# \*\* PUBLIC DISCLOSURE COPY \*\*

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

А	ror the	e 2023 calendar year, or tax year beginning and	enaing	_	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	SANTA FE CONSERVATION TRUST			
	Name chang	Doing business as		85-04189	88
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	P.O. BOX 23985		505-989-	7019
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,504,794.
	Ameno			H(a) Is this a group re	
F	Applic			for subordinates	
	pendir	400 KIVA COURT, SUITE B, SANTA FE, NM	87505	H(b) Are all subordinates in	
$\overline{}$	<b>T</b>			1	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Websit		1	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1993 N	State of legal domicile: NM
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: SEE	PART I	II LINE 1	
SI C					
ř	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	16
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
စ္တ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			9
įŧį		Total number of volunteers (estimate if necessary)			300
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<del>                                     </del>	Net unrelated business taxable income nonn onn 990-1, Part I, line 11		Prior Year	Current Year
Revenue		Ocatella ticas and marks (Dark) (III Para 41)		1,202,932.	1,114,753.
	8	Contributions and grants (Part VIII, line 1h)			
	9	Program service revenue (Part VIII, line 2g)		46,885.	257,276.
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,340.	25,738.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-58,811.	-49,581.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,206,346.	1,348,186.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		559,418.	683,150.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  90,4		0.	0.
be	l b	Total fundraising expenses (Part IX. column (D), line 25) 90, 4	62.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		289,645.	373,200.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		849,063.	1,056,350.
		Revenue less expenses. Subtract line 18 from line 12		357,283.	291,836.
J.	3 3	nevertue less expenses. Subtract line 10 from line 12	Be	ginning of Current Year	End of Year
Net Assets or Find Balances		Total consts (Dart V. line 1C)		7,631,627.	8,219,417.
SSE	20	Total assets (Part X, line 16)		316,232.	271,695.
let /	21	Total liabilities (Part X, line 26)		7,315,395.	7,947,722.
	22	Net assets or fund balances. Subtract line 21 from line 20		7,313,393.	1,341,144.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He	re	SARAH NOSS, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	MICHAEL D. SWAIN, CPA		if self-employ	P00120406
	parer	Firm's name SWAIN & GRIECO, LLC	<u> </u>	Firm's EIN 8	5-0455053
	Only	Firm's address 2050 BOTULPH ROAD, SUITE A			<del>-</del>
	,	SANTA FE, NM 87505		Phone no (5	05) 988-3770
N/-	v tha I			Ti none no. ( 5	X Yes No
ivia	y trie ii	RS discuss this return with the preparer shown above? See instructions			∟≛⊒ res ∟NO_

Other program services (Describe on Schedule O.)

) (Revenue \$ including grants of \$

875,426. Total program service expenses

Form **990** (2023)

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### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		-25	
0		8		х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	0		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
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		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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

### Part IV Checklist of Required Schedules (continued)

	<del></del>		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the 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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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			3,
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3,7
	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 on Schedule O for Part VI, lines 11b and 19?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule O  rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ.	L
u	Check if Schedule O contains a response or note to any line in this Part V			
-	Should be sometime a response of note to any into in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 9	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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#### 9023) SANTA FE CONSERVATION TRUST Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 9								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		X					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other									
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		X					
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?									
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•								
	to file Form 8282?		7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f							
f	3 , 3 , 1 , 1 ,									
g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h							
8										
_	sponsoring organization have excess business holdings at any time during the year?									
9 Sponsoring organizations maintaining donor advised funds.										
a			9a 9b							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a								
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	100								
	Gross income from members or shareholders	11a								
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	110								
~	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<b>-</b>								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	<b>Note:</b> 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	13b								
С	Enter the amount of reserves on hand	13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?		15		X					
If "Yes," see the instructions and file Form 4720, Schedule N.										
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?										
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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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.

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
		1 1	1 c	_	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							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.							
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	ip 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	he direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?		<u>L</u> :	3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	📑	5		X		
6	🔼	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or						
	more members of the governing body?		7	'a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or						
	persons other than the governing body?		7	'b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:						
а	The governing body?		<u>8</u>	Ва	Х			
b	Each committee with authority to act on behalf of the governing body?		<u>8</u>	3b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9	9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)						
			_	_	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10	0a		Х		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	, , , , ,							
12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12	2b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "							
	on Schedule O how this was done			2c	X			
13	Did the organization have a written whistleblower policy?			3	X			
14	Did the organization have a written document retention and destruction policy?		1	14	X			
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				77			
	The organization's CEO, Executive Director, or top management official			5a	X			
b	Other officers or key employees of the organization		1	5b	X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					v		
	taxable entity during the year?		10	6a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation to evaluation of the control of t							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of			.				
800	exempt status with respect to such arrangements?		10	6b				
	tion C. Disclosure							
17 10	List the states with which a copy of this Form 990 is required to be filed NM	and 000 T (cooking 504	(a)(0)= =	nd: A	01/2!!	abl-		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	anu 990-1 (Section 501	(C)(3)S C	(צוו זכ	availa	anie		
	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	n on Schedule O)						
10		,	v opd f	iner	oio!			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest polic	y, and f	ırıan	cial			
20	statements available to the public during the tax year.	ooko and rasards						
20	State the name, address, and telephone number of the person who possesses the organization's be MCALLISTER YEOMANS $-505-989-7019$	ooks and records						
	400 KIVA COURT, SUITE B, SANTA FE, NM 87505							
	TOURING COURT, DOLLE D, DANIA PE, NE 0/303							

# 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations	box	not c , unle	Pos heck ss pe	more rson	than	one	<b>(D)</b> Reportable	Reportable	<b>(F)</b> Estimated
	week (list any hours for related	box offi	, unle	ss pe	rson		OHE			Louinatoa
	(list any hours for related		Cer an	iu a u	box, unless person is both an		compensation	compensation	amount of	
	hours for related	lirecto			recio	or/trus	(lee)	from	from related	other
	related							the organization	organizations (W-2/1099-MISC/	compensation from the
		5	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee	Institutional trustee	cer	Key employee	Highest compensated employee	mer			organizations
	line)	Pul	Inst	Officer	Ke	Hig	쥰			
(1) SARAH A. NOSS	40.00	<b>↓</b>		٠.				100 500	0.	17 265
EXECUTIVE DIRECTOR	4.00	Х		Х		-		109,590.	0.	17,265.
(2) QUINN SIMONS PRESIDENT	4.00	x		x				0.	0.	0.
(3) DENNIS ROMERO	4.00	^		^				0.	· ·	0.
VICE PRESIDENT	7.00	x		x				0.	0.	0.
(4) MARIANNE DWIGHT	4.00	122						0.	0.	0.
TREASURER	1100	X		x				0.	0.	0.
(5) BRENT GOODMAN	4.00	<del></del>		-						
SECRETARY		x		x				0.	0.	0.
(6) MICHAEL AVERY	2.00									
AT LARGE		x		х				0.	0.	0.
(7) GINNY OLCOTT	2.00									
AT LARGE		X		Х				0.	0.	0.
(8) NANCY COOK	2.00									
DIRECTOR		Х						0.	0.	0.
(9) SAM FIN	2.00									
DIRECTOR		Х						0.	0.	0.
(10) MARK FISHER	2.00									
DIRECTOR		Х						0.	0.	0.
(11) SANDRA MASSENGILL	2.00	۱								•
DIRECTOR	1 000	Х						0.	0.	0.
(12) PETER MARTIN	2.00	١,,							0	0
DIRECTOR	2 00	Х				_		0.	0.	0.
(13) JULIE MARTINEZ	2.00	x						0.	0.	0.
DIRECTOR (14) CARLA MATTIX	2.00	^				-		0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(15) CARMELO NINO	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(16) LUKE PIERPONT	2.00	+	$\vdash$				H			
DIRECTOR		X						0.	0.	0.
(17) ALBERT REED	2.00									
DIRECTOR		x						0.	0.	0.

332007 12-21-23

Part VII Section A. Officers, Die	rectors, Trustees, Key E	mplo	yees	, and	d Hi	ghes	st C	Compensated Employe	es (continued)			
(A)	(B)	(B) (C)						(D)	(E)		(F)	
Name and title	Average	(c	Position (do not check more than one				ne	Reportable	Reportable		ed	
	hours pe week	~ ·	box, unless person is both an officer and a director/trustee)					compensation from	compensation from related		amount other	
	(list any	żę						the	organizations	(	compens	
	hours for	r direc				ted		organization	(W-2/1099-MISC		from th	
	related organizatio	ne stee	truste		au	pensa		(W-2/1099-MISC/	1099-NEC)		organiza	
	below	susidial frustee or director	Institutional trustee		ploye	st com yee	_	1099-NEC)		, ا	and rela organizat	
	line)	Indivic	Institu	Officer	Key employee	Highest compensated employee	Former				o. ga <u>-</u> a.	
										$\bot$		
		_										
			+							+		
		-										
										+		
										$\perp$		
		_										
		_	_							+		
		-								+		
		-										
1b Subtotal								109,590.	(	) <b>.</b>	17,2	65.
c Total from continuation shee								0.		7.		0.
d Total (add lines 1b and 1c)								109,590.		0.	17,2	65.
2 Total number of individuals (in	cluding but not limited to	thos	e liste	ed al	bove	e) wh	o re	eceived more than \$100	,000 of reportable			_
compensation from the organ	ization										l v	1
O Did the approximation list and for			1	!					1		Yes	No
3 Did the organization list any for line 1a? If "Yes," complete Sci											3	x
4 For any individual listed on line								her compensation from			3	<del> </del>
and related organizations grea	·							·	-		4	Х
5 Did any person listed on line 1												
rendered to the organization?	If "Yes," complete Sched	dule J	for s	uch	pers	son .					5	X
Section B. Independent Contract												
1 Complete this table for your fi										ensati	on from	
the organization. Report comp		r yea	r endi	ng v	vith	or wi	thir T		/ear.		(0)	
Name a	(A) and business address	N	IONI	2				<b>(B)</b> Description of s	ervices	Con	(C) npensatio	on
							$\dashv$	<del>-</del> <del>-</del>				
							4					
							$\dashv$					
2 Total number of independent	contractors (including bu	t not	limite	d to	tho	se lis	ted	d above) who received m	ore than			
\$100,000 of compensation fro	,					0		· 				
								·		Fo	rm <b>990</b>	(2023)

332008 12-21-23

Га	rt V	1111	_		=			
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts		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	195,306. 224,017. 695,430. 1,200.	1,114,753.			
				Business Code				
e S	2		LAND CONSERVATION PROJ	813312	227,020.			
ه چَ		b	COMMUNITY CONSERVATION	611710	25,324.	25,324.		
S Z		С	TRAIL MAINTENANCE	237990	4,932.	4,932.		
am		d						
Program Service Revenue		e						
Prc			All other program service revenue					
			Total. Add lines 2a-2f		257,276.			
_	3	9	Investment income (including dividends, inter		207,2700			
	Ü		· • • • • • • • • • • • • • • • • • • •	•	99,610.			99,610.
	4		,		33,010.			33,010.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
			Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses					
/en		С	Gain or (loss) $7c - 73,872$ .					
Revenue			Net gain or (loss)		-73,872.	-73,872.		
ē			Gross income from fundraising events (not	<u> </u>	.,	,		
GH O	Ü	u	including \$ 195,306. of					
			contributions reported on line 1c). See					
			· · · · · · · · · · · · · · · · · · ·	33,155.				
		L-	,					
				1	-49,581.			-49,581.
			Net income or (loss) from fundraising events		-49,301.			49,301.
	9	а	Gross income from gaming activities. See					
			Part IV, line 199a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	1				
		b	Less: cost of goods sold10k	)				
		С	Net income or (loss) from sales of inventory					
S				Business Code				
Miscellaneous Revenue	11	а						
ane 3nu		b						
eve le		С						
disc R			All other revenue					
2			Total. Add lines 11a-11d	•				
	12		Total revenue. See instructions		1,348,186.	183,404.	0.	50,029.

#### 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).

Do .	not include amounts reported on lines 6b,	se or note to any line in t	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 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,	126 055	00 047	12 054	12 05/
_	trustees, and key employees	126,855.	98,947.	13,954.	13,954
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	455 010	255 610	E0 1E0	E0 1E0
7	Other salaries and wages	455,910.	355,610.	50,150.	50,150
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	57,454.	44,814.	6,320.	6,320
9	Other employee benefits	42,931.	33,487.	4,722.	4,722
10	Payroll taxes	44,331.	33,407.	4,144.	4,144
11	Fees for services (nonemployees):				
	Management	1,689.	1,317.	186.	186
b	Legal	13,362.	10,422.	1,470.	1,470
	Accounting	13,302.	10,422.	1,4/0.	1,4/0
	Lobbying				
	Professional fundraising services. See Part IV, line 17	3,881.	3,027.	427.	427
f	Investment management fees	3,001.	3,027.	427.	147
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	17,165.	13,389.	1,888.	1,888
10		5,388.	4,202.	593.	593
12 13	Advertising and promotion	34,717.	27,077.	3,820.	3,820
13 14	Office expenses	7,533.	5,875.	829.	829
14 15	Information technology	7,333.	3,073.	023.	025
16	Royalties	34,475.	26,891.	3,792.	3,792
17	Occupancy	8,105.	8,105.	377320	37732
17 18	Travel	0,1031	0,1031		
10	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	13,773.	13,773.		
19 20	. F				
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	1,475.	1,475.		
22 23		9,651.	7,527.	1,062.	1,062
23 24	Insurance Other expenses. Itemize expenses not covered	3,0321	,,52,,	= 7 0 0 2 0	1,002
_7	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.)				
а	TRAILS, EASEMENTS, & OU	210,633.	210,633.		
a h	LICENSES AND FEES	11,353.	8,855.	1,249.	1,249
C		,	3,033.		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,056,350.	875,426.	90,462.	90,462
25 26	Joint costs. Complete this line only if the organization	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.2,1200	50,1020	20,102
_0	reported in column (B) joint costs from a combined				
	reperted in column (b) joint costs from a combined				
	educational campaign and fundraising solicitation.	I	I	I	

Part	X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			797,843.	2	703,727
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	216,605.	4	196,565		
	5	Loans and other receivables from any current of	r officer, director,				
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqual	rsons (as defined				
		under section 4958(f)(1)), and persons describe	ction 4958(c)(3)(B)		6		
ş l	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			3,029.	9	12,913
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,677,459.			
	b	Less: accumulated depreciation	10b	25,796.	3,653,139.	10c	3,651,663
	11	Investments - publicly traded securities	2,564,177.	11	3,274,597		
	12	Investments - other securities. See Part IV, line	145,138.	12	157,057		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	251,696.	15	222,895		
	16	Total assets. Add lines 1 through 15 (must equ			7,631,627.	16	8,219,417
	17	Accounts payable and accrued expenses			67,036.	17	51,300
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
<u>se</u>   :	22	Loans and other payables to any current or form					
<u> </u>		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
- 1	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
1	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X	240 106		220 205
		of Schedule D			249,196.		220,395
-+	26	Total liabilities. Add lines 17 through 25			316,232.	26	271,695
တ္က		Organizations that follow FASB ASC 958, cho	eck her	e X			
ğ		and complete lines 27, 28, 32, and 33.			5,136,805.		E /12 060
a	27 22	Net assets without donor restrictions			2,178,590.	27	5,413,068 2,534,654
<u> </u>	28	Net assets with donor restrictions			2,110,390.	28	2,334,034
돌		Organizations that do not follow FASB ASC 9	958, che	eck here			
5		and complete lines 29 through 33.					
ets	29 22	Capital stock or trust principal, or current funds			29		
188	30	Paid-in or capital surplus, or land, building, or e			30		
et /	31	Retained earnings, endowment, accumulated in		7 215 205	31	7 047 700	
	32	Total net assets or fund balances			7,315,395.	32	7,947,722
;	<u> 33</u>	Total liabilities and net assets/fund balances .			7,631,627.	33	8,219,417

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.,34				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	1,05		50. 36.		
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain 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	7	7,94	7,7	22.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on 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	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,					
	consolidated basis, or both:							
	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 the	e audi	t,					
	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	nedule	Ο.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b				

SANTA FE CONSERVATION TRUST