compl		or its supp	on nom a	9010111111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		gonora	p				
8					(Complete	Part II \									
9	$\vdash$	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from													
9		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment													
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.  See section 509(a)(2). (Complete Part III.)													
40	$\overline{}$				- <b></b>			- E00/-\/							
10	$\vdash$	-	-	perated exclusively to te											
11	ш			pperated exclusively for the									or		
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.													
										- III - <b>N</b> I	4	h			
		a L Type I		• • • • • • • • • • • • • • • • • • • •		nctionally i			• •		n-functional	-	-		
е			-	at the organization is not											
			_	than one or more publicly						∂(a)(1) or	section 509	a)(2).			
1	,	If the organiz	ation received a wr	itten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III						
			rganization, check t										Ш		
ξ	,			organization accepted ar											
		(i) A perso	n who directly or in	directly controls, either al	lone or tog	ether with	persons o	described	ın (II) and (	(III) below	i	Yes	No		
		the gove	erning body of the s	supported organization?							11g(i)	ļ			
		(ii) A famıly	member of a perso	on described in (i) above?	)						11g(ii)	т —	ļ		
		(iii) A 35% d	controlled entity of	a person described in (i) o	or (II) abov	e?					11g(iii)	l	<u>l.                                    </u>		
t	1	Provide the f	ollowing information	n about the supported or	ganızation	(s).									
			··-	<del></del>					· · · · · · · · · · · · · · · · · · ·	_					
(i	) Name	of supported	(ii) EIN	(iii) Type of organization		organization		u notify the	(vi) is organizati	s the	(vii) Amoun	t of mo	netary		
•	•	anization	, ,	(described on lines 1-9		sted in your		tion in col	(i) organiz	ed in the	sup	port			
				above or IRC section (see instructions))		document?	(i) or you	r support?							
				(300 11311 30110110))	Yes	No	Yes	No	Yes	No					
									•						
					<u> </u>										
					<u> </u>			<u></u>							
			į.	1	1	į.	ł	ŧ	1	1	1				

### 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.)

Sed	ction A. Public Support				·		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,156.	9,480.	211,890.	440,695.	586,611.	1,256,832.
2	Tax revenues levied for the organ-						
	ızatıon'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	8,156.	9,480.	211,890.	440,695.	586,611.	1,256,832.
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)						715,114.
6	•		·····	<del></del>	***		541,718.
	Public support. Subtract line 5 from line 4 ction B. Total Support	1	************		<u> </u>	<u> </u>	311//101
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	8,156.	9,480.	211,890.	440,695.	586,611.	1,256,832.
8	Gross income from interest,	0,2000					
Ü	•						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	2.	2.	23.	208.	55.	290.
					2000	330	2301
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1,997.	4,606.	3,600.	10,270.	47,332.	67,805.
	assets (Explain in Part IV.)	<u> </u>	4,000.	37000.	10/2/00	47/332.	1,324,927.
	Total support. Add lines 7 through 10	-1- /		[	3	12	1,324,327.
12	Gross receipts from related activities, First five years. If the Form 990 is for			d fough or fifth to	ay voor as a soctio		_
13	organization, check this box and stop		s mist, second, tim	a, tourtii, or illur to	ax year as a section	11 30 1(0)(3)	▶□
Se	ction C. Computation of Publ		rcentage	•			
14	Public support percentage for 2013 (	<del></del>		column (fl)		14	40.89 %
	Public support percentage from 2012	• • • • • • • • • • • • • • • • • • • •	•			15	26.07 %
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### Schedule A (Form 990 or 990-EZ) 2013 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

Calentar year (or fiscal year beginning in)    (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total or membership fees received. (Do not include any Tunusual grants.)  (B) 2 Gross receipts from admissions, merchandes sold or services perform admissions, merchandes sold or services perform admissions, merchandes sold or services perform admissions and the performance of the company activity that is reliated to the organization's tax exempt purpose of 2 Gross receipts from activities that are not an unrelated trade or business under section 513  Tax revenues levied for the organization's banefit and either pad to or expended on its behalf or expended on its behalf or expended on the behalf of the performance by a governmental unit to the organization without charge of Total. Add lines 1 through 5  7. A Amounts included on lines 1, 2, and 3 received from disqualified persons be accessed the grater of 50,00 or 1% of the sensitivities of the services of the grater of 50,00 or 1% of the sensitivities of the services of the grater of 50,00 or 1% of the sensitivities of the services of the grater of 50,00 or 1% of the sensitivities of the services of the grater of 50,00 or 1% of the sensitivities of the services of the grater of 50,00 or 1% of the sensitivities of the services of the grater of 50,00 or 1% of the sensitivities of the services of the grater of 50,00 or 1% of the sensitivities of the services of the grater of 50,00 or 1% of the sensitivities of the services of the grater of 50,00 or 1% of the sensitivities of the services of the ser	Section A. Public S	the tests listed be upport	now, please comp	Siete Part II.)				
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9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business sativities 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. Aud lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 15 Public support percentage from 2012 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2012 Schedule A, Part III, line 17 18 investment income percentage from 2012 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and		<del></del>	(2) 2000	(h) 2010	(a) 2011	(40.0010	(-) 2012	(6 Takal
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(less section 511 taxes) from businesses acquired after June 30, 1975  c 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 great assets (Explain in Part IV.)  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.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2012 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2012 Schedule A, Part III, line 17  18 Investment income percentage from 2012 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	10a Gross income from Individends, payments securities loans, rent	received on s, royalties	, ,					
acquired after June 30, 1975 c 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 regularly carried on roles from the sale of capital assets (Explain in Part IV.) 13 Total support. (Audi lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2012 Schedule A, Part III, line 17 18 Investment income percentage from 2012 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	<b>b</b> Unrelated business taxa	able income						
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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)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2012 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2012 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	activities not include whether or not the b	d in line 10b,						
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Check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2012 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2012 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  ▶ □  b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
Section C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2012 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2012 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	14 First five years. If th	e Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2012 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2012 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	check this box and s	top here						▶□
16 Public support percentage from 2012 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2012 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	Section C. Comput	ation of Publi	c Support Pe	rcentage				
16 Public support percentage from 2012 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2012 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	15 Public support perce	entage for 2013 (li	ne 8, column (f) d	vided by line 13, o	column (f))		15	%
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2012 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	16 Public support perce	entage from 2012	Schedule A, Part	III, line 15			16	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	Section D. Comput	ation of Inves	tment Incom	e Percentage				- <u></u>
18 Investment income percentage from 2012 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	17 Investment income p	percentage for 201	13 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							18	%
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and		_			on line 14, and line	15 is more than	33 1/3%, and line 1	
b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								▶ 🗀
<del></del>								and
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							-	

Schedule A	(Form 990 or 990-E	z) 2013 Creative	Santa	Fe		20-2457936 Page 4
Part IV	Supplemental	Information. Provide	the explanat	ions required by F	Part II, line 10; Part II, line 1	7a or 17b; and Part III, line 12.
		part for any additional inf				
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#### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

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.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Creative Santa Fe

**Employer identification number** 20-2457936

Par	Organizations Maintaining Donor Advise organization answered 'Yes' to Form 990, Part IV, Irr		s or Accounts. Complete if the
	organization answered 165 to Form 550, Fart IV, III	(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 advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor		
·	for charitable purposes and not for the benefit of the donor		
	Impermissible private benefit?	or deriver deriver, or for any entre perpend	Yes No
Par		rganization answered "Yes" to Form 990.	<del></del>
ن <del>تين</del> ا 1	Purpose(s) of conservation easements held by the organiza		
•	Preservation of land for public use (e.g., recreation or		storically important land area
	Protection of natural habitat	· <del></del>	trified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
-	day of the tax year.		
	day of the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	·	2b
c	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by th	e 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 policy		
_	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva	tion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	Till Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	m 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ea	xhibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	cribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical ti	reasures, or other sımılar assets for financi	al gain, provide
	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		<b>&gt;</b> \$
þ	Assets included in Form 990, Part X		<b>&gt;</b> \$

Schedule D (Form 990) 2013

3,716.

11,633.

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

d Equipment
e Other

Complete if the organization answered "Yes"	to Form 990, Part IV. I	ine 11b. See Form 990, Part X	K, line 12.
(a) Description of security or category (including name of security)	(b) Book value		on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			······································
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		ine 11c. See Form 990, Part X	(, line 13.
(a) Description of investment	(b) Book value	(c) Method of Valuati	on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			<del></del>
(6)	<u> </u>		
(7)			
(8)			<del></del>
(9)	<u></u>		······································
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u></u>		
Part IX Other Assets.	to Form 000 Port IV	line 11d See Form 000 Part )	( line 15
Complete if the organization answered "Yes"	Description	ille 110. See Form 990, Fart 7	(b) Book value
	Bootipion		(5, 255, 155,
(1)			
(2)		· · · · · · · · · · · · · · · · · · ·	
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	15)		<b>D</b>
Part X Other Liabilities.	<del>0 10.)</del>		
Complete if the organization answered "Yes"	to Form 990. Part IV.	line 11e or 11f. See Form 990	, Part X, line 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		<del> </del>	
(9)	-		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)		
2 Lightly for uncertain tax positions. In Part XIII. provide		ote to the organization's finance	cial statements that reports the

#### Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 633,998. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2b **b** Donated services and use of facilities c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2e e Add lines 2a through 2d 633,998. 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b <4,496 b Other (Describe in Part XIII.) <4,496.> c Add lines 4a and 4b 629,502. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 564,945. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2b **b** Prior year adjustments c Other losses 2c 2d d Other (Describe in Part XIII.) 2e e Add lines 2a through 2d 564,945. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b <4,496. 4b **b** Other (Describe in Part XIII) <4,496.> c Add lines 4a and 4b 560,449. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part X, Line 2:

Explanation: The Financial Accounting and Standards Board (FASB) issued FASB ASC 740-10 (formerly FASB FIN 48), Accounting for Uncertainty in Income Taxes, which provides quidance on how to measure and account for various tax positions. CrSF determined no material unrecognized tax benefits or liabilities exist as of December 31, 2013. If applicable, CrSF will recognize interest and penalties related to underpayment of income taxes as income tax expense. As of December 31, 2013, CrSF had no amounts related to unrecognized income tax benefits and no amounts related to accrued interest and penalties. CrSF does not anticipate any significant changes to unrecognized tax benefits over the next year.

Management of CrSF believes its activities allow it to continue to be

#### SCHEDULE G

(Form 990 or 990-EZ)

**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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Open To Public Inspection

lame of the organization							ntification number		
Creative	e Santa Fe					20-2457	936		
Part I Fundraising Activities. required to complete this part	Complete if the organization answers.	red "Y	es" to	Form 990, Part IV, li	ne 1	7. Form 990-EZ	filers are not		
Indicate whether the organization rais     Mail solicitations		_		Check all that apply.					
b Internet and email solicitations f Solicitation of government grants									
c Phone solicitations	g Special	fundra	Ising	events					
d In-person solicitations  2 a Did the organization have a written o	r oral agreement with any individual	(includ	dina o	fficers, directors, trus	stees	or			
key employees listed in Form 990, Pa	-					Yes	☐ No		
<b>b</b> If "Yes," list the ten highest paid indi		uant to	agre	ements under which	the f	undraiser is to	be		
compensated at least \$5,000 by the	organization.								
(i) Name and address of individual or entity (fundraiser)	ss of individual (ii) Activity fundraliser (iv) Gross receipts to (or particular from activity from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization					
		Yes	No						
							·		
		ļ							
		ļ		_					
		-	-						
		<u> </u>							
Total  3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d It IS	exempt from re	egistration		
or licensing.			_						
							<del></del>		
· · · · · · · · · · · · · · · · · · ·		-					<del></del>		
							·		

	edu Irt I	le G (Form 990 or 990-EZ) 2013 Creativ		"Ves" to Form 990. Par		2457936 Page 2
1.6	2) (	of fundraising event contributions and gr				
_			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			Art auction			col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	25,537.			25,537.
	2	Less: Contributions			<del>- L</del>	
	3	Gross income (line 1 minus line 2)	25,537.			25,537.
	4	Cash prizes .				
SS	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	4,496.			4,496. 4,496.
	10	,				4,496.
T STATE OF	11		ine 3, column (d)	000 D + 11/4 + 40	<u> </u>	21,041.
1	art	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	1990, Part IV, line 19, or i	reported more than	
	Т	\$15,000 OH FORM 950-EZ, III16 0a.	<u>,</u>	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		•	
		NI-A Cultabas A line -	7 funns lung d. anlungs (d)		_	
	8	Net gaming income summary. Subtract line 7	r trom line 1, column (a)	·		<u> </u>
9	En	ter the state(s) in which the organization opera	ates gaming activities:			
		the organization licensed to operate gaming a	_		<del>-</del>	Yes No
t	o if '	'No," explain:				
		ere any of the organization's gaming licenses r 'Yes," explain:	·	<del>-</del>	year?	Yes No
•						
	_					
		0.12.12			Schodula G (Fo	rm 990 or 990-E7\ 2013

Sche	edule G (Form 990 or 990 EZ) 2013 Creative Santa Fe 20-	<u>-2457</u>	936	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
	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?	الل	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a	ļ <u>.</u>	%
b	An outside facility	13b	J.,	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ►			<del></del>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
C	olf "Yes," enter name and address of the third party:			
	Name ▶			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Description of services provided 9			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	L No
t	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 ▶ \$		<u> </u>	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II		, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			

Schedule G (Form 990 or 990-EZ)	Creative S	anta F	re		<u>20-2457936</u>	Page 4
Schedule G (Form 990 or 990-EZ)  Part IV Supplemental Info	rmation (continued)				<u> </u>	
		· · · · ·		<del> ·</del>		
					<del></del>	
			<del></del>			
					<del> </del>	
	<del> </del>					
<del></del>		<del></del>				
			<del></del>			
			· · · · · · · · · · · · · · · · · · ·			
<del></del>	<del></del>			<del> </del>		
	<del>-</del>				<u>.                                    </u>	
				**		
	<del></del>		<del>-</del>		<del>.</del>	
	<del> </del>					
			<del>-</del>			
		•	<del>-</del>	<del> </del>		
		-				
	. <del> </del>		·			

#### SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Open To Public

Name of the organization

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

**Employer identification number** 20-2457936 Creative Santa Fe Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction person and organization Yes 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (h) Approved (d) Loan to or **(g)** In (i) Written (c) Purpose (e) Original (b) Relationship (f) Balance due (a) Name of by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No ▶ \$ Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (c) Amount of (d) Type of (a) Name of interested person (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2013

#### 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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 

Creative Santa Fe 20-2457936 Form 990, Part I, Line 1, Description of Organization Mission: Mexico's economy by cultivating thought leadership and by spearheading collaborative projects at the intersections of art, culture, technology, education, and industry. Form 990, Part III, Line 1, Description of Organization Mission: CrSF's objective is to stimulate the local economy of Santa Fe by providing affordable housing, supporting and attracting creative businesses, and enhancing the overall quality of life for Santa Fe residents and visitors. Form 990, Part III, Line 4a, Program Service Accomplishments: Skate Park. This festival also celebrated the completion of the first phase of the larger Parque del Rio, envisioned as an urban linear park running along the length of the Santa Fe River. The festival highlighted Santa Fe's downtown walkability and connectivity.

Connect Santa Fe also included WALK [Santa Fe] which was a city prototyping project demonstrating simple, affordable, and practical solutions to increasing walkability in Santa Fe. The goal of WALK [Santa Fe] was for Santa Fe residents, business owners, and visitors to experience the impact that clear signage and designated pathways can make for a more vibrant and connected downtown, and begin a discussion with city leaders to consider new wayfinding solutions for downtown Santa Fe.

Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization	Page :
Creative Santa Fe	20-2457936
compensation paid to the Executive Directors of similar	ar sized
organizations.	
Form 990, Part VI, Section C, Line 19:	
Explanation: Method of making governing documents, com	nflict of interest
policy, and financial statements available to the pub	lic. Governing
documents and conflict of interest policy are availab	le upon request.
Financial statements provided on Form 990 which is av	ailable through
Guidestar and upon request.	
Form 990, Part IX, Line 11g, Other Fees:	
Cleaning and janitorial:	<del></del>
Program service expenses	6,868.
Management and general expenses	858.
Fundraising expenses	858.
Total expenses	8,584
Consultants:	
Program service expenses	125,225
Management and general expenses	11,708
Fundraising expenses	21,179
Total expenses	158,112
Website/graphic design:	
Program service expenses	39,962
Management and general expenses	0
Fundraising expenses	2,777
Total expenses 332212 09-04-13	42,739

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization Creative Santa Fe	Employer identification number 20-2457936
Total Other Fees on Form 990, Part IX, line 11g, Col A	209,435.
Form 990, Part XI, line 9, Changes in Net Assets:	
Prior period adjustments	5,671.
Form 990 Part XII Line 2C	
Explanation: The organization's board assumes responsibile	lity for the
audit. The organization had its first audit in 2013.	

990

Depreciation and Amortization Detail Form 990 Page 10

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

Crea	tive Santa Fe			For.	m 9	90 P	age 10	)		20-2457936
Part I	.,	Under Section 17	79 Note: If yo	u have any lis	ted pr	operty, c	omplete Pa	rt V be	fore y	ou complete Part I.
	umum amount (see instructions)		<del>-, , -                                </del>		<u>'</u>	· · · ·			1	500,000.
	al cost of section 179 property placed	l in service (see	instructions)	•					2	
	Threshold cost of section 179 property before reduction in limitation								3	2,000,000.
	luction in limitation. Subtract line 3 fro			er -0-		•			4	
_	r limitation for tax year Subtract line 4 from line 1		-		instruc	tions		ľ	5	
6	(a) Description of prop			(b) Cost (busine			(c) Elec	ted cost		·····
			· -							
_										
					-		<u>-</u>			
					•					
7 List	ed property. Enter the amount from li	ne 29				7				
	al elected cost of section 179 propert		in column (c	c), lines 6 and	7				8	
	tative deduction. Enter the <b>smaller</b> o			,,					9	
	ryover of disallowed deduction from I		012 Form 45	62		•		Ì	10	
	iness income limitation. Enter the sm				ro) or t	ine 5			11	
	tion 179 expense deduction. Add line		•		•			ľ	12	
	ryover of disallowed deduction to 20	•			<b>&gt;</b>	13				**************************************
	o not use Part II or Part III below for i					· · .				<del> </del>
Part					de list	ed prope	erty.)			
14 Spe	ecial depreciation allowance for qualif	ed property (oth	er than liste	d property) pl	aced 1	n service	e during			
•	tax year			, , ,,,,					14	1
	perty subject to section 168(f)(1) elec	tion							15	
	er depreciation (including ACRS)								16	2,080.
Part		include listed pr	operty.) (See	instructions.	.)					
			Se	ection A						
17 MA	CRS deductions for assets placed in	service in tax ye	ars beginnin	g before 2013	3				17	
	are electing to group any assets placed in service	_	-	-		heck here	▶ [			
	Section B - Assets F						neral Depre	ciation	Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/ii	r depreciation nvestment use instructions)	(d)	Recovery period	(e) Convent	lon (f) M	lethod	(g) Depreciation deduction
19a	3-year property									
b	5-year property			•						
c	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property				2	25 yrs.		9	S/L	
		/			2	7.5 yrs.	ММ		S/L	
h	Residential rental property	/			2	7.5 yrs.	MM	9	S/L	
		/			3	39 yrs.	MM		S/L	
i	Nonresidential real property	1		•			MM		S/L	
	Section C - Assets PI	aced in Service	During 201	3 Tax Year U	sing t	he Alter	native Dep	reciatio	on Sy	stem
20a	Class life	,							S/L	
b	12-year					l2 yrs.			S/L	
С	40-year	/			4	10 yrs.	MM		S/L	
Part	Summary (See instructions.)						· - <del>-</del>			
<b>21</b> List	ted property. Enter amount from line	28							21	
	al. Add amounts from line 12, lines 1		es 19 and 2	0 ın column (g	g), and	line 21.			1	
	er here and on the appropriate lines								22	2,080.
	assets shown above and placed in s									
	tion of the book attributable to section					22				1

Forr	n 4562 (2	013)	Cre	ative	Santa	a Fe								20-	-2457	936	Page 2	
Pa		Listed Propert amusement.)	y (Include at	utomobiles,	certain of	her vehic	eles,	certa	ain com	puters	s, and prop	perty us	ed for en	tertaini	ment, rec	reation, o	or	
		Note: For any v through (c) of S								dedu	cting lease	expen	se, comp	lete on	<b>ly</b> 24a, 24	1b, colun	nns (a)	
		Section A -					utic	n: S	ee the I	nstruc	tions for II	mits for	passeng	er autoi	mobiles.)	<del></del>		
24a	Do you h	eve evidence to s		· · · · · · · · · · · · · · · · · · ·	nent use c	laimed?		_ Ye		<u>No</u>	24b If 'Y	T		nce writ	ten?	」Yes ∟	No_	
Type of property placed in investigation		(c) Busines Investme use percen	nt   ,	other basis		(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction		Elec sectio	(i) cted on 179 ost				
25	Special d	epreciation allo		<u> </u>		v placed	In se	ervic	e durino	the ta	ax vear an	d d			-			
	•	e than 50% in	•			, p.a	•			,	, oa. a	_	25					
		used more that				) <b>:</b>										<b>.</b>		
				, ,	%													
					%													
					%								,					
27	Property	used 50% or le	ess in a quali	fied busines	s use:											<b>,</b>		
					%							S/L·						
					%							S/L·						
					%				·		L	S/L·	<del></del>					
28	Add amo	unts ın column	(h), lines 25	through 27.	Enter he	re and on	ı line	21,	page 1				28				<del></del>	
29	Add amo	unts in column	(i), line 26. E	nter here ar	d on line	7, page	1	,							29			
						B - Infor												
Con	nplete thi	s section for ve	hicles used	by a sole pro	oprietor,	oartner, c	r oti	ner "	more th	an 5%	owner,"	or relate	d person	. If you	provided	l vehicles	3	
to y	our empl	oyees, first ans	wer the ques	stions in Sec	tion C to	see if yo	u me	et a	n excep	otion to	o completi	ng this	section fo	or those	e vehicles	3.		
					ī		1			1		1				1		
						(a)		(b)		١.	(c)		(d)		(e)	1	(f)	
		Total business/investment miles driven during the		V	Vehicle		Vehicle		<u> </u>	Vehicle		Vehicle		Vehicle		ıcle		
	year (do not include commuting miles)  Total commuting miles driven during the year														<b></b>			
		_	-		-	<u> </u>				-					-			
		er personal (no	ncommuting	)) miles														
	driven		. 46		<u> </u>											<del> </del>		
		es driven during 30 through 32																
		vehicle availab		al usa	Yes	No	v	es	No	Yes	No No	Yes	No	Yes	No	Yes	No	
•		f-duty hours?	ie ioi person	141 436	103	110	† <del>'</del>		1	1.00	, 110	103	"	103	"		110	
35	•	vehicle used pi	rımarıly by a	more			<u> </u>			ļ			1					
		owner or relate		111070														
36	16 Is another vehicle available for personal			onal					· -									
	use?		•		1				-	1		1	-					
			Section C	- Question	s for Em	ployers V	Vho	Prov	vide Vel	hicles	for Use b	y Their	Employe	es				
Ans	wer thes	e questions to	determine if	you meet an	exception	on to com	plet	ıng S	Section	B for v	ehicles us	ed by e	mployee	s who a	ere not m	ore than	5%	
owr	ners or re	ated persons.																
37	Do you n	naintain a writte	en policy sta	tement that	prohibits	all perso	nal ı	use o	of vehicl	es, Inc	luding cor	nmutin	g, by you	r		Yes	No	
	employe	es?														<u> </u>	<u> </u>	
38	Do you n	naintain a writte	en policy sta	tement that	prohibits	personal	use	of v	ehicles,	excep	ot commut	ing, by	your					
		es? See the ins			-		ffice	rs, d	irectors	, or 19	6 or more	owners				<u> </u>	<b>_</b>	
		reat all use of v														<u> </u>	<del>                                     </del>	
40		rovide more th		-			info	rmat	ion fron	ı your	employee	s about					1	
		of the vehicles,							•							<u> </u>	ļ	
41	•	neet the require																
		our answer to	<u>37, 38, 39, 4</u>	10, or 41 is "	res," do .	not comp	lete.	Seci	tion B fo	or the	covered ve	ehicles				l		
Pa	art VI	Amortization			(6)	<del></del>		(c)	_		(d)		(a)			(f)		
(a) Description of costs Date			late amortizatio				Amortizable amount		(d) Code section		(e) Amortizat							
42 Amortization of costs that begins during your 20					begins 113 tax v		ar	nount	•		section		penod or per	centage	R	or this year		
42	Amortiza	COSTS IN	iai uegins di	uning your 20	, io tax y	-ai.								- 1	<del>-</del>			
					<del> </del>	+				+-	· · · · · · · · · · · · · · · · · · ·		-					
43	Amortiza	tion of costs th	at began be	efore your 20	13 tax ve	ar				_ '-		1		43				
		dd amounts in	_				o rei	oort						44				

#### Form **8868**

(Rev. January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

• ii you	are filing for an Automatic 3-Month Extension, comple	te only Pa	int I and check this box .	•		. <b>-</b> A				
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).						
Do not	complete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	sly filed For	m 8868.					
Electror	nic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file (6	months for a	corporation				
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 88	68 to request	an extension				
of time t	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers A	ssociated Wr	th Certain				
	Benefit Contracts, which must be sent to the IRS in pag	•								
	w.irs gov/efile and click on e-file for Chanties & Nonprofits		(300 11.011 20110110)							
Part I			submit original (no copies ne	eded).						
A corpoi Part I on	ration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete	sion of time	<b>&gt;</b>				
to file ind	come tax returns.			Enter file	r's identifying	number				
Type or print	Name of exempt organization or other filer, see instru	Employer identification number (EIN) or								
File by the	Creative Santa Fe		20-2457936							
due date fo filing your	P.O. Box 2388	Social security number (SSN)								
return See instructions										
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1				
Applica	lion	Return	Application		Return					
Is For		Code	Is For	Code						
	0 or Form 990-EZ	01	Form 990-T (corporation)	07						
Form 99	0-BL	02	Form 1041-A		08					
Form 47	20 (individual)	03	Form 4720 (other than individual)	09						
Form 99	0-PF	04	Form 5227	10						
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11						
Form 99	0-T (trust other than above)	06	Form 8870	12						
Telep	The Organization cooks are in the care of ► 314 Read St — shone No. ► 505-989-9934 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ►	Santa s in the Ur Group Exe	Fax No.   inted States, check this box emption Number (GEN)		-	•				
ıs	equest an automatic 3-month (6 months for a corporation August 15, 2014 , to file the exemptor the organization's return for:  X calendar year 2013 or	•	to file Form 990-T) extension of time ation return for the organization nam		The extension	1				
	tax year beginning	, an	nd ending		_·					
2 If	the tax year entered in line 1 is for less than 12 months, on the change in accounting period	check reas	son: Initial return	Final retur	n					
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less any							
	onrefundable credits. See instructions.	3a	\$	0.						
	this application is for Forms 990-PF, 990-T, 4720, or 6069									
	stimated tax payments made. Include any prior year over	3ь	\$	0.						
	alance due. Subtract line 3b from line 3a. Include your p									
	using EFTPS (Electronic Federal Tax Payment System).	3с	\$	0.						
	n. If you are going to make an electronic funds withdrawa			8453-EO aı	nd Form 8879					