	•			
	~·-	2949	3 7 1 2	02714
CHANCE O	F ACCOUNTING PERIOD	2740	9 3 1 2	.0~114
		income Tax	7	OMB No. +545-0047
Form 990	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e			2018
Department of the Tree		y be made public.	anh	Open to Public
Department of the Treat Internal Revenue Servi	be Go to www.irs.gov/Form990 for instructions and the late	st information.	100	Inspection
A For the 2018	calendar year, or tax year beginnin $05/01/19$, and ending $06/30$	/19	·	
B Check if applicable	C Name of organization		D Employer	Identification number
Address change	SANTA FE CONCERT FOUNDATION			
Name change	Doing business as PERFORMANCE SANTA FE FOUNDATION			26642
	Number and alreat (or P.O box if mail to not delivered to street address) 300 PASEO DE PERALTA, STE 102	Room/sulte	E Telephone	20-7642
Initial return Final return	City or town, state or province, country, and ZIP or foreign postal code		303-0	20-1042
terminated	SANTA FE NM 87501		G Grass recei	ots 3,924
Amended return	F Name and address of principal officer		O CHASTOCK	——————————————————————————————————————
Application pending	DON VAN DOREN	H(a) is links a gro	oup return for su	bondinates Yes X No
-	300 PASEO DE PERALTA, STE 102	H(b) Are eti sub	ordinales inclu	ded? Yes No
	SANTA FE NM 87501 \wedge 3			see instructions)
I Tax-exempl status		 		
	N/A	H(c) Group exe	rantian numbar	•
K Form of organization		Year of formation. 1		State of legal domicils NIM
	cummary	TEST OF IGHT DIGHT.	<u> </u>	· Onto or pognition and
	describe the organization's mission or most significant activities	· · · · · · · · · · · · · · · · · · ·		
	SUPPORT SANTA FE CONCERT ASSOCIATION, DBA: PERFO	DMANCE CAN	77A 67E	
2 Check (S) Number 4 Number 5 Total number 6 Total number 10 T	SOFFORI SHIFT IS CONCERT ASSOCIATION, DER. FERFO.	TOTAL CEL DEN	. 	
Ĕ ······			· · · · · · · · · · · · · · · · · · ·	
8 0 0 0 0 0 0 0 0 0	And the second s	050/ -510		
U 2 CHBCK	this box I if the organization discontinued its operations or disposed of more the	an 25% of its net	3	8
S Number	r of voting members of the governing body (Part VI, line 1a)		. 4	8
E Total a			. 5	0
5 Total n	umber of individuals employed in calendar year 2018 (Part V, line 2a)		6	0
	umber of volunteers (estimate if necessary) nrelated business revenue from Part VIII, column (C), line 12		7a	0
	elated business taxable income from Form 990- Dise 28 CIVED	<i>.</i>	· 7a	<u> </u>
D Net uni	erated dusiness taxable income from Form 990- 102 86- 11/	Prior Yea		Current Year
a 6 Contrib	utions and grants (Part VIII, line 1h)		,500	0
9 Program	utions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) APR 0 6 2020	-	7	0
2 10 Investm		39	,337	3,924
11 Other n	evenue (Part VIII, column (A), lines 5, 95, 95, 105, and 119)		700.	0
	evenue – add lines 8 through 11 (must equal Part (4) Goldfon (4), fine 12)	41	. , 837	3,924
	and similar amounts paid (Part IX, column (A), lines 1-3)	1	700.	0
1	s paid to or for members (Part IX, column (A), line 4)		- · · ×	Ŏ
1	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)			Ŏ
15 Salanes 16aProfess b Total fu	sional fundralsing fees (Part IX, column (A), line 11e)			0
b Total fu	indraising expenses (Part IX, column (D), line 25) ▶ 0		4 44	514 Marie 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
17 Other e	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	S	,608	825
18 Total ex	xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		,608	825
	ue less expenses. Subtract line 18 from line 12		,229	3,099
88	- 1000 Superiodo, administrativo italiano ita	Beginning of Cur		End of Year
20 Total as	ssets (Part X, line 16)		775	893,607
21 Total lis	abilities (Part X, line 26)		0	0
	sets or fund balances. Subtract line 21 from line 20	891	,775	893,607
	ignature Block			
Under penalties	of perjury. I declare that I have examined this return, including accompanying schedules and	statements, and to	the best of r	ny knowledge and belief, il
true, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which pro-	eparer has any kno	wledge.	-
	1/8 Nan/Shi		3/	20/20
Sign	Signature of officer		Dato	

DON VAN DOREN
Type or print name and fille PRESIDENT Here # PTIN Print/Type preparer's name Preparer's signature Date Check Paid 03/12/20 self-employed P00162894 PARLEY VENER FARLEY VENER Preparer 85-0232815 HINKLE + LANDERS, PC Firm's EIN Firm's name Use Only 2500 9TH ST NW 505-883-8788 87102-1055 ALBUQUERQUE, NM Firm's address 🕨 X Yes No Form 990 (2018) May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

orm 990 (2018)	SANTA FE CONCE	RT FOUNDATION 7	4-2826642	Page 2
		Service Accomplishments tains a response or note to any line	in this Port III	
	ribe the organization's missio		iii uns Part III	
		ONCERT ASSOCIATION, DE	A: PERFORMANCE SANTA	FE
prior Form 9	anization undertake any signif 990 or 990-EZ? scribe these new services on	icant program services during the year which	were not listed on the	Yes X No
3 Did the organization services?		r make significant changes in how it conduct	s, any program	Yes X No
4 Describe th expenses \$	e organization's program serv Section 501(c)(3) and 501(c)(4	rice accomplishments for each of its three land) organizations are required to report the amor each program service reported		
)(Expenses \$ IANCE SANTA FE IANCE SANTA FE	825 including grants of\$ FOUNDATION (PSFF) PROV) (Revenue \$ IDES FINANCIAL SUPPO	RT FOR
		·		
				-
4b (Code) (Expenses \$	including grants of\$) (Revenue \$	
N/A				
4c (Code N/A) (Expenses \$	including grants of\$) (Revenue \$)
		•		
_	ram services (Describe in Sch			
(Expenses		including grants of\$) (Revenue \$)
AA TOTAL PROGRA	am service expenses >	825		Form 990 (2018)
				1-010



Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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	i	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or		l	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	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	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
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		X
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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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		<u> </u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		l	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	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 1? If "Yes," complete Schedule I, Parts I and II	21	000	<u>X</u>
		_		

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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	22		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	 	X
	\$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 Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease 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," complete Schedule L, Part II	26		<u> </u>
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			v
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,	_27	-	X
20	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		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		
_	Schedule L, Part IV	28ь		X
С	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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	İ		
	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,			
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35Ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1005		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		1	<u> </u>
4 -	F-111		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 0 1b 0	-		
b		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		x
	repertation garming (garmining) withinings to prize withiners.		n 990	
		1 011		(20,0)

	•					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	İ					,
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	_0				;
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	return	s?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc	tions)			almor et		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in School	lule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of	her au	thority over	· ,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	ncial a	ccount)?		4a		X
b							1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	ial Ac	counts (FBA	AR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	ורי			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	nsactı	on [?]		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		<u> </u>
6a		lid the					۱
	organization solicit any contributions that were not tax deductible as charitable contributions?				6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contril	bution	s or				
_	gifts were not tax deductible?				6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).						اً . ا
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	ods		<u>-</u> -	• -	لـــ ا
	and services provided to the payor?				7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ii was			7-		
a	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	l		7c		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		tract?		7е		
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit of				7f		\vdash
g	If the organization received a contribution of qualified intellectual property, did the organization file			equired?	7g		
h	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 maint						
	sponsoring organization have excess business holdings at any time during the year?		,		8		- 4
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?				9a	,	
b	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	l				.
11	Section 501(c)(12) organizations. Enter						, 1
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	<u></u>				[` .]
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1	1041? I		12a		ļ
	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.						ļ
а	Is the organization licensed to issue qualified health plans in more than one state?				13a		
_	Note. See the instructions for additional information the organization must report on Schedule O					٠	;
Ь	Enter the amount of reserves the organization is required to maintain by the states in which	124	I				
_	the organization is licensed to issue qualified health plans	13b	 				 . '
C 1/1-	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tay year?	13c	L		14a		X
14a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	عابيات	0		14a	\vdash	 ^
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem						-
	excess parachute payment(s) during the year?		ilion of		15		x
	If "Yes," see instructions and file Form 4720, Schedule N				۳,		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investr	nent ::	ncome?		16		x
	If "Yes," complete Form 4720, Schedule O		.501110		i. T		<u> </u>
					For	n 990	(2018)

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 $|\mathbf{X}|$ Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 8 1a 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 8 h Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 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 X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X The governing body? 8a Each committee with authority to act on behalf of the governing body? 8ь X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 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 X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 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 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 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 List the states with which a copy of this Form 990 is required to be filed **NM** 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 Own website | X | Another's website | X | Upon request | 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 > HELEN LYONS 300 PASEO DE PERALTA, STE 102 SANTA FE 505-820-7642 NM 87501

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	off	c, unle icer ar	Pos heck ss pe nd a d	more rson	than or is both a	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2 1633 MIGG)	organization and related organizations
(1) DON VAN DOREN		1								
DDECT DELIM	4.00	.							•	
PRESIDENT (2) SUSAN HORN	0.00	X	 	X		\vdash	_	0	0	0
(2) SOSAN HORN	4.00									
SECRETARY	0.00	x		x				0	0	0
(3) LESLIE SHAW										
	4.00									
TREASURER	0.00	X	ļ	X				0	0	0
(4) BEN ALAIMO-MONS										
5.75.76.75	4.00	,,						_	_	
DIRECTOR (5) BETH BELOFF	0.00	X	-		-	+-+		0	0	0
(5) BEIN BELOFF	4.00									
DIRECTOR	0.00	x						0	0	0
(6) TANA BIDWELL	0.00	**			<u> </u>					
(,,====================================	4.00							1		
DIRECTOR	0.00	X						0	0	0
(7) DAVID MARION										
	4.00								_	_
DIRECTOR	0.00	X		_	_	\sqcup		0	0	0
(8) TIMOTHY MITCHEI										
DIDECHOD	4.00	\ ,						_	_	0
DIRECTOR	0.00	X	ļ		 	╁		0	0	<u> </u>
(9)										
(10)										
(11)					_	H				
DAA				1	L					Form 990 (2018)

Part VII Section A	. Unicers, Directors,	Trust	ees,	Key	Em	ploy	ees	s, and Highest Compens	ated Employees (continu	ied)			
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos heck ss pe	rson	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	co	(F) Estimate amount other mpensa from th	of ation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21033-WISC)	o:	ganiza nd rela ganizat	tion ted	
	ł								-				
								·					
1b Sub-total c Total from continu d Total (add lines 1b	ation sheets to Part \ and 1c)	/II, Se	ctio	n A			> > >						
2 Total number of indi reportable compens	viduals (including but ation from the organiz	not lim ation l	ited ▶0	to th	ose	liste	d al	bove) who received more t	han \$100,000 of				
	list any former office of <i>If "</i> Yes," complete S							mployee, or highest compe	ensated	Γ	3	Yes	No X
4 For any individual lis	sted on line 1a, is the	sum of	гер	ortab	ole c	omp	ens	ation and other compensa s," complete Schedule J fo			4		x
5 Did any person liste	d on line 1a receive or d to the organization?							n any unrelated organization le J for such person	on or individual		5		<u>x</u>
	for your five highest c							ontractors that received m					
compensation from	(A) Name and business address		npen	sauc	on to	or the	ca	lendar year ending with or Descrip	(B) tion of services	tax year	Cor	(C) npensa	tion
								_					
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				_									
2 Total number of indereceived more than	ependent contractors \$100,000 of compens	includ ation f	ing t	the o	ot lu orga	nited nizat	to tion	those listed above) who	0		Form	990	(2018)

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12 Total revenue. See instructions ▶ 3,924 0 0 3,924		е	Total. Add lines 11a-11d			>				
		12	Total revenue. See instructi	ons			3,924	0	0	3,924

74-2826642

Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a res			st complete column (A)	
Do r	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals 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 Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		· , <u>-</u>		
10	Payroll taxes			_	<u>.</u>
11	Fees for services (non-employees)				
	Management				
b	Legal -				
С	Accounting				
d	Lobbying	-			
е	Professional fundraising services See Part IV, line				
f	Investment management fees	825	825		
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties		<u> </u>		
16 17	Occupancy Travel	· · · · · · · · · · · · · · · · · · ·			
18	Payments of travel or entertainment expense	<u> </u>			
	for any federal, state, or local public officials	3			
19	Conferences, conventions, and meetings		.		
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
a	}				
b	}				
c d					
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	825	825		0
26	Joint costs. Complete this line only if the	<u> </u>			
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year $3,\overline{377}$ 3,377 Cash—non-interest bearing 2 Savings and temporary cash investments 30,638 2 33,737 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 837,760 836,493 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 20,000 20,000 15 Other assets See Part IV, line 11 15 891,775 893,607 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 891,775 27 Unrestricted net assets 893,607 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

> 893,607 Form 990 (2018)

893,607

891,775

891.775

33

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

	1 2 3 4			1	924
Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments	3 4			1	
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments	3 4			1	
Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments	3				$\overline{\Delta}$
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments	4			_	B25
Net unrealized gains (losses) on investments				3,1	099
			89)1,	775
	5		_	$\cdot 1$	267
Donated services and use of facilities	6				
Investment expenses	7				
Prior period adjustments	8				
Other changes in net assets or fund balances (explain in Schedule O)	9				
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
33, column (B))	10		89	3,0	607
rt XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No
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 O					
Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
reviewed on a separate basis, consolidated basis, or both					
Separate basis Consolidated basis Both consolidated and separate basis					
Were the organization's financial statements audited by an independent accountant?			2b	X	
separate basis, consolidated basis, or both					
Separate basis X Consolidated basis Both consolidated and separate basis					
If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
			2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in					
Schedule O					
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
the Single Audit Act and OMB Circular A-133?			3a		X
			3b		
			Forn	990	(2018)
	Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) **T XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII **Accounting method used to prepare the Form 990	Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) It XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis, consolidated basis, or both Separate basis, consolidated basis, or both fi "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses 7 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 **T XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	Net unrealized gans (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 89 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 89 11 89 12 13 15 16 17 18 18 18 19 10 10 10 10 10 10 10 10 10	Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) It XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Froque the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis. Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis (Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis (Consolidated basis) Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements of the year were audited on a separate basis. Accounting method used to prepare the Form 990 Cash (X) Accrual (Ditertion of the financial statements of the year were audited on a separate basis. Accounting method used to prepare the

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

▶ Attach to Form 990 or Form 990-EZ.

2018
Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

SANTA FE CONCERT FOUNDATION

Employer identification number 74–2826642

<u> </u>	ın ı	Reas	on for Public Charity	/ Status (All organization	ons mus	t compi	ete this part.) See instru	ictions.	
he	orga	inization is no	t a private foundation beca	use it is (For lines 1 through	12, check	only one	box)	. —	
1		A church, co	invention of churches, or as	sociation of churches describ	oed in sec	tion 170(b)(1)(A)(i).	λ	
2	П	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990	or 990-E2	Z))	ų · ,	
3	П	A hospital or	a cooperative hospital sen	vice organization described in	section	170(b)(1)	(A)(iii).		
4			,	ed in conjunction with a hosp	ital descri	bed in se	ction 170(b)(1)(A)(iii). Enter	the hospital's nar	ne,
5	\Box	city, and stat		t of a college or university ow	ned or op	erated by	a governmental unit describe	ed in	
•		_	(b)(1)(A)(iv). (Complete Pa				- 9		
6		A federal, sta	ate, or local government or	governmental unit described	ın sectio	n 170(b)(1)(A)(v).		
7		_	tion that normally receives a section 170(b)(1)(A)(vi). (rt from a g	governme	ntal unit or from the general p	public	
8		A community	y trust described in section	170(b)(1)(A)(vi). (Complete	Part II)				
9		-	_	, , , ,			conjunction with a land-grant e, city, and state of the colleg	-	
10		An organization receipts from support from	n activities related to its exe in gross investment income a	mpt functions—subject to ce	rtain exce le income	ptions, an (less sec	outions, membership fees, and (2) no more than 33 1/3% of tion 511 tax) from businessert III)	of its	
11		An organizat	tion organized and operated	d exclusively to test for public	safety S	ee sectio	n 509(a)(4).		
12	X	An organizat	tion organized and operated	d exclusively for the benefit o	f, to perfoi	m the fun	ctions of, or to carry out the p	ourposes	
							on 509(a)(2). See section 50		
	_	_	-	• •		-	on and complete lines 12e, 12	-	
	а	the supp	orted organization(s) the po	perated, supervised, or contri ower to regularly appoint or e complete Part IV, Sections	lect a maj		ed organization(s), typically be e directors or trustees of the	y giving	
	ь	_ ``	• •	•		vith its sui	oported organization(s), by ha	avina	
	_		•	•			nat control or manage the sur	-	
		organiza	ition(s) You must complet	te Part IV, Sections A and C	·.				
	С			supporting organization oper structions) You must comp			with, and functionally integra	ted with,	
	d				•		ction with its supported organ	, ,	
			, ,	•	•		on requirement and an attent	iveness	
		_ ·		must complete Part IV, Sec		-	α Ραπ ν. it is a Type I, Type II, Type II		
	е			on-functionally integrated sup				_	
	f	Enter the nu	mber of supported organiza	ations					1
	g	Provide the	following information about	the supported organization(s)				
(1)		e of supported	(II) EIN	(iii) Type of organization	1	organization	(v) Amount of monetary	(vi) Amount o	
	org	ganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (s instructions)	
					Yes	No	,		
(Δ)	SA	NTA FE	CONCERT ASSO	CIATION		<u> </u>			
(- ',			23-7265489	10	x		0		0
(B)									-
` ′									
(C)									
(D)		-							-
(E)	•								
		1				-			
4-		t t	1	1			n		Λ

Pa	Int II Support Schedule for C (Complete only if you che						
	Part III. If the organizatio						uality under
500	tion A. Public Support	ii ialis to quali	iy under the te	sata liated beit	Jw, picase coi	inplete Fait III.)	// /
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	iaar your (or noon your boginning iii)	(4) 2011	(5) 2010	(0) 2010	(4) 23 11	(0) 20 .0	<u> </u>
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax 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				/		
4	Total. Add lines 1 through 3				//		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			//			
6	Public support. Subtract line 5 from line 4			11		 	
	tion B. Total Support	<u> </u>	<u> </u>		1	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) /2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4		, ,	//			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				1		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	<i>i</i> /					
11	Total support. Add lines 7 through 10	<i>i ff</i>				ļ.,,,,	
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	7,	first, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3)	
<u></u>	organization, check this box and stop he						•
	tion C. Computation of Public S					144	0/2
14	Public support percentage for 2018 (line			olumn (1))		14	
15 16a	Public support percentage from 2017 Sc 33 1/3% support test—2018. If the orga			ing 13 and line 1	1 is 33 1/3% or m	L	
iva	box and stop here . The organization qu				4 15 33 1/3 /8 0/ 1/	iore, check this	▶ □
ь	33 1/3% support test—2017. If the orga				line 15 is 33 1/3%	or more, check	- _
-	this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test—2				13, 16a, or 16b, a	nd line 14 is	• 🗀
	10% or more, angul the organization me	_					
	Part VI how the organization meets the '						
	organization			·			▶ [
b	10%-facts-and-circumstances test—2	017. If the organi	zation did not che	ck a box on line	13, 16a, 16b, or 1	7a, and line	_
	15 is 19% or more, and if the organization						
	Explain in Part VI how the organization r	neets the "facts-a	ind-circumstances	s" test. The organ	ization qualifies a	s a publicly	
	supported organization						▶ ∐
18	Private foundation. If the organization	did not check a bo	ox on line 13, 16a	, 16b, 17a, or 17t	o, check this box a	and see	. —
	instructions						P [_
c r						Schedule A (Form 99	0 or 990-F7\ 2018

Pa	art III Support Schedule for C	Organizations	Described in	Section 509	(a)(2)	LOLOGIE	1 age s
<i>~</i> ,	(Complete only if you che					ailed to qualify	under Part/II.
	. If the organization fails to	qualify under	r the tests liste	d below, plea	se complete F	Part II.)	
	tion A. Public Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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		,		<u> </u>		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			/			
8	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support	.					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) /2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		/	ļ			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	/					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop he		first, second, third	, fourth, or fifth ta	x year as a section	on 501(c)(3)	
Sec	tion C. Computation of Public		entage				
15	Public support percentage for 2018 (line			olumn (f))		15	%
16	Public support percentage from 2017 Sc			(. _{//})		16	%
$\overline{}$	tion D. Computation of Investm						
17	Investment income percentage for 2018			e 13, column (f))		17	%
18	Investment income percentage from 201	17 Schedule A, Pa	art III, line 17			18	%
19a	33 1/3% support tests—2018. If the org						
	17/s not more than 33 1/3%, check this		_			_	▶□
b	\$3 1/3% support tests—2017. If the org						ind
	line 18 is not more than 33 1/3%, check					-	▶ ∐
20"	Private foundation. If the organization	did not check a bo	ox on line 14, 19a	, or 19b, check th	is box and see in:	structions	▶ ∐

Supporting Organizations Part IV

> (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supporting	Organiza	ations

- 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
- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization gualified 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
- 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 VI what 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 12a or 12b 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
- 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
- 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 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.
- Did one or more disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - 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)

1		Yes	No
	1	х	-
		-	,
	2		<u> </u>
	3a		<u> </u>
	3b		
	3с		
	4a		x
	4b		
	4c		
	70		
	5a		X
	_5b		
	5c		
	6		х
	7	-	x
	8		x
	9a		_x
	9b		<u>x</u>
	9с		<u>x</u>
	10a		x
	10b		•
(Fo	rm 990	or 990-	EZ) 2018

	t IV: Supporting Organizations (continued)	42		Page 5
ı a	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)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
С	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		_X_
Sect	ion B. Type I Supporting Organizations	·		r
			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			
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		Х
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,			Ì
	supervised, or controlled the supporting organization	2		X
Sect	ion C. Type II Supporting Organizations			
			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			
	or management of the supporting organization was vested in the same persons that controlled or managed			١.
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) 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			
	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		
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		
Sect	ion 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 instruc	tions)		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see if	structi	ons)	
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			
	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			
	activities but for the organization's involvement	2b		1

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	t on Nov 2	0, 1970 (explain in Part	VI) See
instructions. All other Type III non-functionally integrated supporting organization	ons must co	implete Sections A thro	ugh E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			1
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	- · ·	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			-
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		
Section C - Distributable Amount		-	Current Year
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			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally inte	grated Typ	e III supporting organiz	ation (see
instructions)	· //	5 5	,

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt p	urposes		
2	Amounts paid to perform activity that directly furthers exempt purp	oses of supported		
	organizations, in excess of income from activity		·· ·· · · · · · · · · · · · · · · · · ·	
3_	Administrative expenses paid to accomplish exempt purposes of s	supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the org	anization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			 -
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			- ""
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
<u> </u>	Carryover from 2013 not applied (see instructions)			
4	Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from			
4	Section D, line 7 \$,
	Applied to underdistributions of prior years			
	Applied to 2018 distributions of prior years Applied to 2018 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
•	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3			
•	and 4c			3
8	Breakdown of line 7			
	Excess from 2014			· · · · · · · · · · · · · · · · · · ·
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Evenes from 2018			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART IV, SECTION B, LINE 1 - SUPPORTED ORGANIZATIONS NOT LISTED BY NAME

PER THE FOUNDATION'S BY-LAWS, THE FOUNDATION IS REQUIRED TO MAINTAIN A

BOARD WITH NO LESS THAN 5 MEMBERS, THE MAJORITY OF WHICH ARE ALSO MEMBERS

OF THE SUPPORTED ORGANIZATION (SANTA FE CONCERT ASSOCIATION) BOARD.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

2018 Open to Public Inspection

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name	e of the organization		Employer identification number
S	ANTA FE CONCERT FOUNDATION		74-2826642
_	art I Organizations Maintaining Donor Advised F Complete If the organization answered "Yes" of	Funds or Other Similar Funds on Form 990, Part IV, line 6.	
		(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 advised	
	funds are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	s in writing that grant funds can be used	i
	only for charitable purposes and not for the benefit of the donor or of	donor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
	art II Conservation Easements. Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (ch	<u> </u>	
	Preservation of land for public use (e.g., recreation or education		•
	Protection of natural habitat	Preservation of a certified histo	oric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	nservation contribution in the form of a	
	easement on the last day of the tax year		Held at the End of the Tax Yea
a			2a
b		and and an Indian	2b
C	Number of conservation easements on a certified historic structure	• •	2c
a	Number of conservation easements included in (c) acquired after 7/ historic structure listed in the National Register	725/06, and not on a	2d
3	Number of conservation easements modified, transferred, released	extinguished or terminated by the org	
3	tax year ▶	, extinguished, or terminated by the org	anization during the
4	Number of states where property subject to conservation easement	t is located ▶	
5	Does the organization have a written policy regarding the periodic n		
•	violations, and enforcement of the conservation easements it holds	- · ·	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handlir	ng of violations, and enforcing conserva	tion easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, handling of ▶\$	violations, and enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above satisfying	sfy the requirements of section 170(h)(4	I)(B)(ı)
-	and section 170(h)(4)(B)(II)?	., //	Yes No
9	In Part XIII, describe how the organization reports conservation eas	sements in its revenue and expense sta	tement, and
	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial statements	that describes the
	organization's accounting for conservation easements		
P	art III Organizations Maintaining Collections of A Complete if the organization answered "Yes" of A	rt, Historical Treasures, or Ot on Form 990, Part IV, line 8.	her Similar Assets.
1a	a If the organization elected, as permitted under SFAS 116 (ASC 958	3), not to report in its revenue statement	and balance sheet
	works of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in	furtherance of
	public service, provide, in Part XIII, the text of the footnote to its final		
b	If the organization elected, as permitted under SFAS 116 (ASC 958		
	works of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in	furtherance of
	public service, provide the following amounts relating to these items	S	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures	_	in, provide the
	following amounts required to be reported under SFAS 116 (ASC 9	158) relating to these items	. .
	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		<u> </u>

	irt III Organizations Maintainin	g collections (JI AIT, HISTORICAL	rreasures, or O	ruer Simila	II ASS	ers (com	unuea)
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other reco	rds, check any of the	following that are a s	ignificant use	of its		
а	Public exhibition	d 🗍 I	oan or exchange pro	grams				
b	Scholarly research	e 🔲 (Other					
C	Preservation for future generations	_						
4	Provide a description of the organization's	collections and expl	ain how they further t	he organization's exe	mpt purpose ii	n Part		
	XIII							
5	During the year, did the organization solicit				ır			
	assets to be sold to raise funds rather than		s part of the organizat	ion's collection?			Yes	<u>No</u>
Pa	ert IV Escrow and Custodial Ar		o" on Form 000	Dort IV line O or	reported a		unt on E	a = ma
	Complete if the organization 990, Part X, line 21.				-	11 41110	uni on r	
1a	Is the organization an agent, trustee, custo	dian or other interm	ediary for contribution	is or other assets not				п. .
_	included on Form 990, Part X?	II	falla				Yes	∐ No
D	If "Yes," explain the arrangement in Part XI	ii and complete the	following table				Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f		_	_
	Did the organization include an amount on				•		Yes	∐ No
	If "Yes," explain the arrangement in Part XI	II Check here if the	explanation has beei	n provided on Part XI				
Pa	art V Endowment Funds.	an annuared "Ve	o" on Form 000	Dort IV line 10				
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	book	(e) Four yea	ara baak
1-2	Beginning of year balance	837,760	804,254	692,884		,805		0,277
	Contributions	037,700	001,231	53,850		,015		5,749
	Net investment earnings, gains, and			55,555	,,,	,,,,,,		-,
Ū	losses	15,656	40,102	62,046	73	,368	-19	9,351
d	Grants or scholarships	, , , , , , , , , , , , , , , , , , ,	,	, , , , , , , , , , , , , , , , , , ,		,		,
	Other expenditures for facilities and							
	programs	16,097	2,000		21	,000		
f	Administrative expenses	826	4,596	3,304	2	,870		
g	End of year balance	836,493	837,760	804,254	692	,884	564	4,805
2			nce (line 1g, column (a)) held as				
а	Board designated or quasi-endowment >1	00.00%						
b								
С	Temporarily restricted endowment ▶	%						
2-	The percentages on lines 2a, 2b, and 2c st	•	retion that are hold a	and administrated for t	h a			
Ja	Are there endowment funds not in the poss organization by	ession of the organ	ization that are nelu a	ina administered for t	iie		Ye	s No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organ	zations listed as red	uired on Schedule R	?			3b	
4	Describe in Part XIII the intended uses of t							
Pa	art VI Land, Buildings, and Equ	ipment.						
	Complete if the organization	<u>on answered "Ye</u>	<u>es" on Form 990,</u>	Part IV, line 11a.	See Form	<u>990, F</u>	art X, lin	<u>e 10.</u>
	Description of property	(a) Cost or other b (investment)	asis (b) Cost or o		ccumulated preciation		(d) Book valu	ie
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
	Other	<u> </u>					-	
Tota	I. Add lines 1a through 1e (Column (d) mus	t equal Form 990, F	Part X, column (B), line	e 10c)		<u> </u>		
						Schedul	e D (Form 9	90) 2018

Schedule D (I	Form 990) 2018 SANTA FE CONCERT FO	UNDATION	74-2826642	Page
· Part VII	Investments—Other Securities. Complete if the organization answered "Yes"	on Form 990. Part IV	'. line 11b. See Form 9	90 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	ır market value
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				<u>-</u>
(B)				
(C)				_
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12)▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes"	<u>' on Form 990, Part IV</u>		
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	r market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) 15 000 B (1) (0) b			
	nn (b) must equal Form 990, Part X, col (B) line 13)	- "-		
Part IX	Other Assets.	on Form 000 Bort IV	line 11d Coe Form 0	00 Dart V line 15
	Complete if the organization answered "Yes" (a) Description	on Form 990, Fart iv	, lille TTu. See Follil 9	(b) Book value
(1)	(a) Description			(b) Book value
(1)				-
(3)				
(4)	 		·	
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15)	"-	•	
Part X	Other Liabilities.			
•	Complete if the organization answered "Yes'	on Form 990, Part IV	, line 11e or 11f. See F	orm 990, 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) line 25) ▶

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII) c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements

- 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part VIII, line 12, but not on line 1

- a Donated services and use of facilities
- b Prior year adjustments
- c Other losses

3

d Other (Describe in Part XIII)

Subtract line 2e from line 1

- e Add lines 2a through 2d
- Subtract line 2e from line 1 3
- 4 Amounts included on Form 990, Part IX, line 25, but not on line 1
- a Investment expenses not included on Form 990, Part VIII, line 7b
- **b** Other (Describe in Part XIII)
- c Add lines 4a and 4b
- 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

2a 2b 2c 2d 2e 3 4a 4b

3

5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE FOUNDATION INTENDS TO USE ENDOWMENT FUNDS IN BENEFIT OF PERFORMANCE SANTA FE.

PART X - FIN 48 FOOTNOTE

FASB ASC 740-10 (ASC 740-10), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, PROVIDES GUIDANCE ON HOW TO MEASURE AND ACCOUNT FOR VARIOUS TAX POSITIONS. THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE.

74-2826642

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

SANTA FE CONCERT FOUNDATION

Employer identification number 74-2826642

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF THE FORM 990 IS EMAILED TO EACH BOARD MEMBER FOR REVIEW AND COMMENTS, IF ANY.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE FOUNDATION PRESIDENT OVERSEES THE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

2018 Open to Public Inspection

Employer identification number

74-2826642

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization SANTA FE CONCERT FOUNDATION

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Parti Part II Ε 2 3 4 9

- F							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempl Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	(b)(13) entity?
(1) SANTA FE CONCERT ASSOCIATION 300 PASEO DE PERALTA, STE 102 23-7265489 SANTA FE NM 87501	PERFORMING	WN	501C3	10	N/A		: ×
(2)							
(3)							
(4)							
. (5)							

Schedule R (Form 990) 2018

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 74-2826642 Schedule R (Form 990) 2018 SANTA FE CONCERT FOUNDATION

Schedule R (Form 990) 2018 Percentage ownership (i) Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. € (u) General on F managing partner? Yes No Percentage ownership Ξ amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) Share of end-of-year assets (h) Dispro-portionate alloc ? Yes No <u>6</u> Share of end-of-year assets Share of total income (f) Share of total income Type of entity (C corp, S corp, or trust) Predominant income (related, unrelated, excluded from tax under sections 512-514) Direct controlling entity Î <u>0</u> (d)
Direct controlling
entity Legal domicile foreign country) (state or 9 (c) Legal domicile (state or foreign country) Primary activity Primary activity æ Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III ĕ ΙΞ 13 Ξ |ନ୍ତ **3** 2 3 13

Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	<u> </u> 2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	related organizations li	sted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1 a	×
 b Gift, grant, or capital contribution to related organization(s) 				1 b	×
c Gift, grant, or capital contribution from related organization(s)				1c	×
d Loans or loan guarantees to or for related organization(s)				14	×
e Loans or loan guarantees by related organization(s)				1e	×
				,	
f Dividends from related organization(s)				14	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				1h	×
i Exchange of assets with related organization(s)				11	×
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
I Performance of services or membership or fundraising solicitations for related organization(s)				11	×
m Performance of services or membership or fundraising solicitations by related organization(s)				13	×
 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 				10	×
o Sharing of paid employees with related organization(s)				10	×
p Reimbursement paid to related organization(s) for expenses				1	×
a Rembursement paid by related organization(s) for expenses				101	×
				?	
r Other transfer of cash or property to related organization(s)				11	×
- 1				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	this line, including cover	ed relationships and tra	nsaction thresholds		
(a)	(a)	(c)	(p)		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	unt involved	
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					1
			Schedule R	Schedule R (Form 990) 2018	2018

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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(k) Percentage ownership	\perp				_			_					Schedule R (Form 990) 2018
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L.	Yes			··							-		le R (
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1085)													chedu
() Code V- mount in of Schedu (Form 1													o,
1262 L	Yes												
Oist e	<u>`</u>												
(g) Share of end-of-year assets													
Sh end- as													
Φ	Ť								==				
(f) Share of total income													
g or g													
(e) Are all partners section 501(c)(3) organizations?	Yes No												
Are all sec sec 501	Yes												
(d) Predominant Income (related, unrelated, excluded from tax under sections 512-514)	110.310									4			
(d) Predomir Income (re nrelated, ey from tax u	2000					٠							
Name, address, and EIN of entity Control /()													
yiv (S do 1)	3										-		
(b) Primary activity													
E	_	· - · - · -	-	_									
of entity													
E EIN E													
(a) dress, an													
(a) Name, address, and EIN of entity													
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Part VII Supplemental Information.
Provide additional information for responses to questions on Schedule R. See Instructions.