JH MULLIN LLC PO BOX 2264 SANTA FE, NM 87504-2264

SANTA FE WATERSHED ASSOCIATION 1413 SECOND STREET, NO. STE #3 SANTA FE, NM 87505

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026340 04-01-20 **Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

JH MULLIN LLC PO BOX 2264 SANTA FE, NM 87504-2264 505-986-3816

AUGUST 26, 2021

SANTA FE WATERSHED ASSOCIATION 1413 SECOND STREET NO. STE #3 SANTA FE, NM 87505

SANTA FE WATERSHED ASSOCIATION:

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JEAN M. HOLMBERG MULLIN, CPA

Department of the Treasury Do that service Taxpayer identification number SATTA FE WATERSHED ASSOCIATION 86-0996109 Name of exempt organization or person subject to tax 86-0996109 Name and title of officer or person subject to tax 86-0996109 STEVEN HAMP PRESIDENT 900 for the latest information Press 9,07 a book on one to account of the terturn for which you are using this Form 8879E0 and entor the applicable amount, if any, from the return. If you check the box for the return for which you are using this Form 8879E0 and the amount on that line for the return being 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, if you entered -0 on the enturn of the network of the return of the return. If you check there book the tota the applicable in below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-PE check here b Total tax (Form 1120-POL, line 22) 3b 5a Form 8868 check here b Total tax (Form 120-POL, line 22) 3b 7a Form 4720 check here b Total tax (Form 120-POL, line 22) 3b 7a Form 4720 check here b Total tax (Form 120-POL, line 22) 3b 7a Form 4720 check here b Total tax (Form 120-POL, line 22) 3b <th>Form 8879-EO</th> <th>***** THIS IS NOT IRS e-file Sign for an Exer For calendar year 2020, or fiscal year beginning</th> <th>A FILEABLE COPY ** nature Authorization mpt Organization</th> <th>**** n,²⁰</th> <th>OMB No. 1545-0047</th>	Form 8879-EO	***** THIS IS NOT IRS e-file Sign for an Exer For calendar year 2020, or fiscal year beginning	A FILEABLE COPY ** nature Authorization mpt Organization	**** n, ²⁰	OMB No. 1545-0047
Name of exempt organization or person subject to tax Tuppager identification number SANTA FE WATERSHED ASSOCIATION 86-0996109 Name and title of filter or preson subject to tax SOTTAVEN STEVEN HAMP PRESIDENT PRESIDENT Type of Return and Return Information (whole Dolars Only) Check the box for the return for which you are using this Form 867:EO and enter the applicable amount, if any, from the return. If you check the tox in the 1a, 2a, 3a, 4b, 5b, 6b, or 7b, whichever is applicable, bank (do not entor 0.5b, tot, if you artered 0 on the return, the onter on the applicable insolve). Due to transmitter of the neturn beng field with this form was blank, then leave line 1b, 2b, 3a, 4b, 5b, 6b, or 7b, whichever is applicable, bank (do not entor 0.5b, 2b, 4b, 5b, 6b, or 7b, whichever is applicable, bank (do not entor 0.5b, 2b, 4b, 5b, 6b, or 7b, whichever is applicable, bank (do not entor 0.5b, 2b, 4b, 5b, 6b, or 7b, whichever is applicable, bank (do not entor 0.5b, 2b, 75b, 2b, 75b, 2b, 75b, 2b, 75b, 75b, 75b, 75b, 75b, 75b, 75b, 75	Department of the Treasury	E Contraction of the second seco			
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Name and line of officer or person subject to tax STEVEN IN HAMP PRESIDENT Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8278-B0 and enter the applicable amount, if any, from the return. If you check the box on ine 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being field with this form was bain, then leave the 1b, 2a, 3b, 4b, 56, 6b, or 7a, Wholes, Dark Vill, Column (A), line 137 the form 890 check here > b Total revenue, fany (Form 990-E2, line 9) 28 form 1320-Check here > b b 58 form 890-PC check here > b b 59 form 890-PC check here > b b 58 form 890-PC check here > b b 59 form 890-PC check here > b b 50 form 990-FC check here > b b 7 form 990-FC check here > b b 7 form 720 check here > check here > b b 7 form 720 check here > check here > check here > check here > b b 7 form 720 check here > check h					006100
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Part I Type of Return and Return Information (Whole Dalars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. Name of the 1a, 2a, 3a, 4b, 5b, 6b, or 7b, whichever is applicable, plank (do not enter 4b). But, if you entered -0 on the ruturn, then enter bo on the applicable in below Do not complete more than one in en Part 1. 1a Form 990-EZ check here >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	STEVEN HAMP	son subject to tax			
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2a Form 1920-EZ check here b Total revenue, if any (Form 990-EZ, line 5) 2b 3a Form 1120-POL check here b Tax based on investment income (Form 990-FZ, line 5) 3b 5a Form 8066 check here b b Balance due (Form 8066, line 3c) 6b 6a Form 990-T check here b b Total tax (Form 9720, Part III, line 4) 6b 7a Form 4720 check here b total tax (Form 9720, Part III, line 4) 7b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Moder penalties of perjury, 1 declare that XI and an officer of the above organization or (Check here the construction of the account of the account fortum and accompanying schedules and statements, and (to the editor for the schedule) to the scheduler, they are true, correct, and complete. If urther declare that the amount in Part 1 above is the amount shown on the copy of the electronic return. I consent to all (to the data ervice, provide, transmitter, or electronic return orginator (FCP) to send the return or return, and (to the data ervice, provide, transmitter, and the fibracial institution to dobt the entry of the account for more aparmet. If must contact the U.S. Treasury Financial Agent at 1488 d53.4357 to take that 2 business days prior to the payment. (constati tak) (an acknowledgement of recept or reason for releasing of the electronic payment of the iderial taxes owed on this erturn and, if applicable, the consent to declare that was and aparmet. Invito: and the fibracial institution to dobt the entry to the account for more aparmet. Invito: Anu	check the box on line 1a , 2 blank, then leave line 1b , 2 return, then enter -0- on th	a, 3a, 4a, 5a, 6a, or 7a below, and the amo b, 3b, 4b, 5b, 6b, or 7b, whichever is applic e applicable line below. Do not complete m	bunt on that line for the return being cable, blank (do not enter -0-). But, if ore than one line in Part I.	filed with this form v you entered -0- on t	vas
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da Form 990-PF check here b b Tax based on investment income (Form 990-PF, Part VI, line 5) 40 Sa Form 8666 check here b b Balance due (Form 890, P, Part III, line 4) 56 Ga Form 990-T check here b b Total tax (Form 4720, Part III, line 4) 76 Part II Declaration and Signature Authorization of Officer or Person Subject to Tax 76 Under penalties of perjury, I declare that IX I am an officer of the above organization or				-	
Sa Form 8868 check here b b b Balance due (Form 8868, line 3c) 5b Ga Form 990-T check here b b total tax (Form 4720, Part III, line 4) 5b Part III Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that IX I am an officer of the above organization or line and person subject to tax (ame of organization) and that I have examined a cop (ame of organization) and check here (ame of organization) and check here (ame of organization) and that I have examined a cop (corsent to allow my intermediate service provider, transmitter, or electronic return other copy of the electronic return. 1 consent to allow my intermediate service provider, transmitter, or electronic return official the account of the reason for rejectron of the transmission. (b) the reaso-ther rejectronic return official taxes over of on this return, and the financial institution of advapt of apy represented the field and account of on the electronic return and the financial institution of advapt of apy represented the field at lase over other of the electronic return and if applicable, the consent to electronic funds within the second rejectronic return and if applicable, the consent to electronic funds within the electronic return and if applicable, the consent to electronic funds within this return that a copy of the return is being filed with a state agencyles) regulating charities as part of the IRS Fed/State program, I also authorize the also authorize the financial institution of advapt of approximate. (attraction of the advapt approximate for the electronic return and, if applicable, the consent to electronic fund with a state agencyles) regula					<u> </u>
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7a Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 1) To Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury. I declare that IX I am an officer of the above organization or ↓ I am a person Subject to Tax with respect to and that I have examined a cop of the 2020 electronic return and accompanying schedules and statements, and, to the bat of my knowledge and beliet, they are to the 2020 electronic return of plant if convert, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent on the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing of the electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution account indicated in the payment the payment the electronic funds withdrawal (direct debit) entry to the financial institution account of taxes to receive a payment. I must contact the U.S. Treasury Financial Agent at 1-868 353-4537 no later than 2 busines days prior to the payment the the federal taxes owed on this return. The electronic payment of the federal taxes owed on this return, and the financial institution account funds withdrawal. PIN: check one box only I authorize H financial institutions moved in the provessing of the electronic funds withdrawal. PIN: check one box only I authorize I also authorize the financial field with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize tha afore formereal scenee. <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties or ganization)				-	
Under penalties of perjury, I declare that ▲ I am an officer of the above organization or (EIN)					
(name of organization)					with respect to
soft the 2020 electronic return and accompanying schedules and statements; and, to the best or my knowledge and belief, they are fue, correct, and complete. I further declare that the amount in Part I above is the amount's shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return mojenator (FDN) to send the return to the IRS and to receive from the IRS (a) and (c) the date of any refund. If applicable, Jauthorize the U.S. Treasury and its designated Financial Agent to inflate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I mask contact the U.S. Treasury Financial Agent at 1.848.353.4537 no table the payment. Thave selected a personal information necessary to answer inquiries and resolve issues related to the payment. The select accounts of the payment of the selectronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only IN:				=	
FR0 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 return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax A state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax A state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax A state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certific	true, correct, and complet I consent to allow my inter to receive from the IRS (a) processing the return or re Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne identification number (PIN) PIN: check one box only	b. I further declare that the amount in Part I necliate service provider, transmitter, or elean acknowledgement of receipt or reason fund, and (c) the date of any refund. If applic funds withdrawal (direct debit) entry to be federal taxes owed on this return, and the U.S. Treasury Financial Agent at 1-888-thorize the financial institutions involved in cessary to answer inquiries and resolve iss as my signature for the electronic return and the sector of the sector of the electronic return and the sector of the sector of the electronic return and the sector of the sec	above is the amount shown on the optimic return originator (ERO) to see for rejection of the transmission, (b) t licable, I authorize the U.S. Treasury the financial institution account indic e financial institution to debit the ent 353-4537 no later than 2 business d the processing of the electronic pay ues related to the payment. I have si	copy of the electron nd the return to the the reason for any d and its designated cated in the tax prep ry to this account. T lays prior to the pay ment of taxes to rec elected a personal	ic return. IRS and elay in Financial aration o revoke ment eive wal.
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Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 8538741111 number (EFIN) followed by your five-digit self-selected PIN. 8538741111 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ► JH MULLIN LLC Date ► 08/26/21 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	a state agency(i PIN on the retur As an officer or p electronically file	s) regulating charities as part of the IRS Fe 's disclosure consent screen. erson subject to tax with respect to the or d return. If I have indicated within this retur	ed/State program, I also authorize the ganization, I will enter my PIN as my n that a copy of the return is being fi	e aforementioned El signature on the tax iled with a state age	RO to enter my < year 2020 ncy(ies)
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ► JH MULLIN LLC Date ► 08/26/21 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	Signature of officer or person subje	t to tax 🕨 ***** THIS IS NOT	T A FILEABLE COPY	*** Date	
number (EFIN) followed by your five-digit self-selected PIN. 85387411111 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ► JH MULLIN LLC Date ► 08/26/21 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	Part III Certifica	tion and Authentication			
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ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	ERO's signature > JH M	JLLIN LLC	Date 🕨	08/26/21	
LHA For Paperwork Reduction Act Notice, see instructions. Form 8879-EO (2020)		ERO Must Retain 1		S	
	LHA For Paperwork Rec	uction Act Notice, see instructions.			Form 8879-EO (2020)

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

OMB No. 1545-0047

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpaye	r identificatio	n number (TIN)	
print	SANTA FE WATERSHED ASSOCIATION 86-0996109						
File by the						96109	
	due date for Number, street, and room or suite no. If a P.O. box, see instructions.						
instructions	City, town or post office, state, and ZIP code. For a f SANTA FE, NM 87505	oreign add	iress, see instructions.				
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)			0 1	
Applicat	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above) RAOUEL BACA-TO	06	Form 8870			12	
 If the If this box 1 Irret the 2 If the 	hone No. ► 505-820-1696 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until e organization named above. The extension is for the org X calendar year 2020 or tax year beginning the tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta NOVE1 ganization's , an check reas	emption Number (GEN) If Ich a list with the names and TINs of MBER 15, 2021 , to file s return for: d ending on: Initial return F	this is fo all memb	r the whole opers the extension of the e	group, check this nsion is for.	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069	anter an	v refundable credits and	34	Ψ		
	timated tax payments made. Include any prior year over	· ·		3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa				Ψ		
	ing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.	
Caution instruction	: If you are going to make an electronic funds withdrawa	l (direct de	bit) with this Form 8868, see Form 8	153-EO a		'9-EO for payment 3868 (Rev. 1-2020)	

EXTENDED TO NOVEMBER 15, 2021

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.

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



Internal Revenue Service	Departme	ent of the	Treasury
	Internal F	levenue S	Service

A	or th	e 2020 calendar year, or tax year beginning and	ending	_	
Ba	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre	SANTA FE WATERSHED ASSOCIATION			
	Name chang			86-09961	09
	Initial return		Room/suite	E Telephone numbe	r
	Final return		STE #3		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	239,425.
	Amen return	SANTA FE, NM 07505		H(a) Is this a group re	eturn
	Applie tion	F Name and address of principal officer: STEVEN HAMP		for subordinates	? 🗌 Yes I No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
11	Tax-ex	empt status: $X 501(c)(3) 501(c)() + 301(c)() + 301(c)() + 301(c)(0) + 301(c)$	or 🛄 527	If "No," attach a	list. See instructions
		te: • WWW.SANTAFEWATERSHED.ORG		H(c) Group exemptio	
KF	orm o	organization: X Corporation Trust Association Other ►	L Year	of formation: 2001	State of legal domicile: NM
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: THE	MISSIC	N OF THE SA	NTA FE
Governance		WATERSHED ASSOCIATION IS TO PROTECT AND	RESTOR	E THE SANTA	FE RIVER
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	
Š	3				10
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	
ivit	6	Total number of volunteers (estimate if necessary)		6	0
Act		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	<u></u>		0.
en				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		235,282.	235,377.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3.	2.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,055.	416.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		241,340.	235,795.
Expenses	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)	119,196.	-	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	0.	128,457.
		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
		Total fundraising expenses (Part IX, column (D), line 25) 19,4		128,199.	77,590.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		247,395.	206,047.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	-6,055.	208,047.
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances				ginning of Current Year 10,300.	End of Year 41,223.
	20	Total assets (Part X, line 16)		1,946.	3,121.
let ∕ ind	21	Total liabilities (Part X, line 26)		8,354.	38,102.
	art II	Net assets or fund balances. Subtract line 21 from line 20		0,334.	J0,10Z.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and etatem	ente and to the best of m	v knowledge and belief, it is
		it, and complete. Declaration of preparer (other than officer) is based on all information of w			y KIIOWIEUYE AIIU DEIIEI, IL IS
u u e	, correc	n, and complete. Declaration of preparet (outer than officer) is dased on an information of with	inch preparei	nas any knowleuge.	

Sign Signature of officer Date Here STEVEN HAMP, PRESIDENT Type or print name and title						
			Date Check X	PTIN		
	Print/Type preparer's name	FIEPALEI S SIGNALULE				
Paid JEAN M. HOLMBERG MULLIN, 08/26/21 self-employed P02						
Preparer	Firm's name ▶ JH MULLIN LLC		Firm's EIN 🕨 84	-2570145		
Use Only Firm's address PO BOX 2264						
	SANTA FE, NM 87504-2264 Phone no.505-986-3816					
May the IRS discuss this return with the preparer shown above? See instructions						
032001 12-2	D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

<pre>THE MISSION OF THE SANTA FE WATERSHED ASSOCIATION IS TO PROTECT AND RESTORE THE SANTA FE RIVER AND ITS WATERSHED. Did the organization undertake any significant program services during the year which were not listed on the proform 080 or 080.22? Did the organization cases conducting, or make significant thanges in how it conducts, any program services? Did the organization cases conducting, or make significant thanges in how it conducts, any program services? Did the organization cases conducting, or make significant thanges in how it conducts, any program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and DOPT-THE -RIVER PROGRAM: 2020 MARKS THE 18TH ANNIVERSARY OF THIS PROGRAM. THE "ADOPT" PROGRAM INVITES BUSINESSES AND VOLUNTEER GROUPE TO CARE FOR THE FHYSICAL APPEARANCE OF THE INTER CHANNEL AND CORRIDOR AND TO SERVE AS GUARDIANS OF A PARTICULAR RIVER REACH. THIS PROGRAM SPONSORED BY BOTH THE CITY OF SANTA FE CUENTY AS WELL 2 THROUGH PRIVATE BUSINESSES AND INDIVIDUALS WHO "ADOPT" ONE OF THE 300 TIVER REACHES. THE PROGRAM SPONSORS A "LOVE YOUR RIVER DAY" FOR RIVE CLEAN-UP IN FRERUARY, A NATIONAL RIVER CLEAN UP DAY IN JUNE, AND A "HUNT FOR RED ROCKTOBER" DAY IN OCTOBER. THE SANTA FE ANDOYS. THIS PROGRAM MIRRORS THE ADOPT-THE-RIVER PROGRAM. Code:</pre>	orm	990 (2020) SANTA FE WATERSHED ASSOCIATION 86-0996109 Page
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Form	990	(2020)

Part IV Checklist of Required Schedules

SANTA FE WATERSHED ASSOCIATION

			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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 23
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,		37	
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	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	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	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			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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
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Part IV Checklist of Required Schedules (continued)

SANTA FE WATERSHED ASSOCIATION

			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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~-	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	07		x
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	_ A	L
Fai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	
4 -	Enter the number reported in Roy 3 of Form 1006 Enter 0, if not applicable		res	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
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Part V	Statements	Regarding	Othe	er IRS Filings a	nd Tax Compliance	(continued)
Form 990	(2020)	SANTA	\mathbf{FE}	WATERSHED	ASSOCIATION	

			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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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 Accounts (FBAR).	-		х
	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 transaction?	5b 5c		- 73
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
Ua	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	00		
2	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
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 contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	an		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

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SANTA FE WATERSHED ASSOCIATION

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					[
ec	tion A. Governing Body and Management				Vee	Т
10	Enter the number of veting members of the governing body at the and of the tax year	1a	10		Yes	┢
Ia	Enter the number of voting members of the governing body at the end of the tax year			-		1
	If there are material differences in voting rights among members of the governing body, or if the governing					1
L	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	4	10			l
	Enter the number of voting members included on line 1a, above, who are independent			-		l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations					ł
_	officer, director, trustee, or key employee?			2		╉
3	Did the organization delegate control over management duties customarily performed by or under					
	of officers, directors, trustees, or key employees to a management company or other person?			3		┥
4	Did the organization make any significant changes to its governing documents since the prior Form			4		_
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		_
6	Did the organization have members or stockholders?			6		_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					
	more members of the governing body?			7a		4
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockhold	ers, or			
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	/ear by the fo	ollowing:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached at t	he			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue C	ode.)			
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing be			11a	Х	1
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	5			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	Ī
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	Х	1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					1
•	in Schedule O how this was done			12c	х	
3	Did the organization have a written whistleblower policy?			13	Х	-
4	Did the organization have a written document retention and destruction policy?			14	X	-
5	Did the process for determining compensation of the following persons include a review and appro			17		-
5			pendent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			150	х	l
	The organization's CEO, Executive Director, or top management official			15a	X	-
D	Other officers or key employees of the organization			15b	- 23	-
•	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang			10		1
	taxable entity during the year?			16a		-
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	janization's	5			1
	exempt status with respect to such arrangements?			16b		_
	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MM					_
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T	(Section 501(c)(3)s only	/) avai	il
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website I Upon request Other (expla					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of	interest policy, ar	ıd finaı	ncial	
	statements available to the public during the tax year.					
		ooks and	records 🕨			
20	State the name, address, and telephone number of the person who possesses the organization's t	JUUKS and	·			1
20	RAQUEL BACA-TOMPSON - 505-820-1696					_
:0						-

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.

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

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

hours per veek (list any hours for related organizations below line) box. unsep person is often organizations in the organizations in the organizat	(A) Name and title	(B) Average hours per	(do	not c	(C Pos heck	C) itior	ן than	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
(1) ANDREW P OTTO 40.00 X 60,075. 0. 0. EXECUTIVE DIRECTOR 4.00 X X 60,075. 0. 0. (2) STEVEN HAMP 4.00 X X 0. 0. 0. 0. PRESIDENT X X 0. 0. 0. 0. 0. VICE PRESIDENT X X X 0. 0. 0. 0. (4) LORETTA VALENCIA 4.00 X X 0. 0. 0. 0. (5) LINDSAY ARCHULETA 4.00 X X 0. 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. 0. (6) ANTHONY RICKETTS 2.00 X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X X 0. <td< td=""><td></td><td>week (list any hours for related organizations below line)</td><td>offi</td><td>cer ar</td><td>nd a d</td><td>lirecto</td><td>or/trus</td><td>tee)</td><td>from the organization</td><td>from related organizations</td><td>other compensation from the organization and related</td></td<>		week (list any hours for related organizations below line)	offi	cer ar	nd a d	lirecto	or/trus	tee)	from the organization	from related organizations	other compensation from the organization and related
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(8) ELIZABETH LEE 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (9) FRED SCHOTT 2.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (10) PETER IVES 2.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (11) PILAR LAW 2.00 Image: constraint of the second se		2.00	v						0	٥	0
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(9) FRED SCHOTT 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (10) PETER IVES 2.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (11) PILAR LAW 2.00 0 0 0. 0. 0. 0.			x						0.	0.	0.
(10) PETER IVES 2.00 X 0.	(9) FRED SCHOTT	2.00									
DIRECTOR X O. O. <t< td=""><td>DIRECTOR</td><td></td><td>x</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>Ο.</td><td>0.</td></t<>	DIRECTOR		x						0.	Ο.	0.
(11) PILAR LAW 2.00	(10) PETER IVES	2.00									
			х						0.	0.	0.
DIRECTOR X 0. 0. 0. 0. 0.		2.00								0	0
	DIRECTOR		X						0.	0.	0.
			-		-	-	$\left \right $	$\left - \right $			
			1								

032007 12-23-20

Form **990** (2020)

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	990 (2	2020)	SANTA	FE	WATERSI	IEI		1SS	500		Υ	ION	86-0	996	109	Pa	age 8
Par	t VII	Section A. Officers	, Directors	s, Trust	tees, Key Em	ploy	vees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
		(A) Name and title	•		(B) Average hours per week (list any	box offi	not cl , unle: cer an	ss per	ition more rson i	than is bot	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organization	on d Is	am comj	(F) timate nount o other pensa	of tion
					hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	orga and	om the anizati d relate anizatio	ion ed
	0.11											60,075.		0.			0.
		otal from continuation										00,075.		0.			0.
		(add lines 1b and 1										60,075.		0.			0.
2		number of individua ensation from the or		-	ot limited to th	nose	liste	ed at	oove	e) wł	וס r	eceived more than \$100),000 of reportab	le			0
			0													Yes	No
3	line 1a	a? If "Yes," complete	e Schedule	J for si	uch individual							ghest compensated emp	•		3		x
4		ny individual listed o elated organizations				r						her compensation from for such individual	the organization		4		х
5		• •							-			ted organization or indiv			_		x
Sec		Independent Cont		,	piete Schedui	eJī	or si	icn į	bers	son .					5		
1	Comp	blete this table for yo	our five high									that received more than		npens	ation f	rom	
	the or	ganization. Report o		on for t A)	ne calendar y	ear	endi	ng w	/ith (or w	Ithii	n the organization's tax (B)	year.		(C	;)	
		Na	me and bus		address	N	ONE	2			_	Description of s	services	С	omper		า
											_						
2						iot li	mite	d to			stec	d above) who received n	nore than				
	\$100,	000 of compensatio	n from the o	organiz	ation 🕨)					Form \$	990 (2	2020)

032008 12-23-20

Form 990 (20)20)	SANTA F	7
Part VIII	Statemen	t of Revenue	è

SANTA FE WATERSHED ASSOCIATION

		Check if Schedule O contains a response or note to any lin	
			(A) (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under
			sections 512 - 514
nts nts	1 a	Federated campaigns 1a	
Contributions, Gifts, Grants and Other Similar Amounts	t		
Ğ, G	c		
ar /	c	Related organizations 11	
s, 0	e		
Sion		All other contributions, gifts, grants, and	
ihei		similar amounts not included above 1f 130,337 .	
İd	ç		
and		Total. Add lines 1a-1f	235,377.
-		Business Code	
e,	2 8		
, Zie	_ t		
Program Service Revenue	Ċ		
am	Ċ		
2 B C C C C	e		
Pre		All other program service revenue	
		Total. Add lines 2a-2f	
	3	Investment income (including dividends, interest, and	
	-	other similar amounts)	2. 2.
	4	Income from investment of tax-exempt bond proceeds	
	5	Royalties	
	-	(i) Real (ii) Personal	
	6 a	Gross rents 6a	
	ł		
		Net rental income or (loss)	
		Gross amount from sales of (ii) Securities (ii) Other	
		assets other than inventory 7a	
		Less: cost or other basis	
e		and sales expenses 7b	
ther Revenue		Gain or (loss) 7c	
Rev		Net gain or (loss)	
er		Gross income from fundraising events (not	
Gth	0.	including \$ of	
•		contributions reported on line 1c). See	
		Part IV, line 18 8a 4 , 0 4 6 .	
	ł	Less: direct expenses 8b 3,630.	
		Net income or (loss) from fundraising events	416. 416.
		Gross income from gaming activities. See	
		Part IV, line 19 9a	
		Less: direct expenses 9b	
		Net income or (loss) from gaming activities	
		Gross sales of inventory, less returns	
		and allowances 10a	
	ł	Less: cost of goods sold 10b	
		Net income or (loss) from sales of inventory	
		Business Code	
Miscellaneous Revenue	11 a		
nue			
ells eve			
S, B,		All other revenue	
Σ		Total. Add lines 11a-11d	
	12	Total revenue. See instructions	235,795. 0. 0. 418.
03200			Form 990 (2020)

10

Part IX Statement of Functional Expenses

SANTA FE WATERSHED ASSOCIATION

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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,	60,075.	15,019.	27,034.	18,022
e	trustees, and key employees	00,075.	13,019.	27,034.	10,022
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	personal described in section $40E0(a)(2)(D)$				
7		58,957.	48,731.	10,226.	
7 8	Other salaries and wages Pension plan accruals and contributions (include			10,220.	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,425.	5,048.	2,950.	1,427
11	Fees for services (nonemployees):	5,1201	570101		
a	Management				
b	Legal				
c	Accounting	3,828.		3,828.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
•	column (A) amount, list line 11g expenses on Sch 0.)	43,168.	41,868.	1,300.	
12	Advertising and promotion	5,426.		5,426.	
13	Office expenses	866.		866.	
14	Information technology	1,617.		1,617.	
15	Royalties				
16	Occupancy	12,000.		12,000.	
17	Travel	151.		151.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	793.		793.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,778.		2,778.	
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)				
а	amount, list line 24e expenses on Schedule O.)	3,218.		3,218.	
a b	PROGRAM SUPPLIES/EXPENS	2,639.	2,639.	5,210.	
u o	PROFESSIONAL DEVELOPMEN	783.	2,055.	783.	
с Ч	DUES/FEES/LICENSES	143.	35.	108.	
u e	All other expenses	180.		180.	
е 25	Total functional expenses. Add lines 1 through 24e	206,047.	113,340.	73,258.	19,449
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)				

032010 12-23-20

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11 2020.04011 SANTA FE WATERSHED ASSOCIAT SFWA6101

Form **990** (2020)

11050826 149394 SFWA6109

Inventories for sale or use Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 7,478. basis. Complete Part VI of Schedule D _____ 10a 7,478, 0. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 10,300. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 1,946. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 1,946. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 8,354. 27 27 Net assets without donor restrictions Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

SANTA FE WATERSHED ASSOCIATION

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

Cash - non-interest-bearing

Savings and temporary cash investments Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

Notes and loans receivable, net

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

9,995.

305.

1

2

3

4

5

6

7

8

31

32

33

8,354.

10,300.

(A)

Beginning of year

(B)

End of year

40,578.

645

Ο.

41,223.

3,121.

3,121.

38,102.

38,102.

41,223.

Form **990** (2020)

Form 990 (2020)

1

2

3 4

6

7 8

Assets

_iabilities

Net Assets or Fund Balances

31

32

33

Part X Balance Sheet

Form	990 (2020) SANTA FE WATERSHED ASSOCIATION	86-099	6109	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23	5,7	95.
2	Total expenses (must equal Part IX, column (A), line 25)	2	200	6,0	47.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	9,7	48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			54.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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,				
10	column (B))	10	3	8.1	02.
Pa	t XII Financial Statements and Reporting			- / -	
	Check if Schedule O contains a response or note to any line in this Part XII				
			I	Yes	No
1	Accounting method used to prepare the Form 990: 🚺 Cash 🗌 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		. <u>Za</u>		
	separate basis, consolidated basis, or both:	JUITA			
	Separate basis, consolidated basis, or born.				
h	Were the organization's financial statements audited by an independent accountant?		2b		x
U	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		. 20		
		e Dasis,			
	consolidated basis, or both:				
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	o oudit			
C	review, or compilation of its financial statements and selection of an independent accountant?		2c		
			. 20		
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ligie Audit	2.	l	x
h.	Act and OMB Circular A-133?		. 3 a		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		26		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b	000	(2020)
			Form	990((2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

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.

2020
Open to Public Inspection

OMB No. 1545-0047

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Nan	ne or i	ne organization תוא גיס		QUED ACCOCTA	TON				6-0996109	
Da	rt I	Reason for Public		SHED ASSOCIA		hia nart) C	oo instruction		0-0990109	
								IS.		
	organ	ization is not a private found		•		•				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .								
2		A school described in sect								
3		A hospital or a cooperative								
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit describ	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organization that norma	Illy receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	e or	
		university:								
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributic	ons, members	hip fees, ar	nd gross receipts from	
		activities related to its exen	• • • •		7			-	-	
		income and unrelated busir								
		See section 509(a)(2). (Cor		(······································	5	,,	
11		An organization organized a	. ,	ively to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	•					arry out the	purposes of one or	
		more publicly supported or						-		
		lines 12a through 12d that	-							
а		Type I. A supporting orga							aivina	
a		the supported organization								
					a majonty i				upporting	
L.		organization. You must o						va(a) kvika	, ile e	
b		Type II. A supporting org								
		control or management o			ame perso	ons that co	ontrol or mana	ige the sup	ported	
		organization(s). You mus								
С		☐ Type III functionally inte						lly integrate	ed with,	
		its supported organizatio								
d		☐ Type III non-functionally								
		that is not functionally int		c ,	•		•	d an attenti	veness	
		requirement (see instruct		•	-	-				
е		Check this box if the orga					а Туре I, Туре	II, Type III		
		functionally integrated, or								
f	Ente	er the number of supported of	organizations							
g		vide the following information				ninghing lists d				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ing document?	(v) Amount of	-	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)	
						1				
Tota	al									
-		Paperwork Reduction Act N	Notice, see the Instr	uctions for Form 990 o	r 990-EZ.	032021 01-	25-21 Scheo	dule A (For	m 990 or 990-EZ) 2020	

Schedule A (Form 990 or 990-EZ) 2020 SANTA FE WATERSHED ASSOCIATION

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.)

See	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.")						
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 \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th		rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	. —
<u> </u>	organization, check this box and stor			<u></u>			▶∟⊥
-	ction C. Computation of Publ						
	Public support percentage for 2020 (I		•			14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the c						
	stop here. The organization qualifies						
	33 1/3% support test - 2019. If the c						
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-			•	47	
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
10	organization meets the facts-and-circle		-	-			
18	Private foundation. If the organizatio	TI UIU HOL CHECK A	DUX OF HINE 13, 16	a, 100, 17a, 0f 17		and see instruction edule A (Form 990	

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Schedule A (Form 990 or 990 EZ) 2020 SANTA FE WATERSHED ASSOCIATION 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.)

Section A. Public Support						
Calendar 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.")	298,686.	228,602.	150,893.	235,283.	213,277.	1,126,741.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to					*	
or expended on its behalf			-			
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	298,686.	228,602.	150,893.	235,283.	213,277.	1,126,741.
7a Amounts included on lines 1, 2, and		- /			- /	
3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						1,126,741.
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	298,686.	228,602.	150,893.	235,283.	213,277.	1,126,741.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18.	14.	16.	3.	2.	53.
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	18.	14.	16.	3.	2.	53.
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V())	1,988.	1,818.	1,361.	6,054.	416.	11,637.
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)	300,692.	230,434.	152,270.	241,340.	213,695.	1,138,431.
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3) organizati	on,
check this box and stop here	~ · · · · · · · · · · · · · · · · · · ·			·		
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2020 (ine 8, column (f), c	livided by line 13,	column (f))		15	98.97 %
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	98.72 %
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	.00 %
18 Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	33 1/3%, and line 1	
more than 33 1/3% , check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	ation	► X
b 33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3% , che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	>
032023 01-25-21				Sch	edule A (Form 990	or 990-EZ) 2020
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Schedule A (Form 990 or 990-EZ) 2020 SANTA FE WATERSHED ASSOCIATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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, Ioan, 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.)

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Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 SANTA FE WATERSHED ASSOCIATION

Part IV Supporting Organizations (continued)

No

No Yes

			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		
с	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 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? <i>If "No," describe in</i> Part VI <i>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 support of the organization and the power state of the organization and the power officers and the power officers and the organization and the power officers a</i>		
	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	N
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	ction D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

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Schedule A (Form 990 or 990-EZ) 2020 SANTA FE WATERSHED ASSOCIATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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):	4		
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-functionally		ated Type III supporting org	nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 SANTA FE WATERSHED ASSOCIATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continu	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
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				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	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.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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							E SALES			INCOME.	
	ONDIAL	DING				1110101					
										7	
						77					

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

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

2020

Employer identification number

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	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							

SANTA FE WATERSHED ASSOCIATION

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

86-0996109

SANTA FE WATERSHED ASSOCIATION

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
1	CITY OF SANTA FE 200 LINCOLN AVE. PO BOX 909 SANTA FE, NM 87504-0909	\$67,940.	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
2	SANTA FE COUNTY 100 CATRON STREET SANTA FE, NM 87501	\$15,000.	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
3	LINEBERRY FOUNDATION 50 SOUTH LA SALLE STREET CHICAGO, IL 60603	\$ <u>25,000.</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
4	SANTA FE COMMUNITY FOUNDATION 501 HALONA STREET SANTA FE, NM 87505	\$7,000.	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
5	LIBERTY RANCH/SFCF DONOR ADVISED FUND 501 HALONA STREET SANTA FE, NM 87505	\$ <u>15,000.</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
6	BC RIMBEAUX, CARLIE LINES 9 CAMINO PEQUENO SANTA FE, NM 87501	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-2	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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

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Part I

Employer identification number

86-0996109

SANTA FE WATERSHED ASSOCIATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CASTAGNOLA FAMILY FUND/SFCF DONOR ADVISED FUND		Person X
	501 HALONA STREET	\$5,000.	Payroll Noncash
	SANTA FE, NM 87505		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
002450.11.2		\$	Person Payroll Payroll Payroll Payroll Payroll Part II for noncash contributions.)
023452 11-2	24	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

Name of organization

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Employer identification number

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SANTA FE WATERSHED ASSOCIATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(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
		\$	
(a) No. irom 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
		\$	
(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
- =		 _s	

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Name of or	rganization			Employer identification number
SANTA	FE WATERSHED ASSOCIAT	ION		86-0996109
Part III	Exclusively religious, charitable, etc., contrib from any one contributor. Complete columns completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	utions to organizations described in se (a) through (e) and the following line entries, charitable, etc., contributions of \$1,000 or li	ry For organizations	that total more than \$1,000 for the year
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I				
-		(e) Transfer of gift		
				afavar ta transfora a
-	Transferee's name, address,			nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I				
-		(e) Transfer of gift		
-	Transferee's name, address,			insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
F		(e) Transfer of gift		
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	Insferor to transferee
023454 11-25	5-20	26	Schedule	B (Form 990, 990-EZ, or 990-PF) (2020

SCHEDULE D

(Form 990)

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.



Department of the Treasury Internal Revenue Service Name of the organization

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SANTA FE WATERSHED ASSOCIATION

Employer identification number 86-0996109

Par			ds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(t	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 v	-		
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
Der				
Par), Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (for example, recrea			rically important land area
	Protection of natural habitat		of a certif	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	m of a co I	
	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements		r	2b
	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired a			
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by t	ne organ	lization during the tax
	year			
4	Number of states where property subject to conservation eas		_	
5	Does the organization have a written policy regarding the per			
~	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing co	onservatio	on easements during the year
-	Amount of our energian model in months in the state of the second s			
7	Amount of expenses incurred in monitoring, inspecting, hand \$	ling of violations, and enforcing conser	vation ea	sements during the year
8	Does each conservation easement reported on line 2(d) abov	a actisfy the requirements of eaction 1	70/h)///P	
0				
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati			
5	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.	iote to the organization's infancial state		lat describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or	Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
-1a	If the organization elected, as permitted under FASB ASC 95	8. not to report in its revenue statemen	t and bal	ance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in	furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finar			·
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	···· · · · · · · · · · · · · · · · · ·			
2	If the organization received or held works of art, historical treater			
	the following amounts required to be reported under FASB A			-
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020
	12-01-20			-
		27		

Sche	dule D (Form 990) 2020 SANTA F	E WATERSHE	D ASSOC	IATION		86-	-099610)9 Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historic	al Treasures,	or Othe	er Similar A	ssets(con	tinued)
3	Using the organization's acquisition, access	ion, and other record	ds, check any	of the following th	at make s	significant use	of its	
	collection items (check all that apply):							
а	Public exhibition	c		or exchange prog				
b	Scholarly research	e	• U Other					
с	Preservation for future generations							
4	Provide a description of the organization's c						n Part XIII.	
5	During the year, did the organization solicit of		,	,				
Des	to be sold to raise funds rather than to be m						Yes	No No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the orgai	nization answered	I "Yes" on	1 Form 990, Pa	rt IV, line 9,	or
12	Is the organization an agent, trustee, custod		diany for contri	butions or other a	esots not	included		
Ia							Yes	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						103	
D		and complete the re	nowing table.				Amou	nt
c	Beginning balance					1c	7 41100	
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIII							
Par	t V Endowment Funds. Complete	if the organization ar	nswered "Yes"	on Form 990, Pa	rt IV, line	10.		
		(a) Current year	(b) Prior ye	ear (c) Two ye	ars back	(d) Three years	back (e) Fo	ur years back
1a	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs			/				
	Administrative expenses							
-	End of year balance							
2	Provide the estimated percentage of the cur	rent year end baland		umn (a)) neid as:				
	Board designated or quasi-endowment	%	_%					
b	Permanent endowment Term endowment	<u></u> %						
C	Term endowment ► The percentages on lines 2a, 2b, and 2c sho							
39	Are there endowment funds not in the posse		ation that are	held and administ	tered for t	he organizatio	n	
ou	by:	solon of the organiz				ine organization		Yes No
	(i) Unrelated organizations						3a(i	
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sched	ule R?			3b	
4	Describe in Part XIII the intended uses of the						·····	
Par	t VI Land, Buildings, and Equipn	hent.						
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line	11a. See Form 99	0, Part X,	, line 10.		
	Description of property	(a) Cost or o basis (investi	-) Cost or other basis (other)		ccumulated preciation	(d) Bo	ok value
1a	Land							
	Buildings							
	Leasehold improvements							
d	Equipment			7,478.	·	7,478.	•	0.
	Other							A
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B)	, line 10c.)		►		0.

Schedule D (Form 990) 2020

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-) Description of accurity or actagons		11b. See Form 990, Part X, line 12.	al af
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			,
(2)	+		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	' on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(5)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9)			
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	>	
(6) (7) (8) (9) Part X Other Liabilities.			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (c) Dependent of line line			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			5. (b) Book value
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (c) Dependent of line line			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			

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 ...

Schedule D (Form 990) 2020

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Sche	edule D (Form 990) 2020 SANTA FE WATERSHED ASSOCIA	FION		86-	0996109 _{Pa}
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per R	leturi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			

5	Total	revenue. Add lines 3 a	nd 4c. (<i>This m</i> u	ist equal Form 99	0, Part I, line	12.)			5	
Pa	rt XII	Reconciliation of	of Expenses	per Audited	Financial	Statements	With Expens	es per	Retu	rn

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information.

c Add lines 4a and 4b

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

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age **4**

4c

Schedule D (Form 990) 2020 SANT.	A FE	WATERSHED	ASSOCIATIO
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

OMB No 1545-0047 Open to Public Inspection

SANTA FE WATERSHED ASSOCIATION

Employer identification number 86-0996109

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND ITS WATERSHED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HELD VIA REMOTE VIDEO.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

YEAR TO COMPARE DATA WITH THE WATER QUALITY FURTHER DOWNSTREAM. THE

FIELD TRIPS MIRROR THE CURRICULUM TAUGHT DURING THE SCHOOL YEAR. FOR

MANY, IT IS THEIR FIRST EXPERIENCE WITH THE RIVER. THROUGHOUT 2020,

DUE TO THE COVID PANDEMIC, ALL CLASSES AND DEMONSTRATIONS WERE HELD VIA

REMOTE VIDEO.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS INITIATED AND SPONSORED BY SFWA: SANTA FE

DEMONSTRATION-RAIN GARDENS, ADMINISTRATION OF HEALTHY SOILS GRANT, AND

ASSIST START-UP IN THE CITY OF SANTA FE TREE SMART CAMPAIGN.

EXPENSES \$ 33,663. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

REVIEW IS DONE BY THE PRESIDENT, TREASURER, AND EXECUTIVE DIRECTOR. Α

PRELIMINARY 990 IS ALSO AVAILABLE TO THE FULL BOARD FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO SUBMIT A COMPLETED CONFLICT OF INTEREST

DISCLOSURE FORM ANNUALLY.

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 31

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^{2020.04011} SANTA FE WATERSHED ASSOCIAT SFWA6101

FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD UNDERTAKES AN EXTENSIVE REVIEW OF COMPARABLE EXECUTIVE DIRECTOR
COMPENSATION DATA FOR "WATERSHED" ORGANIZATIONS ACROSS THE COUNTRY. THIS
PROCESS IS DELIBERATED AND DOCUMENTED.
FORM 990, PART VI, SECTION C, LINE 18:
THE ANNUAL TAX RETURN IS POSTED ON THE ORGANIZATION'S WEBSITE AND THAT OF
THE NM AG. IT IS ALSO AVAILABLE FOR REVIEW UPON REQUEST TO THE EXECUTIVE
DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19:
OTHER ORGANIZATION GOVERNING DOCUMENTS ARE AVAILABLE UPON SUBMITTING A
REQUEST TO THE EXECUTIVE DIRECTOR.
FORM 990, PART IX, LINE 11G, OTHER FEES:
GENERAL ADMIN NEWSLETTER: MARTHA PEALE:
PROGRAM SERVICE EXPENSES 0.
MANAGEMENT AND GENERAL EXPENSES 1,300.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 1,300.
ADOPT GENERAL: SW URBAN HYDROLOGY LLC:
PROGRAM SERVICE EXPENSES 7,450.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 7,450.

SANTA FE WATERSHED ASSOCIATION

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Employer identification number 86-0996109

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Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization SANTA FE WATERSHED ASSOCIATION	Page Employer identification numbe 86-0996109
OUTREACH EDUCATION: SW URBAN HYDROLOGY LLC:	
PROGRAM SERVICE EXPENSES	7,450
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	7,450
OUTREACH EDUCATION: RIVERSOURCE INC:	
PROGRAM SERVICE EXPENSES	11,951
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	11,951
RAIN GARDENS GENERAL: RIVERSOURCE INC:	
PROGRAM SERVICE EXPENSES	13,997
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	13,997
ADULT OUTREACH: ESHA CHIOCCIO:	
PROGRAM SERVICE EXPENSES	1,020
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	1,020
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	43,168
032212 11-20-20	Schedule O (Form 990 or 990-EZ) 202

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