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Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning

Form **8879-EO** (2020)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax	Taxpayer identification number
SANTA FE CONSERVATION TRUST	85-0418988
Name and title of officer or person subject to tax	
SARAH NOSS	
DURCHMENT DEDUCTOR	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amour	nt, if any, from the return. If you
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return bein	g filed with this form was
blank, then leave line 1b , 2b , 3b , 4b , 5b , 6b , or 7b , whichever is applicable, blank (do not enter -0-). But, return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.	if you entered -0- on the
1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 2,302,575.
2a Form 990-EZ check here Do Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI,	line 5) 4b
5a Form 8868 check here b Balance due (Form 8868, line 3c)	
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b
Part II Declaration and Signature Authorization of Officer or Person Subje	ect to Tax
Under penalties of perjury, I declare that X I am an officer of the above organization or I am a	person subject to tax with respect to
(name of organization) , (EIN)	and that I have examined a copy
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my known	wledge and belief, they are
software for payment of the federal taxes owed on this return, and the financial institution to debit the e a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment information necessary to answer inquiries and resolve issues related to the payment. I have identification number (PIN) as my signature for the electronic return and, if applicable, the consent to ele PIN: check one box only	ayment of taxes to receive selected a personal ectronic funds withdrawal.
X lauthorize SWAIN & GRIECO, LLC	to enter my PIN 00559
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the tax year 2020 electronically filed return. If I have indicated within this ra state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize PIN on the return's disclosure consent screen.	the aforementioned ERO to enter my
As an officer or person subject to tax with respect to the organization, I will enter my PIN as n electronically filed return. If I have indicated within this return that a copy of the return is being regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's d	g filed with a state agency(ies)
Signature of officer or person subject to tax Sumul Worn Part III Certification and Authentication	Date ▶ 11-08-202
Trainibor (E. 11) rollowed by your into algebra. Collection . 11	802020 ter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed rethat I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (NIRS <i>e-file</i> Providers for Business Returns.	eturn indicated above. I confirm
ERO's signature > SWAIN & GRIECO, LLC	>
ERO Must Retain This Form - See Instructio	ns
Do Not Submit This Form to the IRS Unless Requeste	-

023051 11-03-20

LHA For Paperwork Reduction Act Notice, see instructions.

EXTENSION GRANTED UNTIL NOVEMBER 15, 2021

Form **99**0

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public

A	For the	e 2020 calendar year, or tax year beginning and end	ding		
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre	SANTA FE CONSERVATION TRUST			
	Name chang	Doing business as		85-04189	88
	Initial return Final return		om/suite	E Telephone numbe	
	termin				2,348,076.
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code SANTA FE, NM 87502		G Gross receipts \$	
F	return Applic			H(a) Is this a group re	eturn
-	tion pendi	F Name and address of principal officer: SARAH NOSS	7505	for subordinates	? Yes X No
-	-			H(b) Are all subordinates in	
		empt status: X 501(c)(3)	527		list. See instructions
		e: > SFCT.ORG organization: X Corporation Trust Association Other >	I. V	H(c) Group exemptio	
	art I	organization: X Corporation	L Year o	or formation: 1993	State of legal domicile: NM
F			рт т	TT TIME 1	
Se	1	Briefly describe the organization's mission or most significant activities: SEE PA	KT I	TI DINE I	
& Governance		01-11-11-11-11-11-11-11-11-11-11-11-11-1		U 0504 611 330	
Ver		Check this box if the organization discontinued its operations or disposed		313 3	ssets.
g		Number of voting members of the governing body (Part VI, line 1a)			16
•ಕ		Number of independent voting members of the governing body (Part VI, line 1b)			6
Activities		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			169
ξį	6	Total number of volunteers (estimate if necessary)	***********	6	
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
		0 17 17 17 17 17 17 17 17 17 17 17 17 17	-	Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		695,389.	2,277,797.
Revenue		Program service revenue (Part VIII, line 2g)		62,462.	34,621.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		23,102.	24,263.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-368.	-34,106.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		780,585.	2,302,575.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		383,389.	424,509.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X	b	Total fundraising expenses (Part IX, column (D), line 25)		460 550	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		168,753.	283,989.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		552,142.	708,498.
- 10		Revenue less expenses. Subtract line 18 from line 12		228,443.	1,594,077.
Net Assets or Fund Balances			Beg	ginning of Current Year	End of Year
Ssel	20	Total assets (Part X, line 16)		2,767,235.	4,503,288.
et A	21	Total liabilities (Part X, line 26)		29,978.	35,507.
		Net assets or fund balances. Subtract line 21 from line 20		2,737,257.	4,467,781.
_	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer		
_		Signature of officer		Date // - /	15-2021
Sig		P COSSUM CONTROL TO THE STREET		Date	
Her	re	SARAH NOSS, EXECUTIVE DIRECTOR Type or print name and title			
_			10	ate Check	II DTIN
D- '		Print/Type preparer's name Preparer's signature	10	ate Check L	PTIN
Paid		MICHAEL D. SWAIN, CPA		self-employe	
	parer	Firm's name SWAIN & GRIECO, LLC		Firm's EIN	85-0455053
Use	Only	Firm's address 2050 BOTULPH ROAD, SUITE A			051 000 0555
_		SANTA FE, NM 87505		Phone no. (5	05) 988-3770
May	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Form	990 (2020) SANTA FE CONSERVATION TRUST	85-0418988	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THÉ SANTA FE CONSERVATION TRUST PARTNERS WITH OUR COMMU	NITY TO KEEP	
	NORTHERN NEW MEXICO'S LIVING LANDS AND PEOPLE FLOURISHI	NG TOGETHER.	
	WE PROTECT CULTURALLY AND ENVIRONMENTALLY SIGNIFICANT L	ANDSCAPES,	
	IGNITE PEOPLE'S PASSION FOR NATURE AND ENABLE THE CONTI	NUAL	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.	•	
4a	(Code:) (Expenses \$ 321,769 • including grants of \$) (Rever	nue \$ 32,	621. ₎
	LAND PROGRAM - SINCE ITS INCEPTION IN 1993, SFCT HAS PR	OTECTED OVER	
	41,000 ACRES IN NORTHERN NEW MEXICO, IN RIO ARRIBA, SAN	MIGUEL, SAN	TA
	FE, AND TAOS COUNTIES, WORKING WITH LANDOWNERS TO CREAT	E VOLUNTARY	LAND
	PROTECTION AGREEMENTS USING CONSERVATION EASEMENTS. CO	NSERVATION	
	EASEMENTS ARE LEGAL DOCUMENTS THAT PERMANENTLY PROTECT	PRIVATE LAND	,
	ENSURING IT REMAINS PRISTINE AND BEAUTIFUL FOR FUTURE G	ENERATIONS W	HICH
	BENEFITS THE PUBLIC AT LARGE. SFCT WORKS WITH LANDOWNE	RS AND THEIR	
	FAMILIES TO PRESERVE THE NATURAL ENVIRONMENT FOR POSTER	ITY AND FUTU	RE
	GENERATIONS. SFCT PARTNERS WITH LOCAL COMMUNITY GROUPS		
	SANTA FE COUNTY OPEN SPACE TRAILS PROGRAM, THE CITY OF		
	OTHERS TO PROTECT NATURAL LANDS AND TRAILS, AND TO BRIN	G NEW TRAILS	AND
	OPEN SPACE PROJECTS TO THE PUBLIC.		
4b	(Code:) (Expenses \$) (Rever		0.)
	TRAILS PROGRAM - SFCT HAS BEEN INVOLVED IN THE CREATION		
	BALL TRAILS, ATALAYA TRAIL, SANTA FE RAIL TRAIL, THE SP		
	TIERRA TRAILS, LA PIEDRA TRAIL ANDWITH THE COMMONWEAL		
	CONSERVANCYTHE GALISTEO BASIN PRESERVE TRAILS. SFCT T		
	WORKS IN PARTNERSHIP WITH THE CITY OF SANTA FE, SFCT'S		
	THE TRAILS ALLIANCE OF SANTA FE, AND OTHER ENTITIES TO		
	DEVELOPMENT AND CONSTRUCTION, ORGANIZE VOLUNTEER TRAIL		F'Y
	AND PRIORITIZE TRAIL LINKAGES, PROMOTE THE TRAILS, AND		3.375
	PUBLIC WITH TRAIL INFORMATION AND ACCESS THROUGH EDUCAT		
	EVENTS. SFCT'S PASSPORT TO TRAILS PROGRAM HAS PROVIDED		10
	OVER 3,000 FOURTH AND FIFTH GRADERS IN SANTA FE PUBLIC		777
	INTRODUCE THEM TO SANTA FE'S TRAIL SYSTEM. THE GRAND UN		
4c	(Code:) (Expenses \$ 109,626. including grants of \$) (Rever COMMUNITY CONSERVATION-BECAUSE CONSERVATION EASEMENTS A		$\frac{000.}{\text{AND}}$
	RUN WITH THE LAND, SFCT MUST MONITOR AND ENFORCE ITS CO		AND
	EASEMENTS FOREVER. THIS DUTY OF PERPETUAL CARE PRESENTS		
	CHALLENGES TO LAND TRUSTS EVERYWHERE. SFCT MUST HAVE BR		v
	SUPPORT TO ENSURE ITS LONGEVITY AND VIABILITY. SFCT IS		1
	STRENGTHEN THE ORGANIZATION THROUGH THE IMPLEMENTATION		v
	CONSERVATION PROGRAMS" THAT HELP SFCT BROADEN AND DIVER		1
	CONSTITUENCY. SFCT PROGRAMS ARE DESIGNED TO GIVE EVERYO		
	EXPERIENCES THAT WILL HELP THEM BECOME PASSIONATE DEFEN		DF
	AND OF CONSERVATION. SFCT'S LEGACY OF TRAILS WORK IS TH		
			1 10
	IMPLEMENT COMMUNITY CONSERVATION PROGRAMS. AS SUCH, SFC PROGRAMS TO ENSURE EQUITABLE ACCESS TO NATURE AND SANTA		
4.		ть э іккіг	
4 0	Other program services (Describe on Schedule O.)	`	
A -	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 544,060.)	
40	Total program service expenses 544,060.		

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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	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	<u> </u>		
Ŭ	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			
	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in 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, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	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	114		
-	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		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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	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	40		X
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) SANTA FE CONSERVATION TRUST | Part IV | Checklist of Required Schedules (continued)

			1,,	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24.0	Schedule J	23		X
24 a	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			
	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		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	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	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		Α.
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
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?	330		
00	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_ v	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· u	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a fet the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 160 for the calendary vaer anding with or within they ware covered by this return b If a least one is reported on line 2a, did the organization file all required federal employment tax returne? Note: If the sum of files 1 and 2a is greater than 250, you may be required to effect see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, "has it filed a Form 990-T for this year? If Yo? to fire 3b, provide an explanation on Schedule O 3c If Yes, "and the filed a Form 990-T for this year? If Yo? to fire 3b, provide an explanation on Schedule O 3d All any time during the calendary year, did the organization have an interest is, or a signature or other authority over, a financial account in a toregon country scholar set as barris account, or other financial account (PPAP). 5a Was the organization and party to a prohibeted tax sheller transaction and the provided of the properties of the provided of the properties accountry or other financial accountry (PPAP). 5a Was the organization she provided the organization that it was or is a party to a prohibitot tax sheller transaction? 5b If Yes, "did the organization that it was or is a party to a prohibitot tax sheller transaction? 5c If Yes to less do sh, did the organization that it was or is a party to a prohibitot tax sheller transaction? 5c If Yes and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid. any contributions that were not tax deductibles of carbriable contributions? 6c If Yes," did the organization include with every solicitation and express statement that such contributions or grits were not tax deductibles of carbriable contributions? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes," did the organization mention of St5 made party as contribution and party for goods and services				Yes	No
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns? Note: If the sum of lines is and 2 as greater than 250, you may be required to e-file (see instructions) 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization is licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in order than the states in which the organization is licensed to issue qualified to maintain by the states in which the organization is licensed to issue qualified beath plans in order than any plant on or Schedule O. b If "Yes," has it filed a Form	d		_		v
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If "Yes," complete Form 4720, Schedule O.					77
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	لتب	000	(0000)

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 on Schedule O. See instructions.

						Λ
Sec	tion A. Governing Body and Management					
		1 1	1 CT		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing		- 1			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		اء ۔			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other				
	officer, director, trustee, or key employee?		[2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	Г	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	Г	5		Х
6	Did the organization have members or stockholders?		Г	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		···· [
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		···· [
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		····			
а	The governing body?		- 1	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		- 1	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		···· ├			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		Γ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of		···· ├			
~	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		г	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ly belote thing the form	" h			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		- 1	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")		···· ├	120		
·				12c	х	
13			Г	13	X	
	•			14	X	
14 15	Did the organization have a written document retention and destruction policy?		····	14	21	
15	Did the process for determining compensation of the following persons include a review and approve					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	Х	
	The organization's CEO, Executive Director, or top management official			15a	X	
D	Other officers or key employees of the organization		}	15b	41	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mont with a				
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			16-		Х
1.	taxable entity during the year?		····	16a		Λ
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluating in injury continuous and the organization follows applied to the organization of the organization					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		- 1	401		
800	exempt status with respect to such arrangements? tion C. Disclosure			16b		
17 10	List the states with which a copy of this Form 990 is required to be filed NM Section 6104 requires an experiention to make its Forms 1003 (1004 or 1004 A if applicable) 000 or	nd 000 T (0# 501	(0)(0)	0 6 = 1	۱ ۵۰۰- ۱۱	obl-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ina 990-1 (Section 501	(C)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain	on Cobselvie O				
40		on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy	y, and	tinar	icial	
••	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records				
	MCALLISTER YEOMANS - 505-989-7019					
	400 KIVA COURT, SUITE B, SANTA FE , NM 87505					

032006 12-23-20

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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) SARAH A. NOSS	40.00	ļ		l				05 454	•	0 640
EXECUTIVE DIRECTOR	1 00	Х		Х				85,171.	0.	2,642.
(2) JOANNA PRUKOP	4.00	۱		l						•
PRESIDENT	1	Х		Х				0.	0.	0.
(3) NANCY COOK	4.00	ļ		l						
VICE PRESIDENT	1	Х		Х				0.	0.	0.
(4) GEORGE STRICKLAND	4.00	ļ		l						
TREASURER	1 00	Х		Х				0.	0.	0.
(5) BRANT GOODMAN	4.00	۱		l					•	•
SECRETARY		Х		Х				0.	0.	0.
(6) PETER MARTIN	2.00	۱		l					•	•
AT LARGE		Х		Х				0.	0.	0.
(7) MICHAEL AVERY	2.00	۱							•	•
DIRECTOR		Х						0.	0.	0.
(8) JACKSON BLAGDEN	2.00	۱							•	
DIRECTOR		Х						0.	0.	0.
(9) MARIANNE DWIGHT	2.00	۱							•	
DIRECTOR		Х						0.	0.	0.
(10) DAVID FLEISCHAKER	2.00	۱							•	
DIRECTOR		Х						0.	0.	0.
(11) CLAYTON JERNIGAN	2.00	١								•
DIRECTOR	1 2 00	Х						0.	0.	0.
(12) SANDRA MASSENGILL	2.00	١,,							•	•
DIRECTOR	1 2 00	Х						0.	0.	0.
(13) JULIE R. MARTINEZ, MD	2.00	١,,							•	•
DIRECTOR	1 2 00	Х						0.	0.	0.
(14) AL REED	2.00	١,,							•	0
DIRECTOR	1 2 00	Х						0.	0.	0.
(15) DENNIS C. ROMERO	2.00	٠,							0	_
DIRECTOR	2 00	Х						0.	0.	0.
(16) QUINN SIMONS	2.00	X						0.	0.	_
DIRECTOR	1 2 00	ΙΔ.				-		0.	0.	0.
(17) JUSTIN SVETNICKA	2.00	x						0.	0.	0.
DIRECTOR		Δ						ı	0.	Form 990 (2020)

									es (continued)				
(A)	(B)			_ (0	•			(D)	(E)			(F)	
Name and title	Average hours per		not c		more	than		Reportable	Reportable			timate	
	week					is bot or/trus		compensation from	compensation from related			nount other	ot
	(list any	ctor						the	organization			pensa	tion
	hours for	or dire	as a			ted		organization	(W-2/1099-MI	SC)	fr	om the	е
	related organizations	istee (truste		ao	ben sa		(W-2/1099-MISC)				anizat	
	below	Individual trustee or director	Institutional trustee	١. ا	ploye	st con yee	_					d relat Inizati	
	line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Forme				9-		
	1												
	1												
1b Subtotal	1				<u> </u>		<u> </u>	85,171.		0.		2,6	42.
c Total from continuation sheets to Part V							•	0.		0.			0.
d Total (add lines 1b and 1c)								85,171.		0.		2,6	42.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wh	no re	eceived more than \$100	,000 of reportab	le			0
compensation from the organization												Yes	No
3 Did the organization list any former officer	r, director, trust	ee, k	ev e	empl	loye	e, or	hiq	hest compensated emp	oloyee on				1.0
line 1a? If "Yes," complete Schedule J for	,	,	,		,	,	_		,		3		Х
4 For any individual listed on line 1a, is the s	um of reportab	le co	mpe	ensa	ation	n and	d oth	her compensation from					
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or	•				,		elat	ed organization or indivi	dual for services	3	_		Х
rendered to the organization? If "Yes," cor Section B. Independent Contractors	прівів Зспеаці	e J 10	or st	JCH	pers	SOII .					5		71
Complete this table for your five highest or										npens	ation f	rom	
the organization. Report compensation for	r the calendar y	ear e	endi	ng v	vith	or w	ithir T		year.		10	• • • • • • • • • • • • • • • • • • • •	
(A) Name and busines:	s address	NC	ONE	3				(B) Description of s	ervices	С	(C ompe		n
							\dashv						
2 Total number of independent contractors		ot lir	nite	d to	tho	se lis	sted	l above) who received m	nore than				
\$100,000 of compensation from the organ	nization >				(J					Form	990 (2020)

			SANTA FE CONS	ERVATION	TRUST		85-0418	988 Page 9
Pai	rt \	/	_		=			
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	158,015. 108,588. 011,194. 136,886.	2,277,797.			
"		<u>''</u>	Total. Add lines 1a-11	Business Code				
g.	2	а	LAND CONSERVATION PROJ	813312	32,621.	32,621.		
و يَز		b	COMMUNITY CONSERVATION	237990	2,000.	2,000.		
Se		С						
ran Seve		d						
Program Service Revenue		е						
٦			All other program service revenue		24 621			
\rightarrow	_		Total. Add lines 2a-2f		34,621.			
	3		Investment income (including dividends, interest other similar amounts)	•	24,263.			24,263.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
	_		Net rental income or (loss)	· · · · ·				
	7	а	Gross amount from sales of assets other than inventory 7a (i) Securities 2,686.	(ii) Other				
		h	assets other than inventory Less: cost or other basis					
e e		D	and sales expenses 7b 2,686.					
venue		С	Gain or (loss) 7c 0.					
Be		d	Net gain or (loss)		0.			
Other Re	8		Gross income from fundraising events (not					
ਰ			including \$ 158,015. of					
			contributions reported on line 1c). See	0 700				
			Part IV, line 18 8a Less: direct expenses 8b	8,709. 42,815.				
			Less: direct expenses		-34,106.			-34,106.
	9		Gross income from gaming activities. See		31,2000			31,2000
	Ī	_	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b					
_		Ü	Net income or (loss) from sales of inventory	Business Code				
Aiscellaneous Revenue	11	а						
ane	•	b						
cell eve		С						
∄F		d	All other revenue					

032009 12-23-20

Form **990** (2020

2,302,575

e Total. Add lines 11a-11d

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 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				
_	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,	85,171.	59,620.	12,776.	12,775
6	trustees, and key employees Compensation not included above to disqualified	03,171.	33,020.	12,770	12,775
O	persons (as defined under section 4958(f)(1)) and				
	norsons described in section 40E0(a)(0)(D)				
7	The state of the s	266,751.	186,726.	40,012.	40,013
7 8	Other salaries and wages Pension plan accruals and contributions (include	200,731.	200,7200	±0,0±2.	±0,0±3
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	40,355.	32,513.	3,921.	3,921
10	Payroll taxes	32,232.	18,298.	6,967.	6,967
11	Fees for services (nonemployees):	02,2020	20,2501	0,707.0	0,00,
'' a					
b					
c					
	Lobbying				
e	D (' 1(1 ' ' ' O D ' N' I' 47				
f	Investment management fees				
g	//CII 44				
Ŭ	column (A) amount, list line 11g expenses on Sch 0.)	10,825.	7,577.	1,624.	1,624
12	Advertising and promotion	342.	7,577. 240.	51.	1,624. 51.
13	Office expenses				
14	Information technology	2,280.	1,596.	342.	342
15	Royalties				
16	Occupancy	40,001.	28,001.	6,000.	6,000
17	Travel	1,525.	1,067.	229.	229
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,488.	1,742.	373.	373
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	736.	516.	110.	110
23	Insurance	15,227.	11,975.	1,626.	1,626
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	454 044	454 044		
а		154,044.	154,044.		2 222
b	PRINTING AND PRODUCTION	20,612.	14,428.	3,092.	3,092
С	IN-KIND EXPENSES	18,075.	13,233.	2,421.	2,421
d	LICENSES AND FEES	6,509.	4,557.	976.	976
е	All other expenses	11,325.	7,927.	1,699.	1,699
25	Total functional expenses. Add lines 1 through 24e	708,498.	544,060.	82,219.	82,219
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sneet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	200 044	1	505 001		
	2	Savings and temporary cash investments			329,041.	2	626,021
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			84,155.	4	93,202
	5	Loans and other receivables from any current of	or forme	officer, director,			
		trustee, key employee, creator or founder, sub		· ·			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		_		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			0 (51	8	C 022
`	9	Prepaid expenses and deferred charges			8,651.	9	6,933
	10a	Land, buildings, and equipment: cost or other		2 527 510			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2, 327, 318.	1 122 506		2 502 000
					1,133,586. 1,017,089.	10c	2,502,009. 1,070,109.
	11	Investments - publicly traded securities			192,213.	11	1,070,109.
	12	Investments - other securities. See Part IV, line			194,413.	12	194,701.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		2,500.	14	12,313.	
	15	Other assets. See Part IV, line 11			2,767,235.	15	4,503,288.
	16	Total assets. Add lines 1 through 15 (must eq			25,978.	16 17	35,507.
	17 18	Accounts payable and accrued expenses		25,510.	18	33,307	
	19	Grants payable			4,000.	19	
	20	Deferred revenue			1,000	20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D				21	
ω	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
ig		controlled entity or family member of any of the		22			
<u> </u>	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			29,978.	26	35,507.
		Organizations that follow FASB ASC 958, ch	eck her	e 🕨 X			
š		and complete lines 27, 28, 32, and 33.					
la l	27	Net assets without donor restrictions			2,633,920.	27	3,555,694.
l Ba	28	Net assets with donor restrictions		<u></u>	103,337.	28	912,087.
ğ		Organizations that do not follow FASB ASC	958, che	eck here 🕨 🔲			
F		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fund	s			29	
sse	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			0 805 055	31	4 465 561
¥	32	Total net assets or fund balances			2,737,257.	32	4,467,781.
	33	Total liabilities and net assets/fund balances			2,767,235.	33	4,503,288.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,30	2,5	75.
2	Total expenses (must equal Part IX, column (A), line 25)	2			98.
3	Revenue less expenses. Subtract line 2 from line 1		1,59		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,73		
5	Net unrealized gains (losses) on investments	5	13	9,6	74.
6	Donated services and use of facilities	6			
7	Investment expenses	7	-	3,2	26.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,46	7,7	82.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e 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 on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?	-	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization SANTA FE CONSERVATION TRUST 85-0418988 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	323,105.	398,130.	375,288.	695,389.	775,734.	2,567,646.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	323,105.	398,130.	375,288.	695,389.	775,734.	2,567,646.	
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)						166,160.	
_6	Public support. Subtract line 5 from line 4.						2,401,486.	
Sec	Section B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	323,105.	398,130.	375,288.	695,389.	775,734.	2,567,646.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	17,118.	18,986.	20,403.	23,102.	24,263.	103,872.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						2,671,518.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)		
	organization, check this box and stor						>	
	ction C. Computation of Publ						89.89 %	
	Public support percentage for 2020 (14		
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Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 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.)

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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 lines 3b and 3c 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 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (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.
- 7 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).
- 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 or 990-EZ).
- 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 9a) 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 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Pa	rt IV 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
'	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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, describe how the powers to appoint and/or remove officers, 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		
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		
Sec	tion 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			
	the supported organization(s).	1		
Sec	tion 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			110
•	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	4		
•	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 line 2, above, 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 yea(see instructions)).		
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b 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 line 2a, above, 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.	26		
2	•	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income	(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					
Sect	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):						
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					
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 0.015 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 0.035.	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 0.85 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-functional	ly integra	ated Type III supporting org	anization (see			
	instructions)	_	-				

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (Continued) Section D - Distributions	nr
1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2020 from Section C, line 6 9 Distributable amount divided by line 9 amount 10 (iii) (iii)	
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 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 organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii)	
organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 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 organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2020 from Section C, line 6 9 Distributable amount divided by line 9 amount (i) (ii)	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2020 from Section C, line 6 9 Distributable amount divided by line 9 amount 10 (ii) (iii)	
4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2020 from Section C, line 6 9 Distributable amount divided by line 9 amount (i) (ii) (iii)	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2020 from Section C, line 6 9 Distributable amount divided by line 9 amount 10 (ii) (iii)	
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 organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii)	
7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2020 from Section C, line 6 9 Distributable amount divided by line 9 amount 10 (ii) (iii)	
y Distributable amount for 2020 from Section C, line 6 Distributable amount divided by line 9 amount (i) (ii) 8 8 9 Distributable amount divided by line 9 amount (iii)	
9 Distributable amount for 2020 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii)	
10 Line 8 amount divided by line 9 amount (i) (ii) (iii)	
(i) (ii) (iii)	
Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2020 Distributable Amount for 20	
1 Distributable amount for 2020 from Section C, line 6	
2 Underdistributions, if any, for years prior to 2020 (reason-	
able cause required - explain in Part VI). See instructions.	
3 Excess distributions carryover, if any, to 2020	
a From 2015	
b From 2016	
c From 2017	
d From 2018	
e From 2019	
f Total of lines 3a through 3e	
g Applied to underdistributions of prior years	
h Applied to 2020 distributable amount	
i Carryover from 2015 not applied (see instructions)	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4 Distributions for 2020 from Section D,	
line 7: \$	
a Applied to underdistributions of prior years	
b Applied to 2020 distributable amount	
c Remainder. Subtract lines 4a and 4b from line 4.	
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h	
and 4b from line 1. For result greater than zero, explain in	
Part VI. See instructions.	

Schedule A (Form 990 or 990-EZ) 2020

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

Dort VI	The state of the s
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.)
	(Soo manastone)
-	
-	
-	
-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

SANTA FE CONSERVATION TRUST

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

85-0418988

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Organization type (check one):						
Filers of:	:	Section:				
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: On	lly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year				
but it mu	st answer "No" on l	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

023451 11-25-20

SANTA FE CONSERVATION TRUST

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,371,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>13,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 25,333.	Person X Payroll

SANTA FE CONSERVATION TRUST

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll

SANTA FE CONSERVATION TRUST

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13		\$16,846.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14		\$ 15,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15		\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16		\$ <u>12,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18		\$10,000.	Person X Payroll		

SANTA FE CONSERVATION TRUST

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$8,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 8,510.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$, 5,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,706.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$,5,585.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,244.	Person X Payroll

SANTA FE CONSERVATION TRUST

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll

SANTA FE CONSERVATION TRUST

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$ 77,405.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$15,165 .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$118,511 .	Person Payroll Noncash X (Complete Part II for noncash contributions.)

SANTA FE CONSERVATION TRUST

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2.5	GIS MODELING AND ANALYSIS SERVICES		
35			
		\$ 15,165.	12/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
26	DEMOLITION COSTS AND ADDITIONAL CLOSING FEES/SURVEYS TO IMPROVE/AQUIRE		
36	LAND FOR SFCT.		
		\$118,511.	09/27/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
()		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-2		\$	990 990-FZ or 990-PE) (202

Employer identification number

Name of organization

SANTA	FE CONSERVATION TRUST			85-0418988
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional	through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
_	Transferee's name, address, ar	(e) Transfer of gif		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gif		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
_	Transferee's name, address, ar	(e) Transfer of gif		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif		nsferor to transferee

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SANTA FE CONSERVATION TRUST

Employer identification number 85-0418988

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir			·		
		(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 he	d in donor advised fun	nds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	nt funds can be used	only		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for an	y other purpose confer	ring		
	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes	" on Form 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (for example, recreation)	ation or education) X		orically important land area		
	X Protection of natural habitat		Preservation of a certi	fied historic structure		
	X Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribu	ition in the form of a co			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a 94		
b				2b 41,479.00		
С	Number of conservation easements on a certified historic st			2c		
d	Number of conservation easements included in (c) acquired					
_	listed in the National Register					
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or to	erminated by the orgar	nization during the tax		
	year		1			
4	Number of states where property subject to conservation ea		<u>_</u>			
5	Does the organization have a written policy regarding the pe			X Yes No		
	violations, and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring, inspecting					
7	Amount of expenses incurred in monitoring, inspecting, han \$\sim \\$ 227,335.	dling of violations, and enf	orcing conservation ea	asements during the year		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirement	s of section 170(h)(4)(E	B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIII, describe how the organization reports conservat					
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statements th	nat describes the		
_	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	•	asures, or Other	Similar Assets.		
	Complete if the organization answered "Yes" on Forn					
1a	If the organization elected, as permitted under FASB ASC 99	•				
	of art, historical treasures, or other similar assets held for pu	·		nce of public		
	service, provide in Part XIII the text of the footnote to its fina					
b	If the organization elected, as permitted under FASB ASC 9					
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtheranc	e of public service,		
	provide the following amounts relating to these items:					
	(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 tre		- ·	provide		
	the following amounts required to be reported under FASB A			. .		
a	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
∟НА	For Paperwork Reduction Act Notice, see the Instruction	IS IUI FUIM 99U.		Schedule D (Form 990) 2020		

Sche	dule D (Form 990) 2020 SANTA FI	E CONSERVAT	ION TRUST		8	5-0418988 Page 2
Pai	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or Ot	her Similaı	r Assets(continued)
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following that mak	e significant u	se of its
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exc	hange program		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's e	xempt purpos	e in Part XIII.
5	During the year, did the organization solicit or	receive donations of	f art, historical trea	sures, or other sim	ilar assets	
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's co	llection?		Yes No
Pai	t IV Escrow and Custodial Arrang	gements. Complet	e if the organizatio	n answered "Yes"	on Form 990,	Part IV, line 9, or
	reported an amount on Form 990, Part	: X, line 21.				
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other assets r	not included	
	on Form 990, Part X?					Yes X No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing 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 Fo				•	Yes X No
	If "Yes," explain the arrangement in Part XIII.					<u></u>
Pai	t V Endowment Funds. Complete if	_		· · · · · · · · · · · · · · · · · · ·		
		(a) Current year	(b) Prior year	(c) Two years back	+ ' '	
	Beginning of year balance	192,213.	185,013.	219,763	21	8,313. 230,954.
	Contributions	00 101	00.074	10.45		5 000 13 000
	Net investment earnings, gains, and losses	22,191.	28,274.		+	5,289. 13,080.
	Grants or scholarships	-21,703.	21,074.	22,278	2	3,839. 25,721.
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses	026 105	100 012	105 015	0.1	0.000
g	End of year balance	236,107.	192,213.	185,013	21	9,763. 218,313.
2	Provide the estimated percentage of the curre			i)) held as:		
а	Board designated or quasi-endowment	100.0000	_%			
	Permanent endowment	%				
С	Term endowment					
2-	The percentages on lines 2a, 2b, and 2c should be the reasonable to the description of th	•				4:
Sa	Are there endowment funds not in the posses	ssion of the organiza	lion that are neid a	na administered id	r trie organiza	
	by:					
	(i) Unrelated organizations					
h	(ii) Related organizations					
4	Describe in Part XIII the intended uses of the	•				
Pai	t VI Land, Buildings, and Equipm		vinent idrids.			
	Complete if the organization answered		Part IV line 11a S	See Form 990 Part	X line 10	
	Description of property	(a) Cost or otl			Accumulated	(d) Book value
	becomplied of property	basis (investm			depreciation	(a) Dook value
	Land	`	,	1,458.		2,501,458.
	Buildings			, - , -		, : : : ; : :
	Leasehold improvements					
	Equipment		2	6,060.	25,50	9. 551.
	Other			- 	,	
	. Add lines 1a through 1e. (Column (d) must ed		(. column (R) line 1	0c.)		2,502,009.
		,	, , , , , , , , , , , , , , , , , , , ,	 		ah a dula D (Farm 000) 0000

Schedule D (Form 990) 2020

	NSERVATION TR	UST 8	5-0418988 Page
Part VII Investments - Other Securities.	5 000 5 : "/ "	441.0. 5. 000.5	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or e	and of year market value
	(b) book value	(c) Wethod of Valuation. Cost of e	Hid-Oi-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or e	and of year market value
	(b) Book value	(c) Method of Valuation. Cost of e	nd-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	1 (1) 5
(a) L	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

(6) (7) (8)

Schedule D (Form 990) 2020 SANTA FE CONSERVATION	ON TRUST	85-	0418988 _{Page} 4
Part XI Reconciliation of Revenue per Audited Financi		Returr) .
Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1 Total revenue, gains, and other support per audited financial stateme	nts	1	2,439,022
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1 126 440		
a Net unrealized gains (losses) on investments		-	
b Donated services and use of facilities		_	
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)		\dashv \downarrow	136,448
•		2e	2,302,574
3 Subtract line 2e from line 1		3	2,302,374
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40		
a Investment expenses not included on Form 990, Part VIII, line 7b		-	
b Other (Describe in Part XIII.) c Add lines 4a and 4b		ا ۱۵	0
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,		4c 5	2,302,574
Part XII Reconciliation of Expenses per Audited Finance			
Complete if the organization answered "Yes" on Form 990, Pa			
Total expenses and losses per audited financial statements		1	708,498
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		-	
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0
3 Subtract line 2e from line 1		3	708,498
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	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b	' <u>'</u>	4c	0
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I		5	708,498
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a 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 pro	ovide any additional information.		
PART II, LINE 3:			
CONCEDUATION DAGRESS TO AND AN	VENTOVENIM C		
CONSERVATION EASEMENT TRANSFERS AND A	4ENDMENTS		
CE ID: 2015-SF-04			
CE ID: 2013-5F-04			
AMENDMENT DATE: 12/11/20			
AMENDMENT DATE: 12/11/20			
PROPERTY RECORD NAME: JACONA			
THOUBIT RECORD WEED. SHOOM			
MODIFICATION: ELIMINATED CERTAIN RESER	RVED RIGHTS IN ORDER TO	O FU	RTHER
PROTECT THE CONSERVATION VALUES.			
CE ID: 2011-SF-01			
AMENDMENT DATE: 3/23/2020			
PROPERTY RECORD NAME: GBP CC #4 WEST	CANYON		
MODIFICATION DISCONDING		 -	TT 017
MODIFICATION: PLACED ADDITIONAL ADJACE	ENT ACREAGE UNDER CONS	EKVA'	I.TON
EXCEMENT CDECTETOXILY EAG EC ACREC TO	A ADDITION TO THE EXT	TT NT/	250
EASEMENT, SPECIFICALLY 548.56 ACRES II	N ADDITION TO THE EXIS	TTNG	⊿ 50

Part XIII | Supplemental Information (continued)

ACRES, FOR A TOTAL OF 798.56 ACRES.

CE ID: 2020-SF-01

TRANSFER DATE: 1/30/20

PROPERTY RECORD NAME: BIG FENCE ROAD

MODIFICATION: CE TRANSFERRED FROM THE FOREST TRUST TO SFCT.

CE ID: 2020-SF-02

TRANSFER DATE: 1/30/20

PROPERTY RECORD NAME: TESUQUE VIEW

MODIFICATION: CE TRANSFERRED FROM THE FOREST TRUST TO SFCT.

PART II, LINE 9:

BECAUSE OF THE UNIQUE NATURE OF THESE ASSETS, THE IMPRACTICABILITY OF

OBTAINING CONSISTENT AND RELIABLE ESTIMATES OF THE VALUES ASCRIBED TO

THESE INTERESTS, AND CONSISTENT WITH THE PRACTICES FOLLOWED BY

ENVIRONMENTAL LAND TRUSTS, THEY ARE NOT RECORDED AS ASSETS IN THE

FINANCIAL STATEMENTS.

PART V, LINE 4:

THE SFCT STEWARDSHIP FUND WAS ESTABLISHED IN 2003. ITS PURPOSE IS TO PROVIDE ASSURANCE TO EASEMENT DONORS THAT THEIR CONSERVATION EASEMENT STEWARDSHIP DONATIONS ARE PROTECTED IN PERPETUITY. THE FUND PAYS A MODEST INCOME RETURN TO SFCT TO HELP DEFRAY THE COST OF MONITORING EASEMENTS. THE INCOME DISTRIBUTIONS ARE DEPOSITED INTO AND COMINGLED WITH SFCT'S OPERATING CASH ACCOUNT. THE PURPOSE OF THIS FUND IS TO BE USED FOR COSTS ASSOCIATED WITH MONITORING AND CONSERVATION EASEMENT DEFENSE ONLY. THE SFCT EASEMENT FUND WAS ESTABLISHED IN 2006. ITS PURPOSE IS TO ASSIST IN THE PURCHASING OF NEW CONSERVATION EASEMENTS AS WELL AS TO PAY FOR THE COSTS OF DEFENDING NEW OR EXISTING CONSERVATION EASEMENTS.

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)
PART X, LINE 2:
SFCT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE. IN ADDITION, SFCT HAS BEEN CLASSIFIED AS OTHER THAN
A PRIVATE FOUNDATION. SFCT'S OPEN AUDIT PERIODS ARE 2017 THROUGH 2019.
SFCT EVALUATES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ASC 740 WHEREBY
THE EFFECT OF THE UNCERTAINTIES IN TAX POSITIONS WOULD BE RECORDED IF THE
OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. SFCT BELIEVES
THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH,
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
FINANCIAL STATEMENTS.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

SANTA FE CONSERVATION TRUST 85-0418988 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2020

Pa		Fundraising Events. Complete if the of fundraising event contributions and gr	e organization answered	d "Yes" on Form 990, Par	t IV, line 18, or reported	
		or lundraising event contributions and gr	(a) Event #1 COMMUNITY CONSERVATION	(b) Event #2 BANF FILM FESTIVAL	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
nue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	130,100.	36,624.		166,724.
	2	Less: Contributions	126,370.	31,645.		158,015.
	3	Gross income (line 1 minus line 2)	3,730.	4,979.		8,709.
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8 9	Entertainment Other direct expenses	35,820.	6,995.		42,815.
	10 11	Net income summary. Subtract line 10 from li				42,815. -34,106.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.				
ē		\$ 10,000 divi dim 000 EE, iino da.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
ă	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		> _	
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or t	erminated during the tax	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	nedule G (Form 990 or 990-EZ) 2020 SANTA FE CONSERVATION TRUST 85-	04189	788	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	'es	☐ No
12	Indicate the percentage of gaming activity conducted in:		•	
		1420		0/
	a The organization's facility			<u>%</u>
	o An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	 Y	'es	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\sum_{\text{s}} = \text{ and the amount}\$ of gaming revenue retained by the third party \$\bigs\sum_{\text{s}} = \text{ and the amount}\$			
ď	or garming revenue retained by the third party If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?		'es	☐ No
		—•	-	
ı	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
П	organization's own exempt activities during the tax year > \$			
Pā	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part ID, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, line	es 9,	9b, 10b,
				_

032083 11-25-20

Schedule G	G (Form 990 or 990-EZ)	SANTA FE	CONSERVATION	TRUST	85-0418988 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continu	ed)		
		, , , , , ,	,		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization SANTA FE CONSERVATION TRUST Employer identification number 85-0418988

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o	(d) of determinin tribution amo	•
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other	X	1	110,617.	FMV FOR D	EMO SE	RVICE
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► (PROFESSIONAL)	X	1		FMV FOR G		
26	Other \blacktriangleright (CLOSING AND S)	X	2		FMV FOR S		
27	Other \blacktriangleright ($\overline{\text{DONATED FACIL}}$)	X	12		RENT FOR		THS
28	Other ► (DONATED GIFTS)	X	6	1,272.	FMV FOR G	IFTS	
29	Number of Forms 8283 received by the organization	zation durin	g the tax year for c	contributions			
	for which the organization completed Form 828	33, Part V, D	Oonee Acknowledg	jement 29			
						\	es No
30a	During the year, did the organization receive by	/ contribution	on any property rep	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2020

032142 11-23-20

Schedule M (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

SANTA FE CONSERVATION TRUST

Employer identification number 85-0418988

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: REGENERATION OF OUR HEALTHY PLACE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: TRAIL ORGANIZATION (GUSTO) INITIATIVE AIMS CREATE AN INTERCONNECTED SYSTEM OF NATURAL SURFACE TRAILS THAT ALLOWS NON-MOTORIZED USERS TO TRAVEL IN A LOOP AROUND THE GREATER SANTA FE AREA, AS WELL AS BETWEEN THE CITY CENTER AND THE PERIPHERY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: RESOURCES.SINCE 2014, SFCT HAS INTRODUCED 3,000 SOUTH SIDE KIDS AND THEIR FAMILIES TO SANTA FE'S TRAIL SYSTEM (PASSPORT TO TRAILS). IN2018, SFCT STARTED AN IN-TOWN WALKING PROGRAM (VAMONOS: SANTA FE WALKS) FOR THOSE WHOSE ACCESS TO NATURE IS MORE CHALLENGING: THE ELDERLY, TRANSPORTATION LIMITED, IMMIGRANT COMMUNITY, OR TO THOSE AFRAID INFIRM, TO WALK ALONE. THROUGH 2019, SFCT HAD ALMOST 900 PEOPLE WALK ON THESE TRAILS, RANGING IN AGE FROM 98 TO 2 YEARS OLD. BY WORKING TO IGNITE A PASSION FOR NATURE IN EVERYONE AND GIVE THEM ACCESS TO THE FOOTHILL TRAILS AND URBAN TRAILS, SFCT WORKS TO IMPROVE PUBLIC HEALTH, BUILD COMMUNITY ON THE TRAILS AND CREATE THE NEXT GENERATION OF CONSERVATIONISTS WHILE PROMOTING ACCESS TO THE LIFE-ENHANCING QUALITIES OF THE OUTDOORS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PROVIDED TO SFCT'S FINANCE COMMITTEE WHICH REVIEWS AND APPROVES THE FORM BEFORE FILING. ALL OTHER BOARD MEMBERS ALSO RECEIVE A COPY OF FORM LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization SANTA FE CONSERVATION TRUST	Employer identification number 85-0418988
990 PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH BOARD OF DIRECTORS MEMBER IS REQUIRED TO FILL OUT A	CONFLICT OF
INTEREST POLICY ANNUALLY. SFCT STAFF MONITORS ALL BUSINES	S TRANSACTIONS OF
SFCT TO ENSURE COMPLIANCE WITH THIS POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE DIRECTOR IS THE ONLY PAID OFFICER OF SFCT.	HER REMUNERATION
PACKAGE IS DETERMINED BY THE EXECUTIVE COMMITTEE AND VOTE	D ON BY THE BOARD
OF DIRECTORS ANNUALLY WITH APPROVAL OF THE ANNUAL BUDGET.	THE PROCESS IS
DOCUMENTED.	
FORM 990, PART VI, SECTION C, LINE 19:	
SFCT MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	POLICY AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	•
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	