** PUBLIC DISCLOSURE COPY **

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

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

Department of the Treasury

OMB No. 1545 0047
OMB No. 1545-0047
2021
Open to Public
number

interr	al Heve	nue Service Go to www.irs.gov/Form990 for instructions and th				mopacuon	1550			
<u>A F</u>	or th	e 2021 calendar year, or tax year beginning $$	nding J	<u>UN 30,</u>	2022					
B	heck if pplicab	e:		D Employe	or identific	cation number				
	Addre chang Name	THE TAUS COMMUNITY FOUNDATION, INC.		0.5	24051	4.77				
<u></u>	chang Initial	e Doing business as		85-0425147						
	return Final return	DO BOX 1925	oom/suite	E Telephor 575-	ne number -737-9					
	termin ated			G Gross receip	ots \$	6,890,723	₹.			
X	Amen	TAOS, NM 87571-1925		H(a) Is this		turn				
L_	Applied tion	F Name and address of principal officer: CO GRACE		for sub	ordinates	? Yes 🗶 N	10			
	pendi	" SAME AS C ABOVE		H(b) Are all su	bordinates in	cluded? Yes N	No			
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No,"	' attach a	list. See instructions				
JV	Nebsi	te: ► WWW.TAOSCF.ORG		H(c) Group	exemption	number 🕨				
KF	orm o	forganization; X Corporation Trust Association Other	L Year o	f formation:	1994 N	State of legal domicile; I	M			
Pε	itl	Summary								
_	1	Briefly describe the organization's mission or most significant activities: SEE SC	CHEDUI	E O						
Governance										
Ē	2	Check this box if the organization discontinued its operations or disposed	d of more t	than 25% of i	its net ass	ets.				
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3	1	<u>L 4</u>			
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		L 4			
ර	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)					7			
Activities &	6	Total number of volunteers (estimate if necessary)				10	00			
.≧	7 a	Total unrelated business revenue from Part VIII, column (C), line 12).			
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			7b		<u>;</u>			
				Prior Yea		Current Year	<u> </u>			
	8	Contributions and grants (Part VIII, line 1h)		9,060,		4,163,682	-			
E	9				734.	62,625	_			
Revenue	Ĭ				536.	882,748				
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)								
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			658.	205				
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,785,		5,109,260				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,726,		1,642,566				
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.		<u>) </u>			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		310,	734.	415,321	_			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.		<u>) .</u>			
ф	b	Total fundraising expenses (Part IX, column (D), line 25) 43,734	. .		3236135	antse ganglebat sepah.	Ž,			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			235.	890,985				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,687,	962.	2,948,872	<u> </u>			
	19	Revenue less expenses. Subtract line 18 from line 12		7,097,	177.	2,160,388	<u>} </u>			
5g			Beg	inning of Curr	ent Year	End of Year				
Sets	20	Total assets (Part X, line 16)	🗔	23,372,	567.	21,479,860) <u>. </u>			
Assets d Balanc	21	Total liabilities (Part X, line 26)		4,934,	866.	4,072,362	₹.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		18,437,		17,407,498				
Pε	nt IL	Signature Block								
Unde	er pena	affies of perjury, I declare that I have examined this return, including accompanying schedules an	nd statemer	nts, and to the	best of my	knowledge and belief, it is	 s			
		ct, and conference. Declaration of preparer (other than officer) is based on all information of which			-					
		(1) Grace		5/4	23/2025					
Sign	1	Signatuse704/efficer		Date			_			
Her		CJ GRACE, CEO								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	D	ate	Check	PTIN				
Paid			i	5/21/25	if);				
Prep		Firm's name CLIFTONLARSONALLEN LLP				41-0746749				
Use		Firm's address 6501 AMERICAS PARKWAY NE, SUITE 50	0.0		SEIN .	014014J	_			
-36	July	ALBUQUERQUE, NM 87110	00	DL		5-842-8290				
<u></u>	. Alm - "			J P1101	IN 110.5 U					
		RS discuss this return with the preparer shown above? See instructions					Vo_			
13200	12-0	9-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.				Form 990 (20)	ノ1)			

	990 (2021) THE TAOS COMMUNITY FOUNDATION, INC. 85-0425147 Page 2
Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
_	<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,614,085. including grants of \$ 1,642,566.) (Revenue \$ 62,830.)
	GRANTS ARE MADE FROM DONOR ADVISED, DESIGNATED, ENDOWMENT, SCHOLARSHIP,
	DISCRETIONARY, AND EMERGENCY FUNDS, TO LOCAL NONPROFIT ORGANIZATIONS IN
	THE ARTS, CIVIC AFFAIRS, EDUCATION, ENVIRONMENT, AND HEALTH AND HUMAN
	SERVICES. PROGRAM SERVICES INCLUDE GRANTS MANAGEMENT, TECHNICAL
	ASSISTANCE TRAINING FOR LOCAL NONPROFIT ORGANIZATIONS, AND CONVENING
	AND LEADING COMMUNITY COLLABORATION EFFORTS.
	AND DEADING COMMONTIT CODDADORATION EFFORTS.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	(Code:
	Otto and the Market of Octobrida of Octobrida On
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,614,085.
	Form 990 (2021)

	State of the state		.,	
	to the experimentian described in section EO4/aV/0) or 4047/aV/1) (ather there a private foundation)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	Х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-22	
3	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
75	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		7.7	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		Х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 22
15		15		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		- 21
16		16		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		21
17		17		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-11		-22
18		18		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-,0		
19		19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
~ 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	7 The state of the	-		

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X If "Yes." complete Schedule R, Part V, line 2 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 X 37 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 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		*****			L
				Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 2	7			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	portable gaming				
	(gambling) winnings to prize winners?		1c	X		

132004 12-09-21

Form 990 (2021)

38

X

Pai	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			ago -
	- John Mindody		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	15)		
277.00	filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to θ -file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	PERMIT	Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			•
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
Θ	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	GENERAL SERVICES	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_X_
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

85-0425147 THE TAOS COMMUNITY FOUNDATION, INC. Partive Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7а b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X Яa a The governing body? X a8 b Each committee with authority to act on behalf of the governing body? 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a 10a Did the organization have local chapters, branches, or affiliates? 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe 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 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NM Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain on Schedule O) X Own website X Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CJ GRACE - 575-737-9300

132006 12-09-21

PO BOX 1925, TAOS, NM

Form **990** (2021)

87571-1925

orm 990 (2021) THE TAOS COMMUNITY

THE TAOS COMMUNITY FOUNDATION, INC.

85-0425147

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average			(c Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099·MISC/ 1099·NEC)	other compensation from the organization and related organizations
(1) LISA O'BRIEN	40.00									
FOUNDATION DIRECTOR				X				94,658.	0.	14,289.
(2) DR. CHARLIE ANDERSON	0.50									_
MEMBER		X		L_		<u> </u>	L	0.	0.	0.
(3) ADRIANA BLAKE (RESIGNED 9/2021) MEMBER	0.50	х						0.	0.	0.
(4) DR CATHERINE COLLINS	0.50									
SECRETARY		X		X	L	<u> </u>	L	0.	0.	0.
(5) JOHN HAMILTON	0.50					ļ				
MEMBER		X			_		L	0.	0.	0.
(6) ALIX HENRY	0.50				l					
MEMBER		X					L	0.	0.	0.
(7) CATHERINE HORSEY	0.50							_	_	
MEMBER		X	_			<u> </u>		0.	0.	0.
(8) GEORGE JARAMILLO	0.50									_
MEMBER		X	<u> </u>			<u> </u>	_	0.	0.	0.
(9) DAVE LAMBERT	0.50								_	
MEMBER	 	X	_		_	↓_	_	0.	0.	0.
(10) VERNON LUJAN	0.50	١			l	ļ			•	•
MEMBER	0.50	X			_	1		0.	0.	0.
(11) BEN MADDOX MEMBER	0.50	٠,							^	0
	0.50	X	⊢		<u> </u>	┝	┝	0.	0.	0.
(12) DENNIS MANZANARES MEMBER	0.50	x						0.	0.	0.
(13) LOUIS MOYA	1.50	₽	_			\vdash	-	0.	0.	<u> </u>
MEMBER	1.50	x						0.	0.	0.
(14) DAVID NORDEN	0.50	<u> </u>				\vdash				<u> </u>
CHAIR	· · · · ·	X		x				0.	0.	0.
(15) ABBY SANGER	3.50									
MEMBER		x						0.	0.	0.
(16) ALFREDO VIGIL	4.50									
MEMBER		x						0.	0.	0.
					L.					

Form 990 (2021)

		S COMMUNI	TY	F	JO'	INL	TAC	'IC	N, INC.	85-042	5147	Page 8	
Pai	Section A. Officers, Directors, To	ustees, Key Em	ploy	9 08,	and	d Hi	ghes	st C	ompensated Employee	s (continued)		·	
	(A) Name and title	(B) Average hours per week	box	Po do not checi oox, unless p		(C) Position :heck more than one :ss person is both an nd a director/trustee)		n an	(D) Reportable compensation from	(E) Reportable compensation from related	Est am	(F) imated ount of other	
		(list any hours for related organizations below line)	Individual trustee or director	Individual trustee or director Institutional trustee Officer Key employee Highest compensated employee Former		indwduat tustee or directori institutional tustee Officer Key employee mitplyyee		institutional trustee Officer Key employee Highest compensated employee Former		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	comp fro orga and	ensation on the nization related nizations
			_				_						
							-						
					_								
			_				<u> </u>						
			-	-									
1b c	Subtotal Total from continuation sheets to Part							>	94,658.	0	•	,289. 0.	
<u>d</u> 2	Total number of individuals (including bu						 e) wh	o re	94,658. eceived more than \$100,	,000 of reportable	. 14	, 289. 0	
з	compensation from the organization Did the organization list any former office		ee, l	KOV 6	gme	love	e, or	hig	hest compensated emp	loyee on		Yes No	
4	line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the	r such individual sum of reportab	 le co	 ompe	 ensa	ition	and	oth	ner compensation from t	he organization	3	X The Janes	
5	and related organizations greater than \$ Did any person listed on line 1a receive rendered to the organization? If "Yes." or	or accrue comper	nsati	on fr	rom	any	unre	elate			5	X VE VX	
Sec	tion B. Independent Contractors	omiolete veueani	9 J I	OF St	ICIL J	OOIS	OII						
1	Complete this table for your five highest the organization. Report compensation	•	•							•	ation from	n 	
	(A) Name and busine	ess address	N	ONE	3				(B) Description of s	services	(C) Compen		
									· · · · · · · · · · · · · · · · · · ·				
													
2	Total number of independent contractor	s (including but n	ot lir	nited	d to		_	ted	above) who received m	ore than			
	\$100,000 of compensation from the org	anization				(0				Form 9	90 (2021)	

<u> </u>		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					idilottori revende	business revenue	sections 512 - 514
ts ts	1 :	Federated campaigns 1a				design and the second	
ran	1	Membership dues 1b					
e, a		Fundraising events 1c					
iffs ar A		Related organizations 1d					
s, G		Government grants (contributions) 1e					
io	1	All other contributions, gifts, grants, and					
ber		similar amounts not included above 1f	4,163,682.				
Ē	,	Noncash contributions included in lines 1a-1f	921,052.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f	▶	4,163,682.			
			Business Code				
ø	2 8	ADMINISTRATION FEES	541990	53,605.	53,605.		
Program Service Revenue	1	SPECIAL PROJECT FEES	561000	9,020.	9,020.		
	(;					
am		1					
ogr B)					
Pr	1	All other program service revenue					
		Total. Add lines 2a-2f		62,625.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		636,313.			636,313.
	4	Income from investment of tax-exempt bond pr	announced transfer and the fact of				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	ı	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other			医血液性 眼情	
		assets other than inventory 7a 2,027,898.					
	1	Less: cost or other basis					
e		and sales expenses 7b 1,781,463.					
en		Gain or (loss) 7c 246,435.				Property (IV)	
ther Revenue		Net gain or (loss)	D	246,435.			246,435.
er		Gross income from fundraising events (not					
th O		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	ŀ	Less: direct expenses 8b				生产型品 海绵	
		Net income or (loss) from fundraising events	D				
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ł	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	ł	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	Þ				
			Business Code				
snc	11 8	OTHER REVENUE	900099	205.	205.		
Miscellaneous Revenue	1						
ella							
isci		All other revenue					
Σ		Total. Add lines 11a-11d		205.			
	12	Total revenue. See instructions	>	5,109,260.	62,830.	0.	882,748.

132009 12-09-21

Page 9

	Check if Schedule O contains a respons	se or note to any line in t	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,586,640.	1,586,640.		
2	Grants and other assistance to domestic	FF 006	FF 006		
	individuals. See Part IV, line 22	55,926.	55,926.		
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 Compensation of current officers, directors,				
5		109,465.	58,138.	46,150.	5,177
6	trustees, and key employees Compensation not included above to disqualified	107,403.	30,130.	40,130.	3,111
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	246,033.	213,391.	28,489.	4,153
8	Pension plan accruals and contributions (include	220,0330	220,002.	20/1030	2/200
	section 401(k) and 403(b) employer contributions)	5,788.	4,225.	1,389.	174
9	Other employee benefits	29,880.	21,812.	7,171.	897
10	Payroll taxes	24,155.	18,372.	5,140.	643
11	Fees for services (nonemployees):	==/=551			0.10
a	Management				
b	Legal				
c	Accounting	26,612.		26,612.	
d	Lobbying				
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
0	column (A), amount, list line 11g expenses on Sch O.)	563,607.	438,218.	108,501.	16,888
12	Advertising and promotion	97,921.	70,801.	24,107.	3,013
13	Office expenses	122,730.	86,193.	25,941.	10,596
14	Information technology	5,316.	3,881.	1,276.	159
15	Royalties				
16	Occupancy	18,752.	13,689.	4,501.	562
17	Travel	10,579.	7,723.	2,539.	317
8	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				
2	Depreciation, depletion, and amortization	37,152.	27,121.	8,916.	1,115
23	Insurance	3			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BUILDING FUNDS CAMPAIGN	6,978.	6,978.		And the second s
b	PAYROLL SERVICES	1,338.	977.	321.	40
C					
d					POST CONTRACTOR CONTRA
θ	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,948,872.	2,614,085.	291,053.	43,734
26	Joint costs. Complete this line only if the organization		and the second s		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)

	990 (2		NITY	FOUNDATION,	INC.	85-0)425147 Page 11
		Check if Schedule O contains a response or not	e to any lin	e in this Part X			
			•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,542,244.	1	1,667,221	
	2	Savings and temporary cash investments			600,803.	2	2,405
	3	Pledges and grants receivable, net	84,500.	3	64,250		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
Ŷ		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disquali					
- 4		under section 4958(f)(1)), and persons described	d in section	4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				9,217.	9	9,630
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	615,323.			
	b			202,697.	449,778.	10c	412,626
	11	Investments - publicly traded securities			20,686,025.	11	19,323,728
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ		BOAT DATE OF THE PROPERTY OF T	23,372,567.	16	21,479,860
	17	Accounts payable and accrued expenses	25,074.	17	31,616		
	18	Grants payable			346,354.	18	159,999
	19	Deferred revenue		L		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of S	Schedule D		21	
w	22	Loans and other payables to any current or form	ner officer,	director,			
iție		trustee, key employee, creator or founder, subst	tantial cont	ributor, or 35%			
Liabilities		controlled entity or family member of any of the	se persons			22	
Ë	23	Secured mortgages and notes payable to unrela	ated third p	arties		23	
	24	Unsecured notes and loans payable to unrelated	d third part	ies		24	
	25	Other liabilities (including federal income tax, pa	yables to r	elated third			
		parties, and other liabilities not included on lines	s 17-24). Co	omplete Part X			
		of Schedule D			4,563,438.	25	3,880,747
	26	Total liabilities. Add lines 17 through 25			4,934,866.	26	4,072,362
		Organizations that follow FASB ASC 958, che	ck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			1,849,379.	27	570,503
Bal	28	Net assets with donor restrictions		16,588,322.	28	16,836,995	
pu		Organizations that do not follow FASB ASC 9	58, check	here 🕨 🗌			
F		and complete lines 29 through 33.					
S 01	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed	quipment fu	und		30	
As	31	Retained earnings, endowment, accumulated in	come, or o	ther funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			18,437,701.	32	17,407,498
	33	Total liabilities and net assets/fund balances			23,372,567.	33	21,479,860

	990 (2021) THE TAOS COMMUNITY FOUNDATION, INC.	85-0	425147	Pag	ө 12			
Par	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			- 400					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,109					
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3	2,160					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,437					
5	Net unrealized gains (losses) on investments	5	-3,156	, 9:	11.			
6	Donated services and use of facilities	6						
7	Investment expenses	7	-33	3,68	80.			
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	17,407	7,49	98.			
Pai	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
			P-00-1-0	Yes	No			
1	Accounting method used to prepare the Form 990:							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.						
2a			2a		_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			307.3			
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis		100 (46) 114					
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	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	are sudite explain why an Schodule O and describe any stone taken to undergo such audits		3b					

Form 990 (2021)