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### Extended to August 17, 2015

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

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.

_ <del>                                      </del>	7-00-7
201	14
Open to inspec	Public tion

Α	For the	2014 calendar year, or tax year beginning and c	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Address	Creative Santa Fe			
	Name change	Doing business as		20-2	457936
	Initial return Final return/	Number and street (or P 0 box if mail is not delivered to street address) P.O. Box 2388	Room/suite	E Telephone number 505-	, 989-9934
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	500,147.
	Amendo			H(a) Is this a group re	
_	Applica			for subordinates	
	pending	314 Read St., Santa Fe, NM 87501		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exe	mpt status: X 501(c)(3)	or 527		list. (see instructions)
		www.creativesantafe.org	· <del></del>	H(c) Group exemption	
		rganization X Corporation	L Year		State of legal domicile NM
		Summary	1 - 7 - 7 - 7		
يسبب		rrefly describe the organization's mission or most significant activities: Creat	tive S	anta Fe (Cr	SF) is a
Activities & Governance		conprofit organization dedicated to stren			
Ē		heck this box  if the organization discontinued its operations or dispos			
ove.		lumber of voting members of the governing body (Part VI, line 1a)		3	8
Ğ	4 1	lumber of independent voting members of the governing body (Part VI, line 16)	ñ I	4	7
Se		otal number of individuals employed in calendar year 2014 (Party-line Ea)	<u> </u>	5	2
Ě	1		\oʻ\	6	28
Ę	1	otal unrelated business revenue from Part VIII, column (6), line 12	ე/ <i>ctg</i>	7a	0.
⋖	l b1	otal number of volunteers (estimate if necessary)  otal unrelated business revenue from Part VIII, column (c), line 12  let unrelated business taxable income from Form 990-T, line 34  \[ \lambda \la	المرابع	7b	0.
				Prior Year	Current Year
•	8 (	Contributions and grants (Part VIII, line 1h)		586,611.	475,129.
Š		Program service revenue (Part VIII, line 2g)		21,795.	12,422.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		55.	<341.>
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,041.	2,874.
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		629,502.	490,084.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	18,290.
	14 E	lenefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15 9	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		196,303.	144,685.
Expenses	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)		8,655.	0.
×	∣Ь٦	otal fundraising expenses (Part IX, column (D), line 25)	99.		
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		355,491.	270,175.
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	ļ	560,449.	433,150.
	19 F	levenue less expenses. Subtract line 18 from line 12		69,053.	56,934.
Net Assets or			Be	ginning of Current Year	End of Year
sset	20 1	otal assets (Part X, line 16)		160,316.	195,809.
E A	21 7	otal liabilities (Part X, line 26)	<u> </u>	42,142.	20,701.
		let assets or fund balances. Subtract line 21 from line 20		118,174.	175,108.
		Signature Block			
		ies of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and beliet, it is
true	o, correct	and complete Declaration of prepares (other than officer) is based on all information of wh	iich preparer	nas any knowledge	
e:-		Signature of officer		Date	215
Sig	- 1	William A. Miller, Board Chair and Tre	asure	r	
He		Type or print name and title	CUDUIC	<del>-</del>	
		Print/Type preparer's name Preparer's signature	CD/ TO	Date Check	PTIN
Pai	d l	Kim McNulty, CPA Kim McNulty CPA		6/21/15 self-employe	<b>-</b>
		Firm's name McNulty Zahm, LLC	<del>}</del>	Firm's EIN	86-1048509
		Firm's address 5203 Juan Tabo Blvd. NE, Suite	ŽC	TIIIII S EIIV	00 1010307
Jac	, o,	Albuquerque, NM 87111		Phone no 50	5-830-9446
Ma	v the IP	S discuss this return with the preparer shown above? (see instructions)		Trilone no 3 o	X Yes No
IVIO	y ule in	O GISCUSS THIS TECHTI WITH THE PREPARET SHOWIT ADDIVE! (SEE HISTIUCTIONS)			165110

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement Continuation

Total program service expenses ▶

4d Other program services (Describe in Schedule O.)

61,226 · including grants of \$

326,904.

18,290.) (Revenue \$

10,300.)

4e

# Form 990 (2014) Creative Santa Fe Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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		х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
•	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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,	ļ		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	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	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

Form 990 (2014) Creative Santa Fe
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Ì		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	İ		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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 "Yes,"	1		
	complete Schedule L, Part II	26		X
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		X
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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
¢	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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
	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		Х
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	L
		Form	agn /	ワハ1 <i>4</i> 1

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_	Crostive Canta Fo	20 2457	026	_	-
	990 (2014) Creative Santa Fe  TY Statements Regarding Other IRS Filings and Tax Compliance	20-2457	930	P	age 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
	Check if Schedule C Contains a response of note to any line in this r art v	<del></del>			
4-	Fator the name to a constant of Day 0 of Farm 4000 Fator 0 of ant and leading	<sub>1a</sub>   30		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	aportable garning	4.		
0-	(gambling) winnings to prize winners?	1 1	1c		
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 2			
L	filed for the calendar year ending with or within the year covered by this return	_ <del></del>	2b	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined by the sum of lines 1a and 2a is greater than 250, you may be required to a file (see instruction).		-20		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)	3a		Х
		0	3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		30		-
48	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	-	4a		Х
		accountyr	-+0		
ь	If "Yes," enter the name of the foreign country: ►	cocupto (EBAB)			
E.		CCOUNTS (FBAN).	50		Х
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	otion?	5a 5b		X
ь	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	CHOIT	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit	30		
Va	any contributions that were not tax deductible as charitable contributions?	ie organization solicit	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut	ione or aifte	- Ou		
	were not tax deductible?	ions or gints	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	vices provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	visco provided to the payor	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
·	to file Form 8282?	ao roquirou	7c		Х
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d			
e		· ·	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		71		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
-	sponsoring organization have excess business holdings at any time during the year?	,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
Ь	Did the sponsoring 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		
	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			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		"		
ь	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans .	136			
C	Enter the amount of reserves on hand	13c	<b>.</b>		
14a	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		

Creative Santa Fe 20-2457936 Form 990 (2014) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 8 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 rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 86 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b 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? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a Х **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶NM Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Another's website \_\_\_ Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

The Organization - 505-989-9934

314 Read St, Santa Fe, NM

E	000	(2014)	

### Creative Santa Fe

20-2457936

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## Part VIII 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	organization compensate						ated any current officer, director, or trustee.						
(A)	(B)				C)			(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more t				one	Reportable	Reportable	Estimated			
	nours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of			
	week		Jer an	lu a u	III	Ji/trus	(ee)	from	from related	other			
	(list any hours for	alact				_		the	organizations (W-2/1099-MISC)	compensation from the			
	related	9	黟			safec		organization (W-2/1099-MISC)	(88-2/1099-181150)	organization			
	organizations	Traste	al frus		8€	mber		(***2 1093 (*1100)		and related			
	below	Individual trustee or director	Institutional frustoe	h.	app	sst co	<sub> </sub>			organizations			
	line)	hđ	Insti	Officer	Š	Highest compensated employee	튵			J			
(1) William Miller	30.00												
Chairman and Treasurer		X	_	X		<u> </u>		0.	0.	0.			
(2) James Patterson	4.00								_	_			
Director		X	<u> </u>		<u> </u>	_	<u> </u>	0.	0.	0.			
(3) Richard Albright	1.00				ŀ								
Director	1 7 7 7	X		ļ	ļ	<b> </b>	<u> </u>	0.	0.	0.			
(4) Sandy Zane	1.00									•			
Director	F 00	X	_	_	_	┝	_	0.	0.	0.			
(5) Joel Barber	5.00								_	•			
Director	1.00	Х	-			┢		0.	0.	0.			
(6) Victoria Mora	1.00	X						0.	0.	0			
Director (7) November 1	2.00	^	-		<del> </del>	├	_	0.	0.	0.			
(7) Angela Martin Director	2.00	X						0.	o.	0.			
(8) Charles Moore	1.00	Α.				┢		0.	0.	0.			
Director	1.00	X						0.	0.	0.			
(9) Cyndi Conn	40.00	-				$\vdash$		· ·					
Executive Director		1		Х				87,728.	0.	487.			
								, ,					
		1											
		<b></b>								<del> · · ·</del> ···			
		1											
	-												
		<u> </u>				<u> </u>	<u> </u>						
		<u> </u>	<u> </u>	L .	ļ	<u> </u>	_			<del></del>			
<del></del>	<u> </u>	_		<u> </u>	<u> </u>	├-							
		l			1								
	I.	<u> </u>		Ц	<u> </u>	<u> </u>							

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)					
	(A) (B) (C) (D) (E)  Name and title Average hours per hours per week (do not check more than one officer and a director/trustee) form related.							1	am	(F) timate ount					
		week (list any hours for related organizations below line)	tee or director .	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	ns compensation				
_			=	트	-	3	主店	۳						-	
			_				-	_							
														·	
					_	_	ļ .	_							
				L											
1 b	Sub-total .		1	l	l	<u> </u>		<b>&gt;</b>	87,728.		0.		4	87.	
	Total from continuation sheets to Part V	II, Section A							0. 87,728.		0.			0. 87.	
2	Total (add lines 1b and 1c)  Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bove	e) wl	no r						<u> </u>	
	compensation from the organization												Yes	0 <b>No</b>	
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on		3		x	
4	For any individual listed on line 1a, is the si									the organization				v	
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									dual for services	ŀ	4		X	
	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedul	e J 1	for s	uch	pers	son					5		Х	
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ens	ation fr	om		
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ıthı		/ear.					
	(A) Name and business	address	N	іис	<u> </u>				(B) Description of s	ervices	С	(C omper		n	
								_				•			
		···-										-			
					_										
2	Total number of independent contractors (	includina but n	ot li	mite	d to	tho	se li	ster	d above) who received m	nore than		<del></del>		<del></del>	
-	\$100,000 of compensation from the organi						0	•	,						

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
		Oncorn Contraction Contraction	<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f 2 a a b c d e f	Related organizations Government grants (contributions), gifts, grant similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f  Studio Tour fee Lectures and wo Product sales  All other program service rever	ts, and ve 1f 1a-1f \$	40,000.  435,129. 27,904.  Business Code 561520 900099 900099	10,300. 2,087. 35.	10,300. 2,087. 35.		
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		est, and	84.			84.
	6 a b c d 7 a	Less: rental expenses Rental income or (loss)	(i) Securities 9,638.	(ii) Other				
9	c d		10,063. <425.		<425.	>		<425.
Other Revenu	9 a	including \$ contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	a b draising events ctivities. See a b	0.	2,000.			2,000.
	b		a b s of inventory		874.	874.		
	12	A.II			874. 490.084.	13,296.	0.	1,659.

Form 990 (2014) Creative Santa Fe
Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX  Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  I Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  2 Grants and other assistance to domestic individuals. See Part IV, line 22  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation of included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7 Other salanes and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees):  a Management  b Legal  7 O3.  7 O3.  12 , 889.
1 Grants and other assistance to domestic individuals. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(t)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal  18,290.  17,40.  17,40.  18,290.  18,290.  18,290.  17,40.  17,40.  18,290.  18,290.  17,40.  17,40.  18,290.  18,290.  17,40.  17,40.  18,290.  18,290.  17,40.  17,40.  18,20.  18,20.  17,4
and domestic governments See Part IV, line 21  Grants and other assistance to domestic individuals. See Part IV, line 22  Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  Other employee benefits  Payroll taxes  11,080. 8,881. 733. 1,4  Fees for services (non-employees):  Management  Legal
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees (Compensation included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 44,904. 44,904. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 486. 486. 10 Payroll taxes 11,080. 8,881. 733. 1,4 11 Fees for services (non-employees): a Management Legal 703. 703.
individuals. See Part IV, line 22  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11,080. 8,881. 733. 1,4  11 Fees for services (non-employees):  a Management  b Legal
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11,080. 8,881. 733. 1,4 11 Fees for services (non-employees): a Management b Legal 703. 703.
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11,080. 8,881. 733. 1,481. Fees for services (non-employees):  a Management  b Legal
individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroil taxes  11,080. 8,881. 733. 1,4  11 Fees for services (non-employees):  a Management  b Legal
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal  88,215. 61,703. 8,837. 17,6 61,703. 8,837. 11,000. 8,881. 733. 17,6 703.
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal  88,215. 61,703. 8,837. 17,6 44,904. 44,904. 44,904.  11,080. 8,881. 733. 1,4
trustees, and key employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees):  a Management  b Legal  88,215. 61,703. 8,837. 17,6  44,904.  44,904.  44,904.  486.  11,080. 8,881. 733. 1,4
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11,080.  8,881.  733.  1,4  11 Fees for services (non-employees):  a Management  b Legal
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees):  a Management  b Legal  703.  703.
persons described in section 4958(c)(3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11,080. 8,881. 733. 1,4  11 Fees for services (non-employees):  a Management b Legal
7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees):  a Management b Legal  44,904.  44,904.  44,904.  486.  11,080.  8,881.  733.  1,4
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  Other employee benefits  Payroll taxes  11,080.  8,881.  733.  1,4  Management  b Legal  703.  703.
section 401(k) and 403(b) employer contributions)  9
9 Other employee benefits 10 Payroll taxes 11,080. 8,881. 733. 1,4 11 Fees for services (non-employees): a Management b Legal 703. 703.
10 Payroll taxes 11,080. 8,881. 733. 1,4 11 Fees for services (non-employees):  a Management b Legal 703. 703.
11 Fees for services (non-employees):  a Management b Legal 703.
a Management b Legal 703. 703.
b Legal 703. 703.
12 000
c Accounting 12,889. 12,889.
e Professional fundraising services See Part IV, line 17
f Investment management fees
g Other. (If line 11g amount exceeds 10% of line 25,
column (A) amount, list line 11g expenses on Sch 0) 159,962. 119,029. 26,791. 14,1
12 Advertising and promotion 13,282. 13,276.
13 Office expenses
14 Information technology 4,424. 3,546. 293.
15 Royalties
16 Occupancy 26,690. 20,183. 4,183. 2,
17 Travel 4,814. 4,057. 597.
18 Payments of travel or entertainment expenses
for any federal, state, or local public officials
19 Conferences, conventions, and meetings
20 Interest
21 Payments to affiliates
Depreciation, depletion, and amortization 2,350. 1,884. 155.
23 Insurance 3,059. 1,527. 1,280.
24 Other expenses litemize 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)
a Meals and entertainment 14,524. 9,864. 2,740. 1,9
b Telephone and utilities 9,345. 7,491. 618. 1,3
c Materials and supplies 4,787. 3,465. 1,152.
d Printing and reproducti 4,683. 3,676. 333.
e All other expenses 8,663. 4,642. 2,943. 1,0
25 Total functional expenses. Add lines 1 through 24e 433, 150. 326, 904. 64, 247. 41,
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

Form 990 (2014)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			249.	1	611.
	2	Savings and temporary cash investments			95,650.	2	136,506.
	3	Pledges and grants receivable, net		·	50,500.	3	45,233.
	4	Accounts receivable, net			4,000.	4	
	5	Loans and other receivables from current and for	ormer off	icers directors.	······		
	•	trustees, key employees, and highest compens		· · · · · · · · · · · · · · · · · · ·			
		Part II of Schedule L		, , , , , , , , , , , , , , , , , , ,		5	
	6	Loans and other receivables from other disqual	filed pers	sons (as defined under	······································		
	•	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
y,		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
<b>B</b> S	8	Inventories for sale or use		F	**	8	
	9	Prepaid expenses and deferred charges		<u> </u>		9	
		Land, buildings, and equipment: cost or other	1 1	ļ <del>-</del>			
		basis. Complete Part VI of Schedule D	10a	12,902.			
	ь	Less: accumulated depreciation	10b	12,902.	7,917.	10c	6,836.
	11	Investments - publicly traded securities		*		11	6,836. 4,623.
	12	Investments · other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,000.	15	2,000.
	16	Total assets. Add lines 1 through 15 (must equ	ual line 34	ı)	160,316.	16	195,809.
	17	Accounts payable and accrued expenses			39,040.	17	20,701.
	18	Grants payable				18	
	19	Deferred revenue			3,102.	19	
	20	Tax-exempt bond liabilities		. [		20	·
	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
S	22	Loans and other payables to current and forme	r officers	, directors, trustees,			
≝		key employees, highest compensated employe	es, and c	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrel	ated third	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables to	o related third	:		
		parties, and other liabilities not included on line	s 17 <b>·</b> 24).	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			42,142.	26	20,701.
		Organizations that follow SFAS 117 (ASC 95)	B), check	there 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
anc	27	Unrestricted net assets			38,925.	27	127,997. 47,111.
3ak	28	Temporarily restricted net assets		_	79,249.	28	47,111.
ᅙ	29	Permanently restricted net assets		_		29	
Ē		Organizations that do not follow SFAS 117 (A	ASC 958)	, check here			
٥		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds	3			30	
Ass	31	Paid-in or capital surplus, or land, building, or e	quipment	t fund		31	<u> </u>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome, o	r other funds		32	
Z	33	Total net assets or fund balances			118,174.	33	175,108.
	34_	Total liabilities and net assets/fund balances			160,316.	34	195,809.

orm	1990 (2014) Creative Santa Fe	20-245	7936	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<del>, , , ,</del>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			84.
2	Total expenses (must equal Part IX, column (A), line 25)	2			50.
3	Revenue less expenses. Subtract line 2 from line 1	3			34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	118	3,1	74.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	175	5,1	08.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,			
	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	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	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 S				
	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 required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		

Form **990** (2014)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization Creative Santa Fe **Employer identification number** 20-2457936

	_							<del> </del>	
Pa	rt I	Reason for Public (	Charity Status (A	All organizations must co	mplete th	ıs part.) Se	ee instructions.		
he	organi	zation is not a private found	ation because it is: (	For lines 1 through 11, c	heck only	one box.)		_	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).		
4		•						the hospital's name.	
		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	d or operat	ted by a go	overnmental unit describ	ed in	
•		section 170(b)(1)(A)(iv). (C				,			
6		A federal, state, or local gov	•	nental unit described in s	section 17	70/6\/1\/A\	W		
_	$\overline{\mathbf{X}}$	An organization that normal						nublic described in	
'	41		·	illiai part of its support i	ioni a gov	emmemai	unit or nom the general	public described in	
8		section 170(b)(1)(A)(vi). (Co	• •	(1)/A)/vi) (Complete Per	- II V				
9	H	A community trust describe					ana mambambia fasa a	nd arasa rassista from	
9		An organization that normal	•	•	•		•	•	
		activities related to its exem							
		Income and unrelated busin		(less section 5 i i tax) in	om busine	sses acqu	ired by the organization	alter June 30, 1975.	
40		See section 509(a)(2). (Cor		waki ta taat far ayiblia aa	fatu Caa	nastian El	)()(a)(4)		
10	H	An organization organized a	•		• .				
• •	ш	An organization organized a	•	•	•		•	•	
		more publicly supported org	-					neck the box in	
_		lines 11a through 11d that o	* *			•			
а	ш	Type I. A supporting orga	•	·					
		the supported organization		· . ·	a majority (	or the aire	ctors or trustees of the s	upporting	
		organization. You must c	•						
D		J Type II. A supporting orga						-	
		control or management o			ame perso	ons that co	ontrol or manage the sup	ропеа	
		organization(s). You mus							
С		☐ Type III functionally inte	•					ed with,	
_	_	its supported organization	* - •	•					
d		☐ Type III non-functionally					• • • • •	• •	
		that is not functionally int			-		•	iveness	
		requirement (see instructi	•						
е		☐ Check this box if the orga					Type I, Type II, Type III		
		functionally integrated, or	• •	nally integrated support	ing organiz	zation.			
f		er the number of supported of	-					L	
9	_	ride the following information  i) Name of supported	i about the supporte		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
	•	organization	(, 2 \			n your document?		other support (see	
		Ū		above or tive section	Yes	No No	Instructions)	Instructions)	
				(see instructions))	res	IAO			
								·	
						ļ			
							_		

PE	Support Schedule for (Complete only if you checked fails to qualify under the tests	d the box on line 5	, 7, or 8 of Part I or	r if the organization				
Se	ction A. Public Support		<u> </u>		<del></del>			<del></del>
_	indar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e	2014	(f) Total
	Gifts, grants, contributions, and	10/2010	(5) 2011	(0) 2012	(4) 2010		/	19 10.01
•	membership fees received. (Do not				'			
	include any "unusual grants.")	9,480.	211,890.	440,695.	586,611.	47!	5,129.	1,723,805.
_	Tax revenues levied for the organ-	3/100.	211/0301	110,033.	300,011.		,,,	2,723,003.
2	rax revenues levied for the organization'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	9,480.	211,890.	440,695.	586,611.	47	5,129.	1,723,805.
4	Total. Add lines 1 through 3	3,400.	211,090.	440,093.	300,011.	47.	7,127.	1,723,805.
5	•							
	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,							070 525
	column (f)	***************************************		***************************************				879,525. 844,280.
_	Public support. Subtract line 5 from line 4	<u> </u>		<u></u>				044,200.
	ction B. Total Support		7,0044		4.0.040		\ 0014	40 Takal
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011 211,890.	(c) 2012 440,695.	(d) 2013 586,611.		) 2014 5,129.	(f) Total
7	Amounts from line 4	9,480.	211,690.	440,693.	360,011.	4.7	3,123.	1,723,805.
8	•							
	dividends, payments received on							
	securities loans, rents, royalties	1	22	200	55.		84.	372.
	and income from similar sources	2.	23.	208.	33.		04.	312.
9								
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	1	2 600	10 070	47 222	,	- 200	01 104
	assets (Explain in Part VI.)	4,606.	3,600.	10,270.	47,332.	1	5,296.	81,104.
	Total support. Add lines 7 through 10						i	1,805,281.
	Gross receipts from related activities					12		<del>-</del> -
13	First five years. If the Form 990 is fo		s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(	c)(3)	. ┌──
_	organization, check this box and sto				<del></del>		-	
_	ction C. Computation of Publ				<del></del>	Taa I		46.77 %
14	Public support percentage for 2014 (			column (t))		14		40.00
15	• • • • • • •				44 . 00 4 /00/	15	6 I. Abas Isa	
16	a 33 1/3% support test - 2014. If the				14 is 33 1/3% or r	nore, c	neck this bo	x and ►X
	stop here. The organization qualifies							
	<b>b 33 1/3% support test - 2013.</b> If the				ı iine 15 iş 33 1/3%	o or mo	ore, cneck th	IIS DOX
	and stop here. The organization qua						44. 4004	
17	a 10% -facts-and-circumstances tes							
	and if the organization meets the "fac					rt VI ho	ow the organ	ization
	meets the "facts-and-circumstances"					<b>.</b> -	41	1004
	b 10% -facts-and-circumstances tes							
	more, and if the organization meets t							·
	organization meets the "facts-and-cir	cumstances" test.	The organization of	qualifies as a publi	cly supported org	anızatı	on	▶₩

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					_	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-			-			
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
_8_	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	ındar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
108	a Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u></u>		I	1
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
_	check this box and stop here		<del></del>				
	ction C. Computation of Publ					<del></del>	
15	Public support percentage for 2014 (			column (f))		15	%
16						16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)14</b> (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2013 Schedule A,	Part III, line 17			18	<u>%</u>
19	a 33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	and <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organı	zation	
- 1	o 33 1/3% support tests - 2013. If the	organization did r	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che			•			
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟_

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part Vi**how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part Vi**when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part Viwhat controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part Vi**what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	3ь		
Ì	3c		
	4a		
	4b		
	4c		
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	8		
	9a		ļ
	0.5		
	9b	-	-
	9c		<u> </u>
	10a		
	· · · · · ·	-	
	10b	0-FZ	2014
	an ar ac		

Par	Supporting Organizations (continued)		,	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ĺ
	below, the governing body of a supported organization?	_11a		
b	A family member of a person described in (a) above?	11b	<u> </u>	<u> </u>
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	
Sec	tion B. Type I Supporting Organizations			
		F	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ĺ
	controlled the organization's activities. If the organization had more than one supported organization,			İ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			İ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ļ	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		ļ
Sec	tion C. Type II Supporting Organizations			
		F	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s).	1		L
Sec	tion D. Type III Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	110
1	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	] ]	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		ĺ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	<u>;).                                    </u>	
2	Activities Test. Answer (a) and (b) below.	·····	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	2b	<del> </del>	<del> </del>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		2-		1
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	<del> </del>	-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3ь		1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard			

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	•		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	<del></del>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		<u> </u>
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4	_	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		, ,, <u>'                                 </u>	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly-integrate	ed Type III supporting org	anization (see
	instructions).	-		

'art	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
ectio	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe	empt purposes		
2 /	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
(	organizations, in excess of income from activity			
. /	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
. /	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		
. (	Qualified set-aside amounts (prior IRS approval required)			
•	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
•	Distributions to attentive supported organizations to which t	he organization is responsive	)	
(	(provide details in Part VI). See instructions.			
	Distributable amount for 2014 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
_4:_	E Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
JUQ	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
ı	Underdistributions, if any, for years prior to 2014			
(	(reasonable cause required-see instructions)	**************************************		••••••••••••••••••••••••••••••••••••••
[	Excess distributions carryover, if any, to 2014:			
a	······································	<u> </u>	**************************************	[ 
b_				
С	**************************************			
d_				
e l	From 2013			
<u>f</u>	Total of lines 3a through e			
9 /	Applied to underdistributions of prior years		<del>, </del>	
h /	Applied to 2014 distributable amount			
i (	Carryover from 2009 not applied (see instructions)			<u></u>
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<b></b>
	Distributions for 2014 from Section D,			
- 1	line 7: \$			
a A	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
	Applied to 2014 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			<u></u>
	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).		<del></del>	
'	Excess distributions carryover to 2015. Add lines 3j			
-	and 4c.			<b>*</b>
}	Breakdown of line 7:			
а		<del> </del>		<u> </u>
b		ļ		
С		<b>-</b>		<b></b>
	Excess from 2013			
6	Excess from 2014	E .	E	1

Schedule A (Form 990 or 990-EZ) 2014

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).
<del> </del>	
	<del></del>

### **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 www.irs.gov/form990.

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	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	Impermissible private benefit?		Yes No
Par	······································	ganization answered "Yes" to Form 990, Pa	- <del> </del>
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e		ncally important land area
	Protection of natural habitat	Preservation of a certifi	·
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		
	ady of the tax year.		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 sti	ructure included in (a)	2c
_	Number of conservation easements included in (c) acquired	• •	<del> </del>
u	listed in the National Register	alter of 17700; and not on a motorio structur	2d
3	Number of conservation easements modified, transferred, re	aleased extinguished or terminated by the	<u> </u>
3	year	season, extinguished, or terminated by the t	organization doming the tax
4	Number of states where property subject to conservation ea	seement is located	
5	Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abor		
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 1700	Yes No
9	In Part XIII, describe how the organization reports conservat	ion assements in its revenue and expenses	
•	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion 3 intancial statements that describes th	ic organization 3 docounting for
Par	TILL Organizations Maintaining Collections	of Art. Historical Treasures, or Ot	her Similar Assets.
L	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
<b>h</b>	If the organization elected, as permitted under SFAS 116 (A)		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
		successor, or research in furtherance of publi	inc service, provide the following amounts
	relating to these items:  (i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
•	If the organization received or held works of art, historical tre	ageuree or other cimiler accete for financial	gain provide
2	the following amounts required to be reported under SFAS		guiii, piotiuo
_	Revenue included in Form 990, Part VIII, line 1	TTO PAGE SOOF TELETING TO THESE ITELIS.	<b>&gt;</b> \$
a	Assets included in Form 990, Part X		<b>\$</b>
D	Assets included in Form 330, Fait A	•	Ψ

-1	dula D/Farra 0000 2014 Creative	e Santa Fe						20-24	57936	Dana	2
	dule D (Form 990) 2014 Creative  Till Organizations Maintaining C			torical Tr	02611706 /	or Other			_		<u> </u>
3	Using the organization's acquisition, accessi										-
3	(check all that apply):	on, and other record	15, CHECI	Carry Or tillo	lollowing the	it ale a sig	illicant	36 01 113 1	JOHECHOIT I	terris	
а	Public exhibition	,		l oan or exc	hange progra	ame					
ь	Scholarly research			Other	nango progre	21113					
c	Preservation for future generations	`	ـــــ ٠	Oilloi							_
4	Provide a description of the organization's co	allections and explain	n how th	ev further t	he organizati	on's exem	nt nurna	se in Part	XIII.		
5	During the year, did the organization solicit o	-		-	-						
•	to be sold to raise funds rather than to be ma								Yes		5
Par	t IV Escrow and Custodial Arran					"Yes" to Fo	orm 990	. Part IV. I			_
*******	reported an amount on Form 990, Par	-									_
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	sets not ir	ncluded		-	_	
	on Form 990, Part X?							L	Yes	∐ Ne	>
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table:							_
									Amount		_
C	Beginning balance						1c				_
d	Additions during the year						1d				_
e	Distributions during the year						1e				_
f	Ending balance						1f			<del></del>	_
	Did the organization include an amount on Fe						y?		Yes	⊢ N•	>
	If "Yes," explain the arrangement in Part XIII.									<u> </u>	_
Par	t V Endowment Funds. Complete	the organization ar	nswered	"Yes" to Fo	T.						_
		(a) Current year	(b) P	nor year	(c) Two yea	rs back (c	1) Three y	ears back	(e) Four y	ears back	<u>:</u>
1a	Beginning of year balance										_
	Contributions		ļ						·······		_
	Net investment earnings, gains, and losses										_
	Grants or scholarships		<u> </u>							-	_
е	Other expenditures for facilities				1						
	and programs		ļ		-						_
	Administrative expenses										_
_	End of year balance		<u> </u>					<u> </u>			
2	Provide the estimated percentage of the curr	ent year end baland		g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
٥-	The percentages in lines 2a, 2b, and 2c should be a sh										
<b>Ja</b>	Are there endowment funds not in the posse	ssion of the organiz	ation the	at are neio a	ina aaministe	erea for the	e organiz	ation	T.	'aa Na	_
	by:									es No	<u>'</u> _
	(ii) unrelated organizations (ii) related organizations								3a(i)		-
_	If "Yes" to 3a(ii), are the related organizations	listed as required	on Sobo	tulo D2					3a(ii) 3b		_
4	Describe in Part XIII the intended uses of the	•							_ <u> </u>	!	_
****	t VI Land, Buildings, and Equipm		OWITHETH	iulius.							_
r wi	Complete if the organization answere		) Part IV	line 11a S	ee Form 990	Part X. lır	ne 10.				
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value	_
	bescription of property	basis (invest		''	(other)		eciation	·	,u, Dook		
1a	Land				·						_
	Buildings										_
	Leasehold improvements	-			-						_
	Equipment			1	2,902.		6,0	66.	6	,836	•

6,836.

e Other

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

Complete if the organization answered "Yes"	to Form 990. Part IV.	line 11b. See Form 990. Part	X. line 12.
(a) Description of security or category (including name of security)	(b) Book value		ation: 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"	to Form 990, Part IV,	line 11c. See Form 990, Part	X, line 13.
(a) Description of investment	(b) Book value		ition: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13 ) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	' to Form 990, Part IV,	line 11d. See Form 990, Part	X, line 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)		- <del></del>	
(4)		·····	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 15)	· · · · · · · · · · · · · · · · · · ·	<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV,		0, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)		
2 Liability for uncertain tax positions. In Part XIII provid	e the text of the foots	ote to the organization's finar	solal atatamenta that raparta the

Pai	* XI Reconciliation of Revenue per Audited Financial	Statements With Revenue per I	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	530,950
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	1 1	
b	Donated services and use of facilities	2b 40,866	.]	
c	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII.)	2d	1	
е	Add lines 2a through 2d		2e	40,866
3	Subtract line 2e from line 1		3	490,084
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	]	
C	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	490,084
Pa	TXII Reconciliation of Expenses per Audited Financial	Statements With Expenses per	r Return	) <b>.</b>
	Complete if the organization answered "Yes" to Form 990, Part IV	, line 12a.		
1	Total expenses and losses per audited financial statements		1	474,016
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			· ·
а	Donated services and use of facilities	2a 40,866		
b	Prior year adjustments	2b	7	
С	Other losses	2c	7	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	40,866
3	Subtract line 2e from line 1		3	433,150
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Ь	Other (Describe in Part XIII.)	4b	7	

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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:

c Add lines 4a and 4b

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, 2014. If applicable, CrSF will recognize interest and penalties related to underpayment of income taxes as income tax expense. As of December 31, 2014, 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.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

Open to Public Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization							<b>Employer identification number</b>
Creative Santa Fe	Santa Fe						20-2457936
Part i General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	xedures for monit	oring the use of grant	funds in the United	States.			
Part fl Grants and Other Assistance to Domestic Organizations and	Domestic Organi	zations and Domestic	3 Governments. C.	omplete if the orga	inization answered "Y	Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if addition	onal space is need	led.			***
1 (a) Name and address of organization or government	( <b>a</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Remaining funds raised by
CFile Foundation				_			the sponsored program
223 North Guadalupe St #274							were returned at the end
Santa Fe, NM 87501	46-3719366	501c3	14,943.	0.			of the sponsored program

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table N

See Part IV for Column (h) descriptions LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

:

432101 10-15-14

(f) Description of non-cash assistance 20-2457936 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients Creative Santa Fe (a) Type of grant or assistance Schedule I (Form 990) (2014) Part III

Page 2

Part W Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2:

The grants awarded in 2014 required no additional monitoring after awarded.

The grants were funds raised by sponsored programs and given to them once

the sponsored program agreements ended during 2014

Part II, line 1, Column (h):

Name of Organization or Government: CFile Foundation

(h) Purpose of Grant or Assistance: Remaining funds raised by the

sponsored program were returned at the end of the sponsored program

432102 10-15-14

Schedule I (Form 990) (2014)

Schedule I (Form 990)	<u>Creative</u>	Santa	rе		20-245/936	Page 2
Schedule I (Form 990)  Part IV Supplemental Inf	ormation					
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			
agreement.						
agreement.		•				
				· · · · · · · · · · · · · · · · · · ·		
				•		
			·-··			
	-	***				
	181 4112			······································		
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				<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.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

	J	Creative	Santa Fe	)					20	-24	579	36		
Part I	Excess Ben	efit Transac	tions (section 50	01(c)(3	), secti	on 501(c)(4), and 50	)1(c)	(29) organization	ns only	/).				
	Complete if the	organization ans	swered "Yes" on	Form 9	90, Pa	art IV, line 25a or 25l	b, or	Form 990-EZ, P	art V, I	ine 40	b			
1 (a) Nan	ne of disqualified	(b)	Relationship bety			ıfied /	(c) Description of transactio			n		(d)	Corre	cted?
(4) (44)		person	person and or	rganiza	ation					•••		Y	es	No
												-	_	
														<u> </u>
												-		
2 Enter t	the amount of tax	incurred by the	organization man	agers	or disc	qualified persons du	rıng	the year under						
	n 4958									<b>▶</b> \$				
3 Enter t	the amount of tax	k, if any, on line 2	, above, reimburs	ed by	the or	ganization				▶ \$				
Part II	Loans to an	d/or From In	terested Per	eone										_
t.exi ¢ tr						, Part V, line 38a or I	Eom	a QQO Part IV lin	a 26.	or if th	o oraș	nezetu	20	
	•	=				, rait v, iii <del>0</del> 30a 0i i	OIII	1 990, Fait (V, III)	16 20, 1	OI II (II	e orga	unzan	J11	
(a)				(d) Lo	an to or	(e) Original	(f	) Balance due	(g)	ln	(h) Ap	proved	117 77	ritten
		with organizatio	n of loan		n the zation?	principal amount			defa		by board or committee?		agree	ment?
				То	From		ļ		Yes	No	Yes	No	Yes	No
					-									
		-	· · · · · · · · · · · · · · · · · · ·											
														<b></b>
	-	<u> </u>	1.	ļ					ļ		,,,	L		ļ
otal Part III	Grants or A	esistance Re	nefiting Inter	reste	d Pai	reone \$			<u> </u>				L	*****
* *** * *** ;	l e e e e e e e e e e e e e e e e e e e		swered "Yes" on											
	_		•	-		(c) Amount of		(d) Type	of	_	(e	) Purp	ose of	f
(a) Na			(b) Relationship between interested person and		assistance		assistance							
(a) Na	ame of interested		•		the organization							_		
(a) Na	ame of interested		•							$\perp$				
(a) Na	ame of interested		•							_			-	
(a) N	ame of interested		•											
(a) N	ame of interested		•											
(a) N:	ame of interested		•											
(a) N:	ame of interested		•											
(a) Ni	ame of interested		•											

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

Schedule L (Form 990 or 990-EZ) 2014

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz rever	aring of zation's nues?
		05 560	24:33	Yes	No
Mayo Miller	Mayo Miller is the	25,762.	Mayo Miller	ļ <u>.</u>	X
			<del> </del>		<u> </u>
					<del> </del>
					-
Part V Supplemental Information					<u> </u>
Provide additional information for response	onees to questions on Schedule I (see	inetrictions)			
Provide additional information for respe	onses to questions on ochequie E (see	mstructions).			
Sch L, Part IV, Business T	ransactions Involvi	ng Interest	ed Persons:		
		· · · · · · · · · · · · · · · · · · ·			
(a) Name of Person: Mayo M	iller		<del> </del>		
(h) Polationship Potyson T	ntonogtod Dongon on	d Organiant	ione		
(b) Relationship Between I	nterested Person an	<u>u Organizat</u>	ion:		
Mayo Miller is the daughte	r of William Miller	(Board Cha	irman & Tre	as.)	
inayo iiiiiioi ib ono dadagiioo	TOT WILLIAM TILLION	(Dould one		<u> </u>	
(c) Amount of Transaction	\$ 25,762.				
(d) Description of Transac	tion: Mayo Miller p	rovides acc	ounting and		
	the examination	Cha mai	4 60E 760 E		
administrative services to	the organization.	sne was pai	Q \$25,/62 I	OI.	
these services by the orga	nization in 2014.				
(e) Sharing of Organization	n Revenues? = No				
				·	
					_

### **SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMR No. 1545-0047

Open To Public Inspection

Name of the organization

Creative Santa Fe

**Employer identification number** 

20-2457936 Part I Types of Property (d) (a) (b) (c) Check if Number of Noncash contribution Method of determining amounts reported on contributions or noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art · Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes Я Intellectual property 2 14,686. Fair value X 9 Securities · Publicly traded 10 Securities - Closely held stock Securities · Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution · Other Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 **Taxidermy** Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts 7,012. Actual costs (Food and beve) X 4 25 Other X 5,506. Actual Unreimbursed ) costs 26 Other Photography X 700. Actual costs 27 Other -28 Other -Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for X 30a exempt purposes for the entire holding period? b If "Yes." describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a contributions? b If "Yes." describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Schedule M (Form 990) (2014) Creative Santa Fe	20-2457936	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a combine part for any additional information.	, and whether the organiza bination of both. Also comp	tion
Schedule M, Line 32b:		
Organization uses a broker account to receive and sell do	onated	
investments. Once sold, the proceeds are transferred to t	he	_
organization's operating bank account.		
		<u> </u>

### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2014
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 20-2457936

Name of the organization

Creative Santa Fe

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 4a, Program Service Accomplishments:

earned and recorded \$20,000 of contract revenue related to the contract

during the year ended December 31, 2014. The remaining \$20,000 will be

earned and recorded in 2015. Documentation of this work was submitted

in a report titled "Santa Fe Arts + Creativity Center Sites Analysis

and Feasibility Report." Local non-profit developer New Mexico

Inter-Faith Housing was selected in July 2014.

Form 990, Part III, Line 4b, Program Service Accomplishments:

"IF: Imagined Futures" brings idea-driven leaders from throughout the
country and world to Santa Fe to inspire, educate, and build on-going
networks for Santa Fe. "IF: Imagined Futures" seeks to explore the
fundamental question, "What is the brightest future imaginable for
Santa Fe and what steps can be taken to achieve that goal?" Panel
discussions, lectures, conversations, and presentations provided
opportunities to investigate how to enrich Santa Fe's future with
feasible strategies for tangible change. CrSF plans to partner with
institutions throughout the country and abroad to organize and host an
ongoing conference that promises to shine an international spotlight on
Santa Fe's cultural, scientific, and intellectual assets - drawing new
attention, visitors, and energy to Santa Fe. An initial meeting was

Name of the organization

Creative Santa Fe

Employer identification number 20-2457936

held in 2014 to test the idea. National partners were in attendance and have committed to participation in a 2015 conference.

Form 990, Part III, Line 4c, Program Service Accomplishments:

CrSF also hosts FANTASE Fest as part of Connect Santa Fe. FANTASE Fest is strategically located in DeVargas Park within walking distance of the Plaza and the Guadalupe shopping district. It draws young families and a diverse cross-section of the community to the historic core of the city on a Saturday evening. By providing an unusual arts-based community event, it sets an example for events designed to increase the attractiveness of Santa Fe for people of all ages. The 2014 FANTASE Fest focused on art, light, music, and downtown vibrancy and also featured large-scale geodesic domes. Emerging artists had the opportunity to attend classes and workshops and to experiment with art and light installations, dome technology, and had their work on public display.

Form 990, Part III, Line 4d, Other Program Services:

CrSF also served as a sponsor of other programs. The activities of
these programs were considered programs of CrSF during the period of
time the sponsor agreements were in effect. All of the sponsor
agreements had ended by December 31, 2014. These sponsored programs
included:

Santa Fe Studio Tour - offered the public the opportunity to visit the private studios of professional artists working in all artistic mediums.

Schedule O (Form 990 or 990-EZ) (2014) **Employer identification number** Name of the organization Creative Santa Fe 20-2457936 CFile - a global, non-profit community for clay and ceramic creative in art, architecture, and design. This is a program of CFile Foundation which was in the process of obtaining its tax-exempt status from the Internal Revenue Service. Meow Wolf's Chimera - an educational outreach program teaching collaborative interdisciplinary arts practice through hands-on project based learning. Expenses \$ 61,226. including grants of \$ 18,290. Revenue \$ 10,300. Form 990, Part VI, Section B, line 11: An electronic draft of the Form 990 was provided to board members for their review before it was filed. Form 990, Part VI, Section B, Line 12c: Board members are required to timely disclose any potential conflicts if they arise. Form 990, Part VI, Section B, Line 15a: Part VI Section B Line 15a - process for determining compensation of Executive Director. Research was conducted to determine compensation paid to the Executive Directors of similar sized organizations. (NOTE: there are no other compensated officers or key employees). Form 990, Part VI, Section C, Line 19: Method of making governing documents, conflict of interest policy, and financial statements available to the public. Governing documents and

conflict of interest policy are available upon request. Financial

Schedule O (Form 990 or 990-EZ) (2014)  Name of the organization	Page 2 Employer identification number
Creative Santa Fe	20-2457936
statements provided on Form 990 which is available through	h Guidestar and
upon request.	
Form 990, Part IX, Line 11g, Other Fees:	
Cleaning and janitorial:	
Program service expenses	1,286.
Management and general expenses	106.
Fundraising expenses	212.
Total expenses	1,604.
Workshop/lecture speaker:	
Program service expenses	5,506.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	5,506.
Website/graphic design:	
Program service expenses	20,906.
Management and general expenses	0.
Fundraising expenses	1,568.
Total expenses	22,474.
Lighting, audio, and visual consulting services:	
Program service expenses	18,422.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	18,422.

Schedule O (Form 990 or 990 EZ) (2014)  Name of the organization  Creative Santa Fe	Employer identification number 20-2457936
Contract services - artists:	
Program service expenses	19,483.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	19,483.
Other consulting:	
Program service expenses	21,908.
Management and general expenses	891.
Fundraising expenses	1,781.
Total expenses	24,580.
Security:	
Program service expenses	4,196.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	4,196.
Accounting and administrative:	
Program service expenses	0.
Management and general expenses	25,794.
Fundraising expenses	0.
Total expenses	25,794.
Sponsored programs:	
Program service expenses	11,189.
Management and general expenses	0.
Fundraising expenses 432212 08-27-14	0 . Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)  Name of the organization	Employer identification number
Creative Santa Fe	20-2457936
Total expenses	11,189.
Grant writer:	
Program service expenses	0.
Management and general expenses	0.
Fundraising expenses	10,581.
Total expenses	10,581.
Devleopment fee - A+CC:	
Program service expenses	15 000
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	15,000.
Photography:	
Program service expenses	1,133.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	1,133.
Total Other Fees on Form 990, Part IX, line 11g, Col A	159,962.
Part XII Line 2c - Committee assuming responsibility fo	or the audit
The organization's board assumes responsibility for the	audit. This has
not changed from the prior year.	
	n

## 4562

Department of the Treasury

Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

990

OMB No 1545-0172

Sequence No 179 Identifying number

### Business or activity to which this form relates Name(s) shown on return Form 990 Page 10 20-2457936 Creative Santa Fe Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 Q 10 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 15 Property subject to section 168(f)(1) election 2,350. 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2014 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (e) Convention (g) Depreciation deduction (a) Classification of property (business/investment use only - see instructions) (f) Method 19a 3-year property 5-year property b 7-year property C d 10-year property 15-year property е f 20-year property 25 yrs. S/L 25-year property 9 27.5 yrs. MM S/L h Residential rental property ММ S/L 27.5 yrs. 1 39 yrs. MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-year 12 yrs. ММ S/L 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

portion of the basis attributable to section 263A costs

23 For assets shown above and placed in service during the current year, enter the

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

22

23

2,350.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expensions (c) of Section A, all of Section B, and Section C if applicable.	and prop			936	
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expen- through (c) of Section A, all of Section B, and Section C if applicable.		,	ed for en	tertaınm	ient,
through (c) of Section A, all of Section B, and Section C if applicable.	se, como	olete <b>onl</b>	v 24a. 2	4b. colui	mns (a)
Section A - Depreciation and Other Information (Caution: See the instructions for limits for	passeng	er autor	nobiles.)		
24a Do you have evidence to support the business/investment use claimed? Yes No 24b if "Yes," is t	he_evider	nce writ	ten? L	_ Yes L	No
Data Ducinoso/	(g)	1	(h)		(i) cted
Type of property placed in investment other basis (business/investment netrod Con	ethod/ vention		eciation uction		on 179
Service use percentage use only)	1	-		C	ost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and		ļ			
used more than 50% in a qualified business use	25	1		<u> </u>	
26 Property used more than 50% in a qualified business use:		1	•	1	
		<u> </u>		ļ	
- %		1			
OZ. Desperts used 50% as less to a sublified business uses				<u> </u>	_
27 Property used 50% or less in a qualified business use:  % S/L-		1		F	
% S/L- % S/L-				1	
% S/L·		<del> </del>		1	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1	28	<del> </del>			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1	,	1	29	<del></del>	·
Section B - Information on Use of Vehicles			,	•	
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or relate	ed person	n. If you	provided	t vehicle	s
to your employees, first answer the questions in Section C to see if you meet an exception to completing this	-	•			
(a) (b) (c)	(d)	(4	e)	(1	r)
30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Ve	hicle	Vehicle		Vehicle	
year (do not include commuting miles)					
		1			
31 Total commuting miles driven during the year		<u> </u>			
31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles					
32 Total other personal (noncommuting) miles driven					
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year.					
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32			T :		
32 Total other personal (noncommuting) miles driven  33 Total miles driven during the year. Add lines 30 through 32  34 Was the vehicle available for personal use  Yes No Yes No Yes	No	Yes	No	Yes	No
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours?  39 Yes No Yes No Yes	No	Yes	No	Yes	No
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more	No	Yes	No	Yes	No
Total other personal (noncommuting) miles driven  Total miles driven during the year. Add lines 30 through 32  Was the vehicle available for personal use during off-duty hours?  Was the vehicle used primarily by a more than 5% owner or related person?	No	Yes	No	Yes	No
Total other personal (noncommuting) miles driven  Total miles driven during the year. Add lines 30 through 32  Was the vehicle available for personal use during off-duty hours?  Was the vehicle used primarily by a more than 5% owner or related person?  Is another vehicle available for personal	No	Yes	No	Yes	No
Total other personal (noncommuting) miles driven  Total miles driven during the year. Add lines 30 through 32  Was the vehicle available for personal use during off-duty hours?  Was the vehicle used primarily by a more than 5% owner or related person?  Is another vehicle available for personal use?			No	Yes	No
Total other personal (noncommuting) miles driven  Total miles driven during the year. Add lines 30 through 32  Was the vehicle available for personal use during off-duty hours?  Was the vehicle used primarily by a more than 5% owner or related person?  Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their	Employe	ees			
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32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Answer these questions to determine if you meet an exception to completing Section B for vehicles used by e owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting employees?	Employeesmployees	ees es who a		nore than	1 5%
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Answer these questions to determine if you meet an exception to completing Section B for vehicles used by e owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting employees?	Employees g, by your	ees es who a		nore than	1 5%
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Total other personal (noncommuting) miles driven  33 Total miles driven during the year. Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Answer these questions to determine if you meet an exception to completing Section B for vehicles used by elements or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?	Employeesemp	ees es who a		nore than	1 5%
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33 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Answer these questions to determine if you meet an exception to completing Section B for vehicles used by elements or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.	Employeesemp	ees es who a		nore than	1 5%
Total other personal (noncommuting) miles driven  33 Total miles driven during the year. Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Answer these questions to determine if you meet an exception to completing Section B for vehicles used by elements or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization	Employees g, by your	ees s who ar		Yes	1 5%
Total other personal (noncommuting) miles driven  33 Total miles driven during the year. Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Answer these questions to determine if you meet an exception to completing Section B for vehicles used by elements or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization  (a)  (b)  (c)  (d)  (Description of costs	Employees mployees g, by your your	ees s who all r	re not m	Yes (f) mortization	n 5%
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Total other personal (noncommuting) miles driven  33 Total miles driven during the year. Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Answer these questions to determine if you meet an exception to completing Section B for vehicles used by elements or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization  (a)  (b)  (c)  (d)  (Description of costs	Employees mployees g, by your your	ees s who all r	re not m	Yes (f) mortization	n 5%
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### 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

If you a	re filing for an <b>Automatic 3-Month Extension, comple</b> t	te only Pa	rt I and check this box			$\triangleright \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).			
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sly filed Fo	rm 8868.		
lectronic	c filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for a	corporation	
equired to	o file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically f	ile Form 88	368 to request	an extension	
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	Associated With	n Certain	
	Benefit Contracts, which must be sent to the IRS in pap						
	irs.gov/efile and click on e-file for Charities & Nonprofits		,		•		
Part I	Automatic 3-Month Extension of Time		ubmit original (no copies ne	eded).			
	tion required to file Form 990-T and requesting an auton						
art I only				•		▶ □	
•	orporations (including 1120-C filers), partnerships, REM	ICs. and ti	rusts must use Form 7004 to reques	st an exten	sion of time		
	me tax returns.		•		er's identifying	number	
уре or	Name of exempt organization or other filer, see instru-	ctions.				umber (EIN) or	
rint						(4,	
	Creative Santa Fe				20-2457	7936	
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (St							
illing your P.O. Box 2388							
estum See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
	Santa Fe, NM 87504	<b>3</b>					
nter the	Return code for the return that this application is for (file	a separat	te application for each return)			0 1	
			,			<del></del>	
Application Return Application						Return	
Application Return Application s For Code Is For						Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
orm 990		02	Form 1041-A			08	
	0 (Individual)	03	Form 4720 (other than individual)			09	
orm 990		04	Form 5227			10	
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	T (trust other than above)	06	Form 8870		<del> </del>	12	
01111 000	The Organization		1011110010	•	•		
The bo	oks are in the care of > 314 Read St - S		Fe. NM 87501				
	one No. ► 505-989-9934	<u> </u>	Fax No. ▶				
•	organization does not have an office or place of business	o in the Lin			<del></del>		
	s for a Group Return, enter the organization's four digit (			lf this is fo	r the whole are	in check this	
oox ► [		· ·			-	•	
	quest an automatic 3-month (6 months for a corporation				ers the extensi	DIT IS 101.	
			tion return for the organization name		The extension		
	or the organization's return for:	i Organiza	non return for the organization name	eu above.	THE EXTERISION		
_	X calendar year 2014 or						
	tax year beginning	an	d ending				
	tax year beginning	, an	d ending		_ ·		
2 If th	e tax year entered in line 1 is for less than 12 months, c	hack ress	on: Initial return	Final return	n		
2 11 11	Change in accounting period	HECK ICAS	on miliarretom	i iiiai ietui	"		
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6060	enter the tentative tax less any				
	refundable credits. See instructions.	, 01 00000, 1	enter the tentative tax, less ally	3a	\$	0.	
	is application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and	Ja	Ψ		
	• •			26	<b> </b>	0.	
	mated tax payments made. Include any prior year overp			3b	\$	<u> </u>	
	ance due. Subtract line 3b from line 3a. Include your pa	•	· •	2.	s	0.	
	using EFTPS (Electronic Federal Tax Payment System). : If you are going to make an electronic funds withdrawal			3c			
Jaution.	n you are going to make an electronic funds withdrawal	(allect de	ony with this rotth 6000, see rotm 8	HUU'EU al	10 LOUI 00/A-F	.o ior payment	