Public Vis	ual Render	ObjectId: 202	23431893493128	884 - Submi	ssion: 20	23-11	-14	TI	IN: 85-6011831
000	Re	turn of Ora	anization Ex	kempt Fr	om Inc	ome	Tax	(OMB No. 1545-0047
990		-		-				Hone)	2022
								lions)	2022
ant of the Treesury									Open to Public
Revenue Service									Inspection
r the 2022 c	alendar year, o	or tax year beginn	ing 01-01-2022 ,	and ending 1	2-31-2022		-		
k if applicable:							D Employ	er identif	ication number
Address change SANTA FE PLAYHOUSE Name change							85-601	1831	
al return	Doing business	as							
Final return/terminated Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Teleph					E Telephon	e number			
			l is not delivered to stree	et address) Roor	n/suite				
incution perioding	City or town, st	tate or province, count	ry, and ZIP or foreign po	ostal code			(303) 5	00 4202	
SANTA FE NM 87501					G Gross re	ceipts \$ 49	93,430		
			officer:		H(a)	Is this	a group re	turn for	
	142 E DE VAR	GAS ST							🗌 Yes 🗹 No
		87501			Н(b)	includ	ed?	tes	🗆 Yes 🕞 No
exempt status:	✓ 501(c)(3)	□ 501(c) () ◀ (ir	isert no.) 🗌 4947(a	a)(1) or 🗌 52			•		
bsite: 🕨 🖤	/W.SANTAFEPLA	YHOUSE.ORG			п(с)	Group	exemption	number	•
					L Year	of forma	tion: 1962	M State	of legal domicile:
or organization:		U Trust U Associ	ation 🕛 Other 🕨					NM	-
AS A COR	NERSTONE IN IT	IS THEATRICAL AND	O ARTISITIC COMMU	NITIES, SANTA					
					LOUGE TO	EXAMI	NE, UPLIFT,	CHALLEN	NGE, AND HEAL
				LING.					
2 Check thi	s box 🕨 🗌								
3 Number of	of voting membe	5 5	body (Part VI, line 1	la)				3	12
3 Number of4 Number of	of voting members of independent v	voting members of t	he governing body (la) Part VI, line 1b)		· · ·		4	12
3 Number of4 Number of5 Total num	of voting member of independent v nber of individua	voting members of t als employed in cale	he governing body (ndar year 2021 (Par	la) Part VI, line 1b) t V, line 2a) .				4 5	12 7
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THROUGH TH	P90 Return of Org Under section 501(c), 527, or 49 > Do not enter socia > Go to www.irs.gov ent of the Treasury ent of the Treasury where on the Treasury ent of the Treasury ent of the Treasury ent of the Treasury ent of the Treasury for the 2022 calendar year, or tax year beginn C Name of organization SANTA FE PLAYHOUSE ent change al return return/terminated ended return return/terminated Number and street (or P.O. box if main 142 E DE VARGAS ST City or town, state or province, count SANTA FE, NM 87501 exempt status: ✓ 501(c)(3) S01(c)(1) for organization: ✓ 501(c)(3) S01(c) () for organization: ✓ 501(c)(3) S01(c) () for organization: ✓ 501(c)(3) S01(c) () for organization: ✓ Corporation Trust	P900 Return of Organization Example venue Service Under section 501(c), 527, or 4947(a)(1) of the Intration Do not enter social security numbers of Do not enter social security numbers of Go to www.irs.gov/Form990 for instance Intervenue Service Go to www.irs.gov/Form990 for instance Intervenue Service Name of organization SANTA FE PLAYHOUSE Doing business as Intervenue Service Number and street (or P.O. box if mail is not delivered to street Intervenue Service Doing business as Intervenue Service Number and street (or P.O. box if mail is not delivered to street Intervenue Service Doing business as Intervenue Service City or town, state or province, country, and ZIP or foreign present status: Image: Solicity of the Service Solicity of Service Intervenue Service Solicity of Service Image: Service Solicity of Serv	P90 Return of Organization Exempt From Sevent	And the Treasury levenue Service Return of Organization Exempt From Inc. Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (excele Do not enter social security numbers on this form as it may be mean of the Treasury levenue Service Do not enter social security numbers on this form as it may be mean of the Internal Revenue Code (exceled a code (ex	P90 Return of Organization Exempt From Income Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priv > Do not enter social security numbers on this form as it may be made pu > Go to www.irs.gov/Form990 for instructions and the latest information rt the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022 c if applicable: reschange a return Doing business as Number and street (or P.O. box if mail is not delivered to street address) Number and street (or P.O. box if mail is not delivered to street address) Room/suite City or town, state or province, country, and ZIP or foreign postal code SANTA FE, NM 87501 F rexempt status: Sol1c)(3) 501(c) () < (insert no.)	P90 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundar > Do not enter social security numbers on this form as it may be made public. > Go to www.irs.gav/Form990 for instructions and the latest information. into the Treasury Inter the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022 (if applicable: ress change al return return/terminated inded return itaction pending Inter and street (or P.O. box if mail is not delivered to street address) SANTA FE PLAYHOUSE Doing business as Number and street (or P.O. box if mail is not delivered to street address) SANTA FE, NM 87501 F Name and address of principal officer: COLIN HOVDE 142 E DE VARGAS ST SANTA FE, NM 87501 exempt status: Image: Solic() Solic() (insert no.) Image: Solic() Solic() Image: Solic() Solic() Image: Solic() Solic() Solic() Solic() Image: Solic() </td <td>P90 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. evenue Service r the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022 c if applicable: ress change a return a return C Name of organization SANTA FE PLAYHOUSE Doing business as Pumber and street (or R.O. box if mail is not delivered to street address) Room/suite 142 E DE VARGAS ST City or town, state or province, country, and ZIP or foreign postal code SANTA FE, NM 87501 exempt status: Solic() () < (insert no.)</td> exempt status: Solic() () < (insert no.)	P90 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. evenue Service r the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022 c if applicable: ress change a return a return C Name of organization SANTA FE PLAYHOUSE Doing business as Pumber and street (or R.O. box if mail is not delivered to street address) Room/suite 142 E DE VARGAS ST City or town, state or province, country, and ZIP or foreign postal code SANTA FE, NM 87501 exempt status: Solic() () < (insert no.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my

knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Sic	inature of officer			2023-11-14 Date	
Sign Here						
	LIX	IN BUNKLEY DIRECTOR be or print name and title				
Paic	4	Print/Type preparer's name	Preparer's signature	Date 2023-11-14	Check if PTIN Self-employed	724188
	barer	Firm's name 🕨 STEWART MARTIN DU	DLEY & WEBB PC	I	Firm's EIN > 75-229	0093
Use Only		Firm's address Þ P O BOX 669			Phone no. (806) 374-	-7576
		AMARILLO, TX 79105	0669			
May t	he IRS disc	uss this return with the preparer show	wn above? (see instructions)			🗹 Yes 🗌 No
For P	aperwork	Reduction Act Notice, see the sep	parate instructions.	Cat. I	No. 11282Y	Form 990 (2021)
			Page 2			
	990 (2021)	atement of Program Service A	acomplichmente			Page 2
Par		eck if Schedule O contains a response	-	ш		
1		cribe the organization's mission:	or note to any line in this Part			
THRO	UGH THESE	ONE IN ITS THEATRICAL AND ARTISI E INTERACTIONS, THE PLAYHOUSE EI MANCE AND STORYTELLING.	TIC COMMUNITIES, SANTA FE P NGAGES IN DIALOUGE TO EXAM	Layhouse connec Iine, uplift, chali	CTS THE ARTIST WI LENGE, AND HEAL T	TH THE AUDIENCE. THROUGH THE VISCERAL
2	Did the or	ganization undertake any significant p	program convices during the year	r which wore not lis	stad on	
2		orm 990 or 990-EZ?				🗌 Yes 🗹 No
	•	escribe these new services on Schedu	ile O.			
3	Did the or	ganization cease conducting, or make	significant changes in how it co	onducts, any progra	m	
	services?					🗌 Yes 🛛 No
_	If "Yes," de	escribe these changes on Schedule O				
4	Section 50	he organization's program service acc 1(c)(3) and 501(c)(4) organizations Je, if any, for each program service r	are required to report the amou			
4a	(Code:) (Expenses \$	509,743 including grants of \$) (Revenue \$	185,548)
	INVESTING EXPANSION PROGRAM PIECE WAS EXPLORED F PLAYWRIGH LESSER. SH LOCATIONS KATORI HAL WAS DIREC WILLIE REA PEICES WEF PSALMAYEN FOR A TOUR DIRECTING	EASON WAS SANTA FE PLAYHOUSES 100TH IN THE RETURN TO LIVE PERFORMANCE AF AND SAW A SEASON OF SIX SHOWS PROI THE SEASON OPENED WITH THE EFFECT B' DIRECTED BY ARTISTIC DIRECTOR ROBYN "AMILY TRAUMA AND UPPER-CLASS ANXIET T BRANDEN JACOBS-JENKINS.THIS FRESH ORTLY AFTER THE CENTENNIAL PRODUCTI ACROSS TOWN. THIS CENTENIAL PRODUCTI ACROSS TOWN. THIS CENTENIAL PRODUCTI LE. THIS WAS A WHIMSICAL HOLIDY SHOV RE PRESENTED OVER 2022. MAROONED: A E 24. IN OCTOBER THROUGH A CO-PRODU R AT LOCAL RESTAURANTS AND BARS. IN 2 CLASSES AND INTENSIVES AS WELL AS A ICE OF MIDSUMMER NIGHTS DREAM.	TER THE PAUSE CAUSED BY THE GLO DUCED, HOSTED FOUR GUEST PRESE (BRITISH PLAYWRIGHT LUCY PREBB RIKOON. THE NEXT SHOW WAS EDW Y DIRECTED BY L. ZANE JONES. THI ADAPTATION OF THE 15TH CENTURY ON OF THE SANTA FE MELODRAMA O TION OF THE MELODRAMA WAS DIR ST NIGHT ON EATH AT THE LORRAIN ONCLUDED WITH A YEAR WITH FROM V THAT FOLLOWS TWO GREAT FRIEN SPACE COMEDY BY ALEX AND OLMS'S CTION WITH RHINOLEAP PRODUCTIO 022 THE EDUCATIONAL PROGRAM PL	DBAL PANDEMIC. THIS NTATIONS, AND LAUNI LE, EXPLORING A LOVI VARD ALBEES PULITZE S WAS FOLLOWED BY ' MORALITY PLAY EVER PENED AT THE SANTA ECTED BY ELIOT FISHE IE HOTEL AND HIS SUG G AND TOAD WITH MU DS; FROG AND TAOD. IED, DRIVING AROUNIC IED, DRIVING AROUNIC NS AN ILIAD BY LISA AYHOUSE STUDIO WA	CENTENNIAL YEAR WA CHED PLAYHOUSE STUI E FORMED DURING A C R PRIZE WINNING A D EVERYBODY FROM MAC LYMAN WAS DIRECTED FE PLAYHOUSE AND TC R & ANDREW PRIMM. I CCESS, FAILURES, AND ISIC BY ROBERT REALE IN JULY THROUGH THE D BY AMRITA DHALIWA PETERSON AND DENIS S LAUNCHED WITH RE	AS A YEAR OF GROWTH AND DIO AN EDUCATIONAL CLINICAL DRUG TRIAL THIS ELICATE BALANCE WHICH CARTHER GENIUS BY ROBYN RIKOON & ZOE DURED TO MULTIPLE NEXT THE MOUNTAINTOP BY THE LEGACY HE LEFT. THIS AND BOOK AND LYRICS BY E SKELETAL SERIES THREE L, AND DEAR MAPEL BY S OHARE WAS PRESENTED GULAR ACTING AND
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

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4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 509,743			
		F	orm 99	0 (2021)
	Page 3			
Form	990 (2021)			Page 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🗐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> , Part I 3 .	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🐒	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 10	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🔞	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🗐	11b		No
	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 "Yes," complete Schedule D, Part VIII</i> 20	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e		No
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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🕲	12a		No
	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 ¹	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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			No

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foreign organization? If "Yes," complete Schedule F, Parts II and IV . . .

16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	

18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,
	lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Form 990 (2021)

Form 990 (2021)

Page **4**

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No

No

No

No

No

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20a

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Yes

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
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? <i>If "Yes," complete Schedule L</i> , Part I	25a		No
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		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the 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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			110
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete	28b		No
C	Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No

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b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a86Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	orm 99	0 (2021)
		I	0111 99	• (2021)
	Page 5			
Form	990 (2021)			Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			- 3
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and	1		
	Tax Statements, filed for the calendar year ending with or within the year covered by 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? If "Yes," enter the name of the foreign country:	4a		No
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Nie
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		NO
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c 6a		No
b	solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were			
7	not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a		
Ь	provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
d	Form 8282? . <th.< td=""><td>7c</td><td></td><td></td></th.<>	7c		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?]		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
**	Section Sort(C)(12) Organizations, Lince.	1		1

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а	Gross income from members or shareholders		11a				
b	Gross income from other sources. (Do not net amounts due or pa against amounts due or received from them.)		11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the org	anization filing Form 9	90 in l	ieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accr	ued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance iss	uers.	P				
а	Is the organization licensed to issue qualified health plans in more Note. See the instructions for additional information the organiza		hedule	• • • • • • •	13a		
b	Enter the amount of reserves the organization is required to main which the organization is licensed to issue qualified health plans		13b				
с	Enter the amount of reserves on hand \ldots		13c				
14a	Did the organization receive any payments for indoor tanning service	vices during the tax year	ar? .		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No,"	' provide an explanatio	n in Sc	hedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) parachute payment(s) during the year?		000 in •	remuneration or excess	15		No
16	Is the organization an educational institution subject to the sectio If "Yes," complete Form 4720, Schedule O.	n 4968 excise tax on n	iet inve	estment income?	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualifithat would result in the imposition of an excise tax under section If "Yes," complete Form 6069.			engage in any activities	17		
					F	orm 99	0 (2021)
		Page 6					
Form	990 (2021)						Page 6
Par	rt VI Governance, Management, and Disclosure. For each "Y lines 8a, 8b, or 10b below, describe the circumstances, pro				lo" resp	oonse to	
	Check if Schedule O contains a response or note to any line	in this Part VI	• •				<
Se	ection A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the	•	1a	12			
	If there are material differences in voting rights among members body, or if the governing body delegated broad authority to an ex similar committee, explain in Schedule O.						

b	Enter the number of voting members included in line 1a, above, who are independent	4.
		10

2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or 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 990 was filed? $\ .$	4	Yes
_		I	

5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	e.)	
	Yes	No
LOa Did the organization have local chapters, branches, or affiliates? 10a		No

b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to

https://projects.propublica.org/nonprofits/organizations/856011831/202343189349312884/full

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No No

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	conflicts?		· ·	•		• •			•	12b	Yes	
с	Did the organization regularly and consist Schedule O how this was done								escribe on	12c	Yes	
13	Did the organization have a written whist	eblower policy?								13	Yes	
14	Did the organization have a written docur	nent retention a	nd dest	ructio	n polio	:y? .				14	Yes	
15	Did the process for determining compensions, comparability data, and contemp								dependent			
а	The organization's CEO, Executive Directo	r, or top manage	ement o	officia	ι.		•			15a	Yes	
b	Other officers or key employees of the or	ganization .			•					15b		No
	If "Yes" to line 15a or 15b, describe the p	rocess on Sched	ule O. S	See in	structi	ons.						
16a	Did the organization invest in, contribute taxable entity during the year?								with a	16a		No
b	If "Yes," did the organization follow a writ in joint venture arrangements under appl status with respect to such arrangements	icable federal tax	k law, a	ind ta	ke ste	os to s	afegu	ard the organization		16b		
Se	ction C. Disclosure											
17	List the states with which a copy of this F	·				NM						
18	Section 6104 requires an organization to $501(c)(3)s$ only) available for public inspe											
19	Own website Another's website Describe in Schedule O whether (and if so policy, and financial statements available	, how) the orga	nizatior	n mad	e its g			,	f interest			
20	State the name, address, and telephone in COLIN HOVDE 142 E DE VARGAS ST	number of the pe SANTA FE, NM 8					orgar	ization's books and	l records:			
		SANTATE, NH 0	/ 501 (5	,05) 5	/00 42	02					Form 99	0 (2021)
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	990 (2021)	Nivestave Two		Kai		lava		lighast Commo	anted Env	Java		Page 7
Form Part	VII Compensation of Officers, I		stees	, Key	/ Emp	loye	es, H	lighest Comper	nsated Emp	oloye	es,	Page 7
	Compensation of Officers, and Independent Contracto	ors		-	-	-	-		-	-	-	Page 7
Parl	Compensation of Officers, I and Independent Contractor Check if Schedule O contains a res	ors ponse or note to	o any lii	ne in f	this Pa	rt VII		<u></u>		-	-	Page 7
Part	Compensation of Officers, I and Independent Contractor Check if Schedule O contains a res ction A. Officers, Directors, Trustor	ors ponse or note to ees, Key Emp	o any lii Ioyee	ne in f s, ar	this Pa nd Hig	rt VII ghest	: Con	npensated Emp	loyees			
Part Sec 1a Co year.	Compensation of Officers, I and Independent Contractor Check if Schedule O contains a res ction A. Officers, Directors, Trustor mplete this table for all persons required to	ponse or note to cees, Key Emp to be listed. Repo	o any lin loyee ort com	ne in f s, ar ipensa	this Pa Id Hig ation fo	rt VII Jhest or the	Con	npensated Emp dar year ending wi	loyees	ne orga		
Part Sec 1a Co year.	Compensation of Officers, I and Independent Contractor Check if Schedule O contains a res ction A. Officers, Directors, Trustor	ponse or note to cees, Key Emp to be listed. Reports, directors, true	o any lin loyee ort com	ne in t s, ar pensa wheth	this Pa Id Hig ation fo er indi	irt VII ghest or the vidual	Con	npensated Emp dar year ending wi	loyees	ne orga		
Part Sec 1a Co year. • L of con	Compensation of Officers, I and Independent Contractor Check if Schedule O contains a res ction A. Officers, Directors, Trustor mplete this table for all persons required to ist all of the organization's current office	pors ponse or note to ces, Key Emp to be listed. Reports, directors, true and (F) if no con	o any lin loyee ort com stees (\ mpensa	ne in t s, ar pensa wheth tion v	this Pa Id Hig ation fo er indi vas pa	rt VII ghest or the vidual id.	calen s or o	npensated Emp dar year ending wi rganizations), rega	loyees th or within th rdless of amo	ne orga		
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(6) EDWARD SRSIC	1.00									
DIRECTOR		Х						0	0	
(7) SAGE MORRIS-GREENE DIRECTOR	1.00	х						0	0	(
(8) GERARD MARTINEZ Y VALENCIA DIRECTOR	1.00	х						0	0	(
(9) TOM MORRIS DIRECTOR	1.00	х						0	0	
(10) LOVELESS JOHNSON DIRECTOR	1.00	х						0	0	
(11) SUSAN CHANDLER DIRECTOR	1.00	х						0	0	
(12) JAMES JOHNSON DIRECTOR	1.00	х						0	0	
(13) COLIN HOVDE EXECUTIVE DI	40.00			х				69,485	0	
(14) ROBYN RIKOON ARTISTIC DIR	40.00			x				58,078	0	1,93

Form 990 (2021)

Page **8**

Form 990 (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

•			-	-			-	•	• • •	,
(A) Name and title	(B) Average hours per week (list any hours	agePosition (do not check mores perthan one box, unless person(listis both an officer and a					son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	2/1099- MISC/1099-NEC)	organization and related organizations

3/17/24, 6:38 PM		Santa Fe	Playhou	ıse - F	ull Fili	ng- Nonpi	ofit Explorer -	ProPublica			
			_	+							
1b Sub-Total					•						
c Total from continuation she	ets to Part VII, Sect	ion A.									
d Total (add lines 1b and 1c)						wa a a iu ca d	127,563	100.000			1,931
2 Total number of individuals (of reportable compensation f			listed a	above	e) who	received	more than \$.	100,000			
										Yes	No
3 Did the organization list any line 1a? <i>If "Yes," complete Set</i>						r highest	-	d employee on			
								• • •	3		No
4 For any individual listed on li organization and related organization	ne 1a, is the sum of anizations greater the	an \$150,000	mpens ? If "Ye	sation es," co	and o omplet	e Schedu	pensation fro le J for such	m the			
individual			• •	•	• •	• •			4		No
5 Did any person listed on line		•									
services rendered to the orga	•	mplete Schei	aule J i	or su	cn per	son .			5		No
Section B. Independent Co 1 Complete this table for your		ated indeper	ndent c	ontra	ctors t	hat recei	ved more tha	n \$100 000 of co	mnens	ation	
from the organization. Repor	t compensation for t							on's tax year.	mpene		
	(A) Name and business a	ddress					Des	(B) cription of services		(C Comper	
2 Total number of independent co		but not limite	ed to tl	nose	listed a	above) w	ho received m	ore than \$100,0	00 of		
compensation from the organiz	ation 🕨									Form 99	0 (2021)
											- (-)
			- Pag	e 9							
Form 990 (2021)											Page 9
Part VIII Statement of Re	evenue										_
Check if Schedule O	contains a response	or note to an	ny line			VIII .			<u></u>		
			То	(A tal re) venue	F	(B) Related or	(C) Unrelated		(D Rever	
							exempt function	business revenue	ta	excludeo ax under	
the develop opposing							revenue			512 -	514
studie derated campaigns mbership dues	1a										
Be mbership dues .	16										
r ar											
ndraising events	1c										
86,855											
ated organizations	1d										
vernment grants (contributions)	1.1.										
86,855 lated organizations vernment grants (contributions) 21,829	1e										
f All other contributions, gifts, grants and similar amounts not included											
above	<u>1f</u>										
143,848	1										
g Noncash contributions included in lines 1a - 1f:\$	1g										
	L										
1											

h 1	ot	t al. Add lines 1a-1f					▶ 252,53	2		
	-					E	Business Code			
	2a	TICKET SALES					71111	165,984	165,984	
							711110	J		
Nenu)	TUITION					711110	13,105	13,105	
Service Revenue	:	THEATER RENTALS					711110	5,493	5,493	
ervi	1	OTHER				F		966	966	
8	-									
Program	•									
Å						⊢				
	f	All other program s	ervi	ce revenue.						
	g	Total. Add lines 2	a-2f		•		185,54	8		
		Investment income			nds, in	nteres	st, and other	6,902		6,902
		imilar amounts)			•	بما مر	• • • • • • • • • • • • • • • • • • •	0,902		0,902
		Income from investi Royalties	nent		וסב זקר	na pr	roceeds	 		
	5		<u> </u>	(i) Rea	•••		(ii) Personal			
		I						-		
		Gross rents	6a					_		
	b	Less: rental expenses	6b							
1	С	Rental income or (loss)	6c							
	d	Net rental income		loss)		· ·	•	4		
				(i) Securi			(ii) Other			
	7a	Gross amount					()	-		
		from sales of assets other than inventory	7a							
	b	Less: cost or other basis and sales expenses	7b							
	с	Gain or (loss)	7c							
	d	Net gain or (loss)					· · •	1		
	с J	Gross income from fu	ndrais							
ň		(not including \$ contributions reported	on li	86,855 of						
ve		See Part IV, line 18		• • •	8a		22,995			
æ	b	Less: direct expens	ses		8b		41,217			
er	С	Net income or (los	s) fro	om fundraisir	ng eve	ents	•	-18,222		-18,222
Other Revenu										
٢	-	Gross income from g See Part IV, line 19	jamir -	ng activities.						
	h				9a			-		
		Less: direct expense Net income or (loss			9b			J		
	Ū		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	an gannig a				1		
1	0a	Gross sales of inve	ntor	y, less						
		returns and allowa	nces	• •	10a					
	b	Less: cost of goods	s solo	d	10b					
	С	Net income or (los	-		nvento	-		1		
		Miscellaneo	us R	evenue		Βι	usiness Code	25.452	25.452	
	11	a MISCELLANEOUS					900099	9 25,453	25,453	
								ļ		ļ
	b)								
	С				T					
	d	All other revenue	•							

e Total. Add lines 11a-11d	25,453		
12 Total revenue. See instructions	452,213	211,001	-11,320

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------ Page 10 -

Form 990 (2021)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns	All other organizatio	ns must complete coli	Imn (A)
		_	-	
Check if Schedule O contains a response or note to an Do not include amounts reported on lines 6b, 7b, 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			5	
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	127,563	65,057	52,301	10,205
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	58,499	30,108	24,185	4,206
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	11,639	5,486	5,186	967
10 Payroll taxes	15,119	8,010	5,977	1,132
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	37,904		37,904	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,915		2,915	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	42,830	34,936	5,500	2,394
13 Office expenses	9,642	8,278	60	1,304
14 Information technology				
15 Royalties				
16 Occupancy	64,026	53,830	9,459	737
17 Travel	15,885	14,960	88	837
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,406	7,206	4,254	946
23 Insurance	5,037	2,893	2,092	52
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRODUCTION COSTS	251,884	247,775	3,293	816
b LICENSES AND FEES	18,274	16,176	1,073	1,025
c BANK CHARGES	15,281	6,324	8,473	484

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	~	8		
d SMALL TOOLS AND EQUIPMENT	7,455	5,268	840	1,347
e All other expenses	9,139	3,436	5,078	625
25 Total functional expenses. Add lines 1 through 24e	705,498	509,743	168,678	27,077
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				

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_____ Page 11 _____

Ра	irt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX $\$.			🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	56,879	1	51,12
	2	Savings and temporary cash investments	2,001	2	2,002
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	72,826	4	46,46
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	
ŝ	7	Notes and loans receivable, net		7	
ssets	8	Inventories for sale or use		8	
SS	9	Prepaid expenses and deferred charges	210	9	7,523
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 551,385			
	b	Less: accumulated depreciation 10b 222,579	326,530	10c	328,806
	11	Investments—publicly traded securities .	690,553	11	429,402
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,148,999	16	865,324
	17	Accounts payable and accrued expenses	12,666	17	21,473
	18	Grants payable		18	
	19	Deferred revenue		19	2,03
	20	Tax-exempt bond liabilities		20	
s	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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	
Ť	23	Secured mortgages and notes payable to unrelated third parties		23	94,81
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	12,666	26	118,323
S		Organizations that follow FASB ASC 958, check here F d and			
ance	27	complete lines 27, 28, 32, and 33. Net assets without donor restrictions	1,098,863	27	730,894
Ba	28	Net assets with donor restrictions	37,470	28	16,10
Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here > and	-		,
or I	29	complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
ts	30	Paid-in or capital surplus, or land, building or equipment fund		30	
100					

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¥ 32	Total net assets or fund balances	•	•	•	•	•	•	•		1,136,333	32	747,001
Ž 33	Total liabilities and net assets/fund balances	•	•	•	•		•	•	•	1,148,999	33	865,324
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Form 990 (2021)

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	Page 12				
Form	990 (2021)				Page 12
Pa	t XI Reconcilliation of Net Assets				. age
	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			452,213
2	Total expenses (must equal Part IX, column (A), line 25)	2			705,498
3	Revenue less expenses. Subtract line 2 from line 1	3			-253,285
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4			,136,333
5	Net unrealized gains (losses) on investments	5			-136,047
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			747.004
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			747,001
Pa	Tt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		•	· ·	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash 🗹 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:	on a			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	✓ Separate basis Consolidated basis ■ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	3b		
				orm 99	0 (2021)

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Additional Data

Software ID: Software Version:

Form 990, Special Condition Description:

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Return to Form

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SC	HED	ULE A		Public (Charity Statu	s and Pul	olic Supp	ort	OMB No. 1545-0047		
(Forr	n 990))	Con		rganization is a sect	ization is a section 501(c)(3) organization or a section 202					
		he Treasury			4947(a)(1) nonexe Attach to Form						
Interna	Revenu	e Service		Go to <u>www.irs</u>	<u>.gov/Form990</u> for in	nstructions and	I the latest info	ormation.	Open to Public Inspection		
		ne organiza AYHOUSE	tion					Employer identif			
SANTA		ATHOUSE						85-6011831			
	rt I				us (All organization it is: (For lines 1 thro			See instructions.			
1					sociation of churches	5 ,	, ,	(A)(i).			
2	\square	A school de	escribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)				
3		A hospital	or a cooperat	ive hospital serv	vice organization desci	ribed in section	170(b)(1)(A)(iii).			
4		A medical I	research orga	nization operate	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii).	Enter the hospital's		
		<u>name, city,</u>	and state:								
5				d for the benefi mplete Part II.)	t of a college or univer	rsity owned or op	perated by a gov	ernmental unit desc	ibed in section		
6				, ,	governmental unit de	scribed in sectio	on 170(b)(1)(A	(v).			
7						s support from a	governmental u	nit or from the gene	ral public described in		
8	\square			(vi). (Complete ribed in sectior	• Part II.) • 170(b)(1)(A)(vi). •	(Complete Part I	I.)				
9		An agricult	ural research	organization de	escribed in 170(b)(1)	(A)(ix) operate	d in conjunction	with a land-grant co	llege or university or a		
10		5	5	5	ee instructions. Enter (1) more than $33_{1/3}$ %			5 ,			
10	\cup	from activit	ties related to	o its exempt fun	ctions-subject to cert	tain exceptions,	and (2) no more	than 33 1/3% of its	support from gross		
					ess taxable income (le mplete Part III.)	ess section 511 t	ax) from busines	sses acquired by the	organization after June		
11		An organiz	ation organiz	ed and operated	l exclusively to test for	r public safety. S	ee section 509	(a)(4).			
12		more publi	cly supported	l organizations o		09(a)(1) or se	ction 509(a)(2). See section 509(he purposes of one or (a)(3). Check the box		
а		organizatio	on(s) the pow		appoint or elect a majo				y giving the supported anization. You must		
b		Type II. A manageme	supporting c ent of the sup	organization sup	ervised or controlled in ation vested in the san			5 ()/ /	2		
с		Type III f supported	unctionally organization(integrated. A s s) (see instruct	supporting organizatio ons). You must com	plete Part IV, S	Sections A, D, a	nd E.	,		
d		functionally	y integrated.	The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	fy a distribution	requirement and		nization(s) that is not quirement (see		
e f		integrated,	or Type III r	on-functionally	ved a written determir integrated supporting	organization.			II functionally		
f g			••					· · · · · · · · ·			
		lame of supp	ported	(ii) EIN	(iii) Type of	(iv) Is the org	anization listed	(v) Amount of	(vi) Amount of		
		organizatio	n		organization (described on lines 1- 10 above (see instructions))	in your govern	ing document?	monetary support (see instructions)	other support (see instructions)		
						Yes	No				
Tota	I								-		
		work Reduc or 990-EZ.	tion Act Not	tice, see the Iı	nstructions for	Cat. No. 11285	ōF	Schedul	e A (Form 990) 2022		
					Pa	ge 2					
						-					
Sche	dule A	(Form 990)	2022						Page 2		
Pa	rt II	(Compl	ete only if y	ou checked th		or 8 of Part I of	or if the organi	zation failed to qu	(1)(A)(vi) alify under Part III.		
Se	ction	If the o		Talled to qual	ify under the tests l	isteu below, pl	ease complete	rari III.)			
	ndar			I	Γ		r	ſ			

	/24, 6:38 PM	S	anta Fe Playhouse -	Full Filing- Nonpro	fit Explorer - ProPul	olica	
	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	183,826	89,113	107,635	290,879	252,532	923,985
2	include any "unusual grant.") Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	183,826	89,113	107,635	290,879	252,532	923,985
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						20,620
	supported organization) included on						39,620
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						884,365
_	line 4. Section B. Total Support						
Ca	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	r fiscal year beginning in)	183,826	89,113	107,635	290,879	252,532	923,985
7 8	Amounts from line 4 Gross income from interest,	103,020	69,113	107,655	290,879	252,532	923,905
	dividends, payments received on	4,929	19,327	11,392	100,320	6,902	142,870
	securities loans, rents, royalties and income from similar sources.				,	, i	
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.).					22,995	22,995
11	Total support. Add lines 7 through						1,089,850
	10 Gross receipts from related activities, e	to (coo instructio	20)				
12						12	268,263
13	First 5 years. If the Form 990 is for the	5					ization, check
	this box and stop here					🗖 🗆	<u> </u>
	Public support percentage for 2022 (lir			(f)			01 150 0/
	Public support percentage for 2022 (in Public support percentage for 2020 Scl					14	81.150 %
15	a 33 1/3% support test—2022. If the					15	84.350 %
16	and stop here. The organization quali						
	33 1/3% support test-2021. If the						
-	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			🕨 🗆
17	a 10%-facts-and-circumstances test	-2022. If the org	anization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	and if the organization meets the "fact						_
	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes						
Ľ	more, and if the organization meets t	he "facts-and-circu	umstances" test, c	heck this box and	stop here. Expla	in in Part VI how t	he organization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		🕨 🗆
18	Private foundation. If the organization	on did not check a	box on line 13, 10	6a, 16b, 17a, or 1	7b, check this box	and see	
	instructions						🕨 🗆
						Schedule A (F	orm 990) 2022
			Page 3				
Sch	edule A (Form 990) 2022						Page 3
	Part III Support Schedule for					ط احم من ما آه د سمط	an Dant II If
	(Complete only if you				ganization falle	u to quality unu	
	(Complete only if you the organization fails				omplete Part II)	
	the organization fails				omplete Part II.)	
Ca	the organization fails Section A. Public Support Iendar year	to qualify under	the tests listed	below, please c		I	
Ca (o	the organization fails the organization fails the organization fails the section A. Public Support for the section of the sect				(d) 2021) (e) 2022	(f) Total
Ca	the organization fails	to qualify under	the tests listed	below, please c		I	
Ca (o 1	the organization fails	to qualify under	the tests listed	below, please c		I	
Ca (o	the organization fails the organization fails for the organization fails for the organizat	to qualify under	the tests listed	below, please c		I	
Ca (o 1	the organization fails f Section A. Public Support lendar year r fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in	to qualify under	the tests listed	below, please c		I	
Ca (o 1	the organization fails i Section A. Public Support lendar year r fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services	to qualify under	the tests listed	below, please c		I	
Ca (o 1	the organization fails i Section A. Public Support lendar year r fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	(a) 2018	the tests listed	below, please c		I	

Tax revenues levied for the organization's benefit and either paid

5/1//2	to or expended on its benair	54				l			
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons						_		
D	Amounts included on lines 2 and 3 received from other than disgualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
с	13 for the year. Add lines 7a and 7b.								
8	Public support. (Subtract line 7c								
	from line 6.)								
-	ction B. Total Support	1	1	1	I		-		
	ndar year fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
9	Amounts from line 6.								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
с	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or								-
	loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
	11, and 12.) First 5 years. If the Form 990 is for the form 10 is form 10 is for the form 10 is for 10 is form 10 is for 10	he organization's	first second thir	fourth or fifth t	ay year as a section	20,501(c)(3),07	Ianiza	tion ch	beck
14	-	-			-		-		_
- 50	this box and stop here						• • •		
15	Public support percentage for 2022 (lir	ne 8. column (f) d	ivided by line 13.	column (f))		15			<u> </u>
16	Public support percentage from 2021 S					16			
	ction D. Computation of Invest					10			
17	Investment income percentage for 202	22 (line 10c, colur	mn (f) divided by	line 13, column (f	f))	17			
18	Investment income percentage from 2	021 Schedule A,	Part III, line 17 .			18			
	33 1/3% support tests-2022. If the					-	ne 17	is not	
154	more than 33 1/3%, check this box and							_	
b	33 1/3% support tests—2021. If the	organization did	not check a box of	on line 14 or line 1	19a, and line 16 is	more than 33 1	/3% ar	nd line	18 is
	not more than 33 1/3%, check this box	and stop here. 1	The organization of	ualifies as a publi	icly supported orga	anization)		
20	Private foundation. If the organization	on did not check a	box on line 14. 1	9a. or 19b. check	this box and see	instructions			
						Schedule A	(Form	1 990)	2022
								5	
			Page 4						
Cohe	tulo A (Form 000) 2022								_
	dule A (Form 990) 2022	-						Р	age 4
Par	t IV Supporting Organization		f Davit T. Thurson also	aliad have 10a of	Daut I. aanamiata C	Continue A and F	T		ارمط
	(Complete only if you checked a box 12b, of Part I, complete Se								
	12d, of Part I, complete Section			-, ,	, ,	, , .			
Se	ction A. All Supporting Organiz	ations							
								Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the su			ted. If designated	by class or purpos	se,			
	describe the designation. If historic an	u conunuing relati	ionsnip, explain.				1		
2									
	Did the organization have any support								
	509(a)(1) or (2)? If "Yes," explain in F								
	509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).	Part VI how the o	rganization deteri	nined that the sup	oported organizatio	on was	2		
3a	509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported	Part VI how the o	rganization deteri	nined that the sup	oported organizatio	on was	2		
3a	509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).	Part VI how the o	rganization deteri	nined that the sup	oported organizatio	on was	2 3a		
3a b	 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each 	organization desc supported organi	rganization deterr cribed in section 5 zation qualified u	nined that the sup 01(c)(4), (5), or (nder section 501(0	pported organizatio (6)? If "Yes," answ c)(4), (5), or (6) a	on was ver lines 3b and nd satisfied			
	509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported <i>3c below</i> .	organization desc supported organi	rganization deterr cribed in section 5 zation qualified u	nined that the sup 01(c)(4), (5), or (nder section 501(0	pported organizatio (6)? If "Yes," answ c)(4), (5), or (6) a	on was ver lines 3b and nd satisfied			

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.

30

- **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).

amendment to the organizing document).	5a		
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?	5b		
Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7		
Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).			
	8		
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.	9a		
Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes " provide detail in Part VI			
	9b		
Did a disqualified person (as defined on 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.	9c		
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,"			
	10a		
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).	10h		
	 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 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? <i>If "Yes," provide detail in Part VI</i>. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990)</i>. Did 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))? <i>If "Yes," provide detail in Part VI</i>. Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI</i>. Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI</i>. 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)? <i>If "Yes," answer </i>	amendment to the organizing document? Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 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, or (iii) other supporting organizations 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 provide a grant, loan, compensation, or other similar payment to a substantial contributor (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). Did the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4958(c)(3)(C)) or (2))? If "Yes," 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," Did one or more disqualified person (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization sho an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined on line 9a) hold a controlling interest in, or derive any personal benefit from, assets in which the supporting organizat	amendment to the organizing document? Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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). 7 Did 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. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as

Schedule A (Form 990) 2022

4a

4b

4c

Page 5

Schedule A (Form 990) 2022

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
	V1.			

Section B. Type I Supporting Organizations

Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly
appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No,"
describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's
activities. If the organization had more than one supported organization, describe how the powers to appoint and/or
remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any
applied to such powers during the tax year.

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.

	Yes	No
1		
2		

Yes

No

Page 5

Section C. Type II Supporting Organizations

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).

Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	organization maintaineu a ciose anu 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

- L Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - **a** \square The organization satisfied the Activities Test. Complete **line 2** below.

 - c 🕥 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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 on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for
- 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.

3b Schedule A (Form 990) 2022

2b

3a

1

Schedule A (Form 990) 2022

Page 6

No

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section 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		
	Section 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):	1		
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		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			

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Santa Fe Playhouse - Full Filing- Nonprofit Explorer - ProPublica

		_	1 1	
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		
	Section C - Distributable Amount		Cur	rent Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat	ted Type III supporting organization ((see

Page 7

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organizations (co	ntinued)	Page
Section D - Distributions		organizations (00	incinaca)	Current Year
				current real
Amounts paid to supported organizations to accomplish	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	2			
Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)		5	
5 Other distributions (<i>describe in Part VI</i>). See instruction	ns		6	
7 Total annual distributions. Add lines 1 through 6.			7	
B Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (<i>provide</i>	8	
Distributable amount for 2022 from Section C, line 6			9	
0 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
L Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.				
B Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2022 distributable amount				
i Carryover from 2017 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
Distributions for 2022 from Section D, line 7:				
a Applied to underdistributions of prior years				

5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2.			
If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
		Sch	edule A (Form 990) (2022

Schedule A (Form 990) 2022

Page **8**

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

Facts And Circumstances Test

Explanation

Return Reference

Schedule A (Form 990) 2022

Return to Form

Additional Data

Software ID: Software Version:

efile Public Visual Ren	der Objectld: 202343189349312884 - Submission: 2023-11-14		TIN: 85-6011831				
Schedule B	Schedule of Contributors	Schedule of Contributors					
(Form 990) Department of the Treasury Internal Revenue Service	Form 990) Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Go to www.irs.gov/Form990 for the latest information.						
Name of the organization SANTA FE PLAYHOUSE		Employer id	entification number				
		85-6011831					
Organization type (che	eck one):						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a priva	te foundation					
	□ 527 political organization						
Form 990-PF	\Box 501(c)(3) exempt private foundation						
	☐ 4947(a)(1) nonexempt charitable trust treated as a private for	undation					
	501(c)(3) taxable private foundation						

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

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 other 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 33¹/₃% 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, II, and III.

Page 2

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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990) (2022)

Page 2

Name of organization

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
REGIMOTED			Payroll
		\$ RESTRICTED	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
			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
			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.)
			Schedule B (Form 990) (2022)

– Page 3 –

Schedule I	B (Form 990) (2022)		Page 3
Name of or	ganization 2LAYHOUSE	Employer identification	n number
5,447,4121		85-6011831	
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

3/17/24, 6:38	8 PM	Santa Fe Playhouse - Full Filing- Nor	nprofit Explo	rer - ProPublica	
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) instructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) instructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) instructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)		(d) Date received
-				\$	
					Schedule B (Form 990) (2022)
Schedule	B (Form 990) (2022)	Page 4			Page 4
Name of o	rganization			Employer iden	tification number
SANTA FE	PLAYHOUSE			85-6011831	
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional sp	tributor. Complete columns (a) ti e total of <i>exclusively</i> religious, c tructions.) ► \$	hrough (e)	and the following	line entry. For
(a) No. from Part I	(b) Purpose of gift (c) Use of gift			(d) Descrip	tion of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	Relationsh	ip of transferor to	transferee
		<u> </u>			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	tion of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee

(a) No from (b) Durness of sift https://projects.propublica.org/nonprofits/organizations/856011831/202343189349312884/full

3/17/24, 6:38 PM		Santa Fe	Santa Fe Playhouse - Full Filing- Nonprofit Explore			- ProPublica
Part I	(b) Fulpose of gift			(c) บริช บา ฐาน		(a) Description of now gift is new
. _		-			- :	
	Transferee's name, address, a	and ZIP 4	(6	e) Transfer of gift Relation	nship	of transferor to transferee
			_			
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift			(d) Description of how gift is held
	Transferee's name, address, a	and ZIP 4	(6	e) Transfer of gift Relation	nship	of transferor to transferee
			_			
						Schedule B (Form 990) (2022)

Additional Data

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Software ID: Software Version:

efi	e Public Visua	l Render	ObjectId: 2023431	89349312884 - Submission:	2023-11-	14	TIN: 85-6011831
SCI	HEDULE D		Sunnlemer	ntal Financial Stateme	nte		OMB No. 1545-0047
	m 990)		2022 Open to Public				
	ment of the Treasury	Inspection					
Na	me of the organ			1990 for instructions and the late			ification number
SAN	ITA FE PLAYHOUSE				85-	-6011831	
Pa	rt I Organi	zations Ma	intaining Donor Advi	sed Funds or Other Similar F			
				s" on Form 990, Part IV, line 6.			
	Tabalanan barat			(a) Donor advised funds		(b) Funds a	nd other accounts
1							
2 3	Aggregate value		ns to (during year)				
3 4		-	r				
5		•		rs in writing that the assets held in d	opor adviced	l fundo aro th	
6	organization's p Did the organiza	roperty, subje ation inform al	ct to the organization's ex Il grantees, donors, and do	clusive legal control?	 nds can be us	sed only for	🗆 Yes 🗌 No
							Yes 🗆 No
Ра		vation Eas					
				s" on Form 990, Part IV, line 7.			
1				nization (check all that apply).			
			public use (e.g., recreation	,		prically import	
	Protection	of natural hat	pitat		on of a certifi	ed historic str	ucture
	Preservation	on of open spa	ace				
2	Complete lines 2 easement on the			qualified conservation contribution ir	n the form of		
_		•			1.2-	Held at t	he End of the Year
a L					2a 2b		
b c	2			c structure included in (a)			
d		ervation easer	nents included in (c) acqu	ired after 7/25/06, and not on a histo			
3	Number of const tax year ►	ervation ease	ments modified, transferre	d, released, extinguished, or termina	ated by the o	rganization du	uring the
4	Number of state	es where prope	erty subject to conservation	on easement is located >			
5				he periodic monitoring, inspection, has s?	andling of vio	lations,	Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of violations, and enfo	orcing conser	vation easem	
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing	conservation	n easements o	during the year
8				above satisfy the requirements of se	()		Yes 🗌 No
9	balance sheet, a	and include, if		ervation easements in its revenue ar footnote to the organization's financ ts.			
Par				of Art, Historical Treasures,	or Other S	imilar Asse	ets.
1a	If the organizati historical treasu	on elected, as res, or other s	permitted under FASB AS similar assets held for pub	s" on Form 990, Part IV, line 8. GC 958, not to report in its revenue st lic exhibition, education, or research ents that describes these items.			
b	If the organizati historical treasu	on elected, as res, or other s	permitted under FASB AS similar assets held for pub	GC 958, to report in its revenue states lic exhibition, education, or research			
	following amoun Bevenue includ					• ¢	
							,
(i 2	-					· · · · · · · · · · · · · · · · · · ·	the
	following amoun	nts required to	be reported under FASB	ASC 958 relating to these items:			
a h						·	
b For l			Part X	ns for Form 990. (ule D (Form 990) 2021

	4, 6:38 I										
					— Page 2						
Scher	lule D ((Form 990) 2021									D 260 2
Part		Organizations M	aintaining Co	llections of <i>j</i>	Art <i>.</i> Histori	cal Tre	asures, o	r Other S	Similar As	ssets (cont	Page 2
3		the organization's acq	uisition, accessio								
а		(check all that apply):	:		d						
a	\cup	Public exhibition			u	υL	oan or exch	ange prog	rams		
b		Scholarly research			e		Other				
с	\square	Preservation for future	e concrations								
4		le a description of the	5	llections and ex	olain how the	v furthe	r the organi	zation's ex	empt purpo	se in	
•	Part X		organization 5 co				r the organi				
5		g the year, did the org s to be sold to raise fu								🗌 Yes	🗆 No
Par	t IV	Escrow and Cust Complete if the or line 21.			on Form 990	, Part I\	V, line 9, oi	r reported	l an amou	nt on Form	n 990, Part X,
1a	Is the	organization an agent	t, trustee, custod	ian or other int	ermediary for	contribu	itions or oth	er assets r	ot		
		ed on Form 990, Part								🗌 Yes	
b		s," explain the arrange		•					A	mount	
с с	5	ning balance						1c 1d			
d e		ons during the year .						10 1e			
f		putions during the yea g balance						16 1f			
	-	-								—	
2a		e organization include							•	-	U No
b		s," explain the arrange Endowment Fun		Спеск пеге іг	the explanati	on nas b	een provide	a in Part X		\cup	
0.01	ιv	Endowment Fun									
Pai		Complete if the or		wered "Yes" o	n Form 990	, Part I\	V, line 10.				
-	_	Complete if the or	ganization ans	wered "Yes" o		, Part I\ rior year		years back	(d) Three yea	ars back (e)	Four years back
1a	-	ing of year balance	ganization ans					years back	(d) Three yea	ars back (e)	Four years back
1a 1 b (Contrib	ing of year balance . utions	ganization ansu					years back	(d) Three yea	ars back (e)	Four years back
1a 6 b (c 1	Contribu Net inve	ing of year balance . utions estment earnings, gain	ganization answ					years back	(d) Three yea	ars back (e)	Four years back
1a 6 b (c 1 d (Contribu Net inve Grants o	ing of year balance . outions estment earnings, gain or scholarships	ganization answ					years back	(d) Three yea	ars back (e)	Four years back
1a 6 b (c 1 d (e (Contribu Net inve Grants o Other e	ing of year balance . utions estment earnings, gain	ganization answ					years back	(d) Three yes	ars back (e)	Four years back
1a 6 b (c 1 d (a	Contribu Net inve Grants o Other e and pro	ing of year balance . utions . estment earnings, gain or scholarships . expenditures for faciliti	ganization answers ns, and losses es					years back	(d) Three ye	ars back (e)	Four years back
1a 6 b (c 1 d (e (a f /	Contribu Net inve Grants o Other e and pro Adminis	ing of year balance . utions estment earnings, gain or scholarships expenditures for faciliti ograms	ganization answer 					years back	(d) Three ye	ars back (e)	Four years back
1a 6 b (c 1 d (e (a f /	Contribu Net inve Grants o Dther e and pro Adminis End of y Provid	ing of year balance . utions	ganization answers ns, and losses es 	(a) Current y	rear (b) P	rior year	(c) Two y		(d) Three yes	ars back (e)	Four years back
1a 6 b (c 6 e (a f / g 6 2	Contribu Net inve Grants o Other e and pro Adminis End of y Provid Board	ing of year balance . utions . estment earnings, gain or scholarships . expenditures for faciliti ograms . strative expenses . year balance . le the estimated perce	ganization answers ns, and losses es 	(a) Current y	rear (b) P	rior year	(c) Two y		(d) Three ye	ars back (e)	Four years back
1a 6 c 7 d 0 e 0 a f 7 g 6 2 a	Contribu Net inve Grants o Dther e and pro Adminis End of y Provid Board Perma	ing of year balance . utions . estment earnings, gain or scholarships . expenditures for faciliti ograms . strative expenses . year balance . de the estimated perce designated or quasi-e anent endowment	ganization answers ns, and losses es 	(a) Current y	rear (b) P	rior year	(c) Two y		(d) Three ye	ars back (e)	Four years back
1a { b (c f d (a f) g { 2 a b c	Contribu Net inve Grants o Other e and pro Adminis End of y Provid Board Perma Term e The pe	ing of year balance utions estment earnings, gain or scholarships expenditures for faciliti ograms strative expenses year balance de the estimated perce designated or quasi-e anent endowment endowment ercentages on lines 2a	ganization answer s, and losses es intage of the currendowment and owment and a construction of the currendowment and a construction of the currendowment a construction of the curre	(a) Current y	alance (line 10	g, columi	(c) Two y	35:		ars back (e)	Four years back
1a 6 c 1 d 0 e 0 a f / g 6 2 a b	Contribu Net inve Grants o Other e and pro Adminis End of y Provid Board Perma Term e The pe Are th	ing of year balance utions estment earnings, gain or scholarships expenditures for faciliti ograms strative expenses . year balance . de the estimated perce designated or quasi-e anent endowment	ganization answer s, and losses es intage of the currendowment and owment and a construction of the currendowment and a construction of the currendowment a construction of the curre	(a) Current y	alance (line 10	g, columi	(c) Two y	35:		ars back (e)	Four years back
1a { b (c f d (a f) g { 2 a b c	Contribu Net inve Grants o Other e and pro Adminis End of y Provid Board Perma Term e The pe Are th organi	ing of year balance utions	ganization answer s, and losses es es es entage of the currendowment ► 1, 2b, and 2c show not in the posses	(a) Current y	alance (line 10	g, columi	(c) Two y	35:		ars back (e)	Yes No
1a { b (c f d (a f) g { 2 a b c	Contribu Net inve Grants o Dther e and pro Adminis End of y Provid Board Perma Term e Are th organi (i) Un (ii) Re	ing of year balance . utions estment earnings, gain or scholarships expenditures for faciliti ograms strative expenses . year balance le the estimated percer designated or quasi-e anent endowment . endowment . endowment . endowment . encertages on lines 2a here endowment funds ization by: melated organizations elated organizations	ganization answers ns, and losses es es intage of the currendowment and owment part of the currendowment and owment part of the currendowment and owment and owment and owment and owment and owment and owment and owment and owment and owment and ownent and ownent	(a) Current y	ear (b) P	, column	(c) Two y	35:			Yes No
1a b (c d (d f / g 2 a b c 3a b	Contribu Net inve Grants of Other e and pro Adminis End of y Provid Board Perma Term e Are th organi (i) Un (ii) Re If "Yes	ing of year balance . utions . estment earnings, gain or scholarships . expenditures for faciliti ograms . year balance . de the estimated perced designated or quasi-e anent endowment endowment encentages on lines 2a here endowment funds ization by: melated organizations elated organizations s" on 3a(ii), are the re	ganization answers ns, and losses es es intage of the currendowment a, 2b, and 2c show not in the posses lated organization	(a) Current y	alance (line 10	g, columi ; are held	(c) Two y	35:			Yes No
1a b (c d (e (a f / g 2 a b c 3a 3a	Contribu Net inve Grants of Other e and pro Adminis End of y Provid Board Perma Term e Are th organi (i) Un (ii) Re If "Yes Descri	ing of year balance . utions . estment earnings, gain or scholarships . expenditures for faciliti ograms . strative expenses . year balance . de the estimated percee designated or quasi-e anent endowment . ercentages on lines 2a here endowment funds ization by: mrelated organizations elated organizations s" on 3a(ii), are the re ibe in Part XIII the inte	ganization answers ns, and losses es es ntage of the currendowment n, 2b, and 2c show not in the posses lated organization ended uses of the	(a) Current y	alance (line 10	g, columi ; are held	(c) Two y	35:		3a(i) 3a(ii)	Yes No
1a b (c d (e (a f / g 2 a b c 3a 3a	Contribu Net inve Grants of Other e and pro Adminis End of y Provid Board Perma Term e Are th organi (i) Un (ii) Re If "Yes	ing of year balance . utions . estment earnings, gain or scholarships . expenditures for faciliti ograms . strative expenses . year balance . de the estimated percee designated or quasi-e anent endowment . ercentages on lines 2a here endowment funds ization by: mrelated organizations elated organizations s" on 3a(ii), are the re ibe in Part XIII the intu Land, Buildings,	ganization answers ans, and losses es es antage of the currendowment and 2c shout not in the posses lated organization ended uses of the and Equipme	(a) Current y	ear (b) P	, column ; are held dule R? unds.	(c) Two y	as:	the	3a(i) 3a(ii) 3b	Yes No
1a 6 b 0 c 1 d 0 e 0 a f 2 a b c 3a b 4 Par	Contribu Net inve Grants of Other e and pro Adminis End of y Provid Board Perma Term e Are th organi (i) Un (ii) Re If "Yes Descri t VI	ing of year balance . utions . estment earnings, gain or scholarships . expenditures for faciliti ograms . strative expenses . year balance . de the estimated percee designated or quasi-e anent endowment . ercentages on lines 2a here endowment funds ization by: mrelated organizations elated organizations s" on 3a(ii), are the re ibe in Part XIII the inte	ganization answers ans, and losses es es antage of the currendowment and 2c shout not in the posses lated organization ended uses of the and Equipme	(a) Current y	ear (b) P	; are held dule R? unds.	(c) Two y	as:	the	3a(i) 3a(ii) 3b t X, line 1	Yes No
1a b (c d (e (d f) g 2 a b c 3a b 4 Par	Contribu Net inve Grants of Dther e and pro Adminis End of y Provid Board Perma Term e Are th organi (i) Un (ii) Re If "Yes Descrip Descrip	ing of year balance . utions . estment earnings, gain or scholarships . expenditures for faciliti ograms . strative expenses . year balance . de the estimated percee designated or quasi-e anent endowment . ercentages on lines 2a here endowment funds ization by: mrelated organizations elated organizations s" on 3a(ii), are the re ibe in Part XIII the intu Land, Buildings, Complete if the or	ganization answers ans, and losses es es es entage of the currendowment ► and 2c shown not in the posses lated organization ended uses of the and Equipme ganization answers (a) Cost or ot	(a) Current y	ear (b) P	, column , column dule R? unds. , Part IV basis (oth	(c) Two y	as:	the	3a(i) 3a(ii) 3b t X, line 1	Yes No
1a b (c d (e (a b c 3a b c 3a 4 Par	Contribu- Net investigation Grants of Duber e and pro Adminis End of y Provid Board Perma Term e Are th organi (i) Un (ii) Re If "Yes Descrip Descrip Land	ing of year balance . utions . estment earnings, gain or scholarships . expenditures for faciliti ograms . strative expenses . year balance . de the estimated percee designated or quasi-e anent endowment endowment ercentages on lines 2a here endowment funds ization by: melated organizations elated organizations s" on 3a(ii), are the re ibe in Part XIII the inter Land, Buildings, Complete if the or ption of property	ganization answers ans, and losses es es es entage of the currendowment ► and 2c shown not in the posses lated organization ended uses of the and Equipme ganization answers (a) Cost or ot	(a) Current y	ear (b) P	, column , column dule R? unds. , Part IV basis (oth	(c) Two y	as:	the	3a(i) 3a(ii) 3b t X, line 1	Yes No Image: Image of the second seco
1a b (c d (e (a f) g 2 a b c 3a 3a 4 Par	Contribu- Net investigation Grants of Duber e and pro Adminis End of y Provid Board Perma Term e Are th organi (i) Un (ii) Re If "Yes Descrip Descrip Land . Building	ing of year balance . autions estment earnings, gain or scholarships expenditures for faciliti ograms strative expenses . year balance de the estimated percee designated or quasi-e anent endowment . endowment . ercentages on lines 2a here endowment funds ization by: melated organizations elated organizations s" on 3a(ii), are the re ibe in Part XIII the intu Land, Buildings, Complete if the or ption of property	ganization answers ans, and losses es es es entage of the currendowment ► and 2c shown not in the posses lated organization ended uses of the and Equipme ganization answers (a) Cost or ot	(a) Current y	ear (b) P	g, columi care held dule R? unds. <u>Part IV</u> basis (oth 24,	(c) Two y	as:	the n 990, Par	3a(i) 3a(ii) 3b t X, line 1	Yes No Image: Image of the second seco
1a b (c d (e (a f / g 2 a b c 3a 3a b 4 Par	Contribu Net inve Grants of Dther e and pro Adminis End of y Provid Board Perma Term e Are th organi (i) Un (ii) Re If "Yes Descrip Land - Building Leaseho	ing of year balance . autions . estment earnings, gain or scholarships . expenditures for faciliti ograms . strative expenses . year balance . de the estimated percee designated or quasi-e anent endowment ercentages on lines 2a here endowment ↓ ercentages on lines 2a here endowment funds ization by: mrelated organizations elated organizations s" on 3a(ii), are the re ibe in Part XIII the inter Land, Buildings, Complete if the or ption of property	ganization answers ans, and losses es es es entage of the currendowment ► and 2c shown not in the posses lated organization ended uses of the and Equipme ganization answers (a) Cost or ot	(a) Current y	ear (b) P (b) P (c) (b) P (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	rior year rior year g, column g, column dule R? unds. <u>Part IV</u> basis (otr 24, 453,	(c) Two y	as:	the n 990, Par	3a(i) 3a(ii) 3b t X, line 1	Yes No Image: Image of the second seco
1a b (c d (e (a f / g 2 a b c 3a 3a 4 Par	Contribu- Net investigation Grants of Duber e and provide End of y Provide Board Perma Term e The pe Are the organi (i) Un (ii) Re If "Yes Descrip Land of Building Leaseho Equipmont	ing of year balance . autions . estment earnings, gain or scholarships . expenditures for faciliti ograms . strative expenses . year balance . de the estimated percee designated or quasi-e anent endowment . ercentages on lines 2a here endowment . ercentages on lines . ercentages on li	ganization answers ans, and losses es es es entage of the currendowment ► and 2c shown not in the posses lated organization ended uses of the and Equipme ganization answers (a) Cost or ot	(a) Current y	ear (b) P (b) P (c) (b) P (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	rior year rior year g, column g, column dule R? unds. <u>Part IV</u> basis (otr 24, 453,	(c) Two y	as:	the	3a(i) 3a(ii) 3b t X, line 1	Yes No 0. 24,200 299,790

Schedule D (Form 990) 2021

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV	line 11h See Foi	m 990 Part X	line 12
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of va t or end-of-year r	luation:
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (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 Fo	rm 990, Part X	, line 13.
(a) Description of investment		(b) Book value	(c) Meth	od of valuation: of-year market value
(1)				,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV, li	ine 11d. See Forr	n 990, Part X, lin	e 15.
(a) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	<u> </u>			
Part Y Other Liabilities				

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

(a) Description of liability

(b) Book value

Т

(1) Endoral income taxes

1.

		ļ
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	1

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

Schedule D (Form 990) 2021

	lule D (Form 990) 2021					Page 4
Pa	t XI Reconciliation of Revenue per Auc Complete if the organization answered			-	turn.	
1	Total revenue, gains, and other support per audited	I financial statements	•		1	363,320
2	Amounts included on line 1 but not on Form 990, P	art VIII, line 12:				
а	Net unrealized gains (losses) on investments .	2	2a	-136,047		
b	Donated services and use of facilities	2	2b	5,937		
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)	2	2d	41,217		
e	Add lines 2a through 2d	· · · · · · · · · · ·	•		2e	-88,893
	Subtract line 2e from line 1				3	452,213
	Amounts included on Form 990, Part VIII, line 12, I	out not on line 1 :				
а	Investment expenses not included on Form 990, Pa	rt VIII, line 7b . 4	ła			
b	Other (Describe in Part XIII.)	4	ŧb			
2	Add lines 4a and 4b				4c	
	Total revenue. Add lines 3 and 4c. (This must equa	l Form 990, Part I, line 12.) .			5	452,213
ar	t XII Reconciliation of Expenses per Au Complete if the organization answered	d 'Yes' on Form 990, Part IV	/, lin			
	Total expenses and losses per audited financial stat	ements	•		1	752,652
	Amounts included on line 1 but not on Form 990, P	art IX, line 25:	i			
9	Donated services and use of facilities	2	2a	5,937		
)	Prior year adjustments	2	2b			
:	Other losses		2c			
ł	Other (Describe in Part XIII.)	2	2d	41,217		
9	Add lines 2a through 2d		•		2e	47,154
	Subtract line 2e from line 1		·		3	705,498
	Amounts included on Form 990, Part IX, line 25, bu	it not on line 1:				
9	Investment expenses not included on Form 990, Pa	rt VIII, line 7b 4	la 🛛			
)	Other (Describe in Part XIII.)	4	4b			
:	Add lines 4a and 4b		•		4c	
	Total expenses. Add lines 3 and 4c. (This must equ	al Form 990, Part I, line 18.)			5	705,498
aı	t XIII Supplemental Information					
	ide the descriptions required for Part II, lines 3, 5, as 2d and 4b; and Part XII, lines 2d and 4b. Also com				/, line 4; Part	X, line 2; Part XI,
	Return Reference			Explanation		
HE	DULE D, PAGE 4, PART XI, LINE 2D	FUNDRAISING EXPENSES 41,2	217			
HE	DULE D, PAGE 4, PART XII, LINE 2D	FUNDRAISING EXPENSES 41,2	217			

Schedule D (Form 990) 2021

Additional Data

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Software ID: Software Version:

efile Public Visual R	ender	ObjectId: 202	234318	934931	2884 - Submission:	2023-1	1-14	TIN: 85-6011831
SCHEDULE G		Supple	ment	al Inf	ormation Rega	rdina		OMB No. 1545-0047
(Form 990)					Gaming Activi on Form 990, Part IV, lines	•		2022
	Co				on Form 990, Part IV, lines n \$15,000 on Form 990-EZ,), or if the	
Department of the Treasury Internal Revenue Service			► Atta	ch to Form	990 or Form 990-EZ.			Open to Public Inspection
Name of the organization			13.g0V/F0	111330101	instructions and the latest in	normation.	Employer ide	entification number
SANTA FE PLAYHOUSE							85-6011831	
Part I Fundraisin	g Activi	ties. Complete if	the orga	anizatior	answered "Yes" on F	orm 990,	Part IV, line 1	.7.
Form 990-E	Z filers a	re not required to	o compl	ete this	part.			
1 Indicate whether the	e organiza	tion raised funds th	rough an	iy of the f	ollowing activities. Check	all that ap	oply.	
a 🗌 Mail solicitations				(e 🗌 Solicitation of nor	n-governme	ent grants	
b Internet and ema	ail solicitat	tions			f 🗌 Solicitation of gov	vernment g	irants	
c Phone solicitation	IS			ļ	g 🗌 Special fundraisin	g events		
d 🗌 In-person solicita	itions							
					vidual (including officers			
					on with professional fund		U Y	es 🖸 No
b If "Yes," list the 10 h to be compensated a				idraisers)	pursuant to agreements	under whi	ch the fundraise	ir is
(i) Name and address of in	ndividual	(ii) Activity	(iii) Did	(iv) Gross receipts	(v) Am	iount paid to	(vi) Amount paid to
or entity (fundraise			fundrai	iser have ody or	from activity	(or re	etained by) iser listed in	(or retained by) organization
			cont	trol of			col. (i)	organization
			Yes	butions? No				
Total				.►				
3 List all states in which licensing.	the organ	ization is registered	l or licen	sed to sol	icit contributions or has	been notifi	ed it is exempt	from registration or
For Paperwork Reduction A	ct Notice, s	see the Instructions	for Form	990 or 99	0-EZ. Cat. No	. 50083H	S	chedule G (Form 990) 2022
				— Pa	age 2			
Schedule G (Form 990) 20								Page 2
					answered "Yes" on For gross income on Forr			
		er than \$5,000.		ss and	g. eeeeome on ron		,	

8/17/2	24, 6:38 PM	Santa Fe Playho	use - Full Filing- Nonprofit E	xplorer - ProPublica	
		(a)Event #1 FALL CENTENNIAL	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through col. (c))
Revenue		(event type)	(event type)	(total number)	
	1 Gross receipts	109,850			109,850
	2 Less: Contributions	86,855			86,855
	3 Gross income (line 1 minus line 2)				22,995
	4 Cash prizes				
~	5 Noncash prizes				
nses	6 Rent/facility costs				
Expenses	7 Food and beverages				
ŭ	8 Entertainment				
Direct	9 Other direct expenses	41,217			41,217
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		🕨	41,217
	11 Net income summary. Subtract line 10				-18,222
Pai	rt III Gaming. Complete if the organistic on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Re	1 Gross revenue				
Expenses	2 Cash prizes				
Å	3 Noncash prizes				
Direct	4 Rent/facility costs				
ā	5 Other direct expenses				
	6 Volunteer labor	☐ Yes%_ ☐ No	□ Yes% □ No	 ☐ Yes% ☐ No 	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)	🕨	
9 a	Enter the state(s) in which the organizati Is the organization licensed to conduct ga				🗌 Yes 🗌 No
b	If "No," explain:				

5		 	 		
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain:		🗌 Yes	No	
]

Schedule G (Form 990) 2022

Sche	dule G (Form 990) 2022							P	age 3
11	Does the organization conduct gamin	g activities with nonmembe	rs?				🗌 Yes		
12	Is the organization a grantor, benefic formed to administer charitable gami		a member of a partnership o	or other entity			□ Yes		
13	Indicate the percentage of gaming a	tivity conducted in:				1	1e3		
а	The organization's facility					13a			%
b	An outside facility				. [13b			%
14	Enter the name and address of the p	erson who prepares the orga	anization's gaming/special e	vents books a	ind rec	ords:			
	Name 🕨 🛛								
	Address 🕨								
15a	Does the organization have a contrac revenue?		om the organization receive				🗌 Yes		
b	If "Yes," enter the amount of gaming amount of gaming revenue retained			a	nd the				
с	If "Yes," enter name and address of t	he third party:							
	Name 🕨 🛛								
	Address 🕨								
16	Gaming manager information:								
	Gaming manager compensation \blacktriangleright \$								
	Description of services provided \blacktriangleright								
	Director/officer	Employee		t contractor					
17	Mandatory distributions:								
а	Is the organization required under st		5	g proceeds to					
	retain the state gaming license? .				·	· ·	🗌 Yes	🗌 No	
b	Enter the amount of distributions req			izations or sp	ent				
Day	in the organization's own exempt act rt IV Supplemental Informat			line 2h colu	impo	(iii) or		ad Dart	
rai	III, lines 9, 9b, 10b, 15b,								5.
	Return Reference		Explana	ation					
		- ·		S	chedul	e G (Fo	orm 990) 2	022	

Additional Data

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Software ID: Software Version:

efile Public	Visual Ren	der	ObjectId: 20	234318934	9312884 -	Submissi	on: 2023-	11-14		TIN: 85-6011831			
			upplemental 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 <u>www.irs.gov/Form990</u> for the latest information.							OMB No. 1545-0047			
Name of the organization SANTA FE PLAYHOUSE								Employer	identifi	cation number			
								85-601183	1				
Return Reference					Expl	anation							
FORM 990 - ORGANIZATIC MISSION	MWSTH THE	AUDIEN	ONE IN ITS THEA NCE. THROUGH ⁻ IGE, AND HEAL T	THESE INTER.	ACTIONS, TH	HE PLAYHO	USE ENGA	GES IN DIALO	DUGE T				
PAGE 2, PART III, LINE 4A WAS A VIBRANT Y CAUSED BY THE C SEASON OF SIX S AN EDUCATIONAL EXPLORING A LOY ROBYN RIKOON. EXPLORED FAMIL EVERYBODY FRO 15TH CENTURY M CENTENNIAL PRO MULTIPLE LOCAT FISHER & ANDREY NIGHT ON EATH A DIRECTED BY ZUI ROBERT REALE A GREAT FRIENDS; 2022. MAROONED			(EAR OF PROGR GLOBAL PANDEN SHOWS PRODUC L PROGRAM. THI VE FORMED DUIT THE NEXT SHOV LY TRAUMA AND DM MACARTHER MORALITY PLAY E DUCTION OF TH IONS ACROSS T W PRIMM. NEXT AT THE LORRAIN HAIRAH MCGILL AND BOOK AND L FROG AND TAOL FROG AND TAOL OC AND DENIS OHAI ROGRAM PLAYHO	AMMING INVE WIC. THIS CEN CED, HOSTED E SEASON OP RING A CLINIC V WAS EDWAF UPPER-CLASS GENIUS PLAY EVERYMAN W. E SANTA FE I OWN. THIS CE THE MOUNTA E HOTEL AND . THE SEASON .YRICS BY WIL D. IN JULY THE EDY BY ALEX CTOBER THRC RE WAS PRES OUSE STUDIO UMMER YOUT	ESTING IN TH NTENNIAL YE FOUR GUES PENED WITH CAL DRUG TF RD ALBEES F S ANXIETY L (WRIGHT BR (AS DIRECTE MELODRAM, ENTENIAL PF AINTOP BY K HIS SUCCE N CONCLUDI LLIE REALE. ROUGH THES AND OLMST OUGH A CO-1 SENTED FOR WAS LAUNO TH INTENSIV	HE RETURN AR WAS A TPRESEN THE EFFEC RIAL THIS P DULITZER P DIRECTED E ANDEN JAC ED BY ROBY A OPENED A RODUCTION ATORI HALL SS, FAILUR ED WITH A SKELETAL ED, DRIVING PRODUCTION A TOUR AT CHED WITH E FOCUSIN	TO LIVE PE YEAR OF GI TATIONS, AN TEY BRITH ECE WAS D RIZE WINNI Y L. ZANE COBS-JENK OBS-JENK	ERFORMANC ROWTH AND ND LAUNCHE SH PLAYWR DIRECTED B' ING A DELIC/ JONES. THIS INS.THIS FR INS.THIS FR & ZOE LESS ITA FE PLAYH ELODRAMA ' D MARTIN LL E LEGACY H FROG AND T AL HOLIDY SI REE PEICES BY AMRITA L HINOLEAP PE STAURANTS ACTING AND	CE AFTE EXPAN ED PLA' IGHT LL Y ATE BA WAS F ESH AD ER. SH' HOUSE WAS DI JTHER IE LEFT TOAD W HOW TH S WERE DHALIW RODUC AND B DIREC	ISION AND SAW A YHOUSE STUDIO JCY PREBBLE, STIC DIRECTOR LANCE WHICH OLLOWED BY APTATION OF THE ORTLY AFTER THE AND TOURED TO RECTED BY ELIOT KING JRS LAST THIS WAS /ITH MUSIC BY HAT FOLLOWS TWO PRESENTED OVER /AL, AND DEAR TIONS AN ILIAD BY ARS. IN 2022 THE STING CLASSES			
FORM 990, PAGE 6, PART VI, LINE 4	THE ORGA	NIZATIO	ON UPDATED IT	S BYLAWS									
FORM 990, PAGE 6, PART VI, LINE 11B	THE BOAR	D REVI	IEWS THE 990 AN	ND VOTES TO	APPROVE II	BEFORE I	T IS SUBMIT	TED TO THE	E IRS.				
FORM 990, PAGE 6, PART VI, LINE 12C	20, SECTION 4.E. BOARD MEMBERS ARE RESTRICTED FROM ACTING IN ANY WAY, WAY AS A CONFLICT OF INTEREST WITH THEIR DUTIES AS BOARD MEMBERS. RESTRI AND COMPENSATION IN ANY PRODUCTION PRODUCED WITHIN THE ORGANIZATI					TRICTIONS INCLUDE THE PARTICIPATION (ATION. HOWEVER, THE BOARD CAN ED TO UNANIMOUSLY. (SEE SECTION 12). IONS AS MOUNTED BY THE DTH OF THE FOLLOWING CRITERIA ARE IS APPROVED BY A SIMPLE MAJORITY RENT ARTISTIC DIRECTOR (OR							
FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD PROVIDES THE EXECUTIVE DIRECTOR WITH AN ANNUAL PERFORMANCE EVALUATION. THE BOAR ANNUALLY APPROVES THE SALARY AND BONUS, IF ANY, OF THE EXECUTIVE DIRECTOR. THE BOARD IS AWAR COMPARABLE SALARIES FOR OTHER EXECUTIVE DIRECTORS IN THE REGION AND BELIEVES THE SALARY OF EXECUTIVE DIRECTOR IS APPROPRIATE IN RELATION TO THAT CONTEMPORANEOUS INFORMATION. THE BOA ANNUALLY APPROVES THE BUDGET FOR THE ORGANIZATION WHICH INCLUDES OTHER STAFF SALARIES. THI DESIGNATES THE EXECUTIVE DIRECTOR WITH THE AUTHORITY TO SET OTHER STAFF SALARIES.						D IS AWARE OF ALARY OF THE . THE BOARD						
FORM 990, PAGE 6, PART VI, LINE 19			CUMENTS ARE M IE NEW MEXICO						O ON TH	HE IRS CHARITIES			
FORM 990, PART XI, LINE 9	FUNDRAIS	ING EX	(PENSES 41,217	FUNDRAISING	G EXPENSES	6 -41,217							

Additional Data

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