

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization THE TAOS COMMUNITY FOUNDATION, INC. D Employer identification number 85-0425147
E Telephone number 575-737-9300
G Gross receipts \$ 6,696,949.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.TAOSCF.ORG
K Form of organization:
L Year of formation: 1994
M State of legal domicile: NM

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... SEE SCHEDULE O; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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.
Sign Here: Signature of officer CJ GRACE, CEO, Date 5/13/2026
Paid: Preparer's name JESSICA LOCKER, CPA, Signature JESSICA LOCKER, CPA, Date 05/13/26, PTIN P01367046
Preparer Use Only: Firm's name CLIFTONLARSONALLEN LLP, Firm's EIN 41-0746749, Firm's address ALBUQUERQUE, NM 87110, Phone no. 505-842-8290

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,295,826. including grants of \$ 2,288,433.) (Revenue \$ 30,593.) 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.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,295,826.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 14; 1b Enter the number of voting members included... 14; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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 on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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? X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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 exempt status with respect to such arrangements? X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NM
18 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] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CJ GRACE - (575)770-9823
115 LA POSTA RD. STE. A, TAOS, NM 87571

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CJ GRACE CEO	35.00 5.00			X				111,270.	0.	9,289.
(2) GEORGE JARAMILLO CHAIR	0.50 0.00	X		X				0.	0.	0.
(3) ABBY SANGER VICE CHAIR	0.50 0.00	X		X				0.	0.	0.
(4) LAURIE MITCHELL DUNN TREASURER	0.50 0.00	X		X				0.	0.	0.
(5) ALFREDO VIGIL SECRETARY	0.50 0.00	X		X				0.	0.	0.
(6) KEN BERGREN MEMBER	0.50 0.00	X						0.	0.	0.
(7) JULIANN BERTONE MEMBER	0.50 0.00	X						0.	0.	0.
(8) DR CATHERINE COLLINS MEMBER	0.50 0.00	X						0.	0.	0.
(9) DAVE LAMBERT MEMBER	0.50 0.00	X						0.	0.	0.
(10) SUE MCDOWELL MEMBER	0.50 0.00	X						0.	0.	0.
(11) DAVID NORDEN MEMBER	0.50 0.00	X						0.	0.	0.
(12) BETTINA SANDOVAL MEMBER	0.50 0.00	X						0.	0.	0.
(13) MICHAEL SANTISTEVAN MEMBER	0.50 0.00	X						0.	0.	0.
(14) BOBBY SPINELLI MEMBER	0.50 0.00	X						0.	0.	0.
(15) CONTESSA TRUJILLO MEMBER	0.50 0.00	X						0.	0.	0.

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 for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							111,270.	0.	9,289.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							111,270.	0.	9,289.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	77,611.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,410,706.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 675,827.				
	h Total. Add lines 1a-1f			3,488,317.			
Program Service Revenue	2 a ADMINISTRATION FEES	Business Code					
		541990	22,292.	22,292.			
	b SPECIAL PROJECT FEES	561000	6,165.	6,165.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			28,457.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		641,841.			641,841.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,536,198.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	2,250,866.				
	c Gain or (loss)	7c	285,332.				
	d Net gain or (loss)			285,332.		285,332.	
8 a Gross income from fundraising events (not including \$ 77,611. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
		b Less: direct expenses	8b	34,150.			
		c Net income or (loss) from fundraising events			-34,150.		-34,150.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	2,136.	2,136.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			2,136.				
12 Total revenue. See instructions			4,411,933.	30,593.	0.	893,023.	

Part IX Statement of Functional Expenses

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

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

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	2,201,038.	2,201,038.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	87,395.	87,395.		
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	120,560.	91,625.	25,318.	3,617.
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	409,306.	312,008.	86,859.	10,439.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,108.	9,224.	2,564.	320.
9 Other employee benefits	32,788.	24,995.	6,958.	835.
10 Payroll taxes	35,287.	26,882.	7,471.	934.
11 Fees for services (nonemployees):				
a Management				
b Legal	411.	253.	148.	10.
c Accounting	152,592.	94,127.	54,835.	3,630.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	61,989.		61,989.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	451,883.	282,605.	164,636.	4,642.
12 Advertising and promotion	72,734.	54,738.	17,996.	
13 Office expenses	74,714.	56,069.	18,645.	
14 Information technology				
15 Royalties				
16 Occupancy	30,071.	22,397.	7,363.	311.
17 Travel	32,590.	23,791.	7,821.	978.
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	11,889.	8,679.	2,853.	357.
23 Insurance				
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 O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	3,787,355.	3,295,826.	465,456.	26,073.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,527,879.	1	1,973,068.
	2 Savings and temporary cash investments	126,910.	2	103,061.
	3 Pledges and grants receivable, net	6,600.	3	1,098.
	4 Accounts receivable, net	52,625.	4	35,557.
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,429.	9	28,779.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 615,323.		
	b Less: accumulated depreciation	10b 277,562.	349,650.	10c 337,761.
	11 Investments - publicly traded securities	20,428,421.	11	23,380,565.
	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	567,151.	15	36,043.
16 Total assets. Add lines 1 through 15 (must equal line 33)	24,065,665.	16	25,895,932.	
Liabilities	17 Accounts payable and accrued expenses	82,963.	17	154,166.
	18 Grants payable	199,152.	18	227,371.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,058,546.	25	2,236,549.
	26 Total liabilities. Add lines 17 through 25	2,340,661.	26	2,618,086.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,491,276.	27	1,826,413.
	28 Net assets with donor restrictions	20,233,728.	28	21,451,433.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	21,725,004.	32	23,277,846.
33 Total liabilities and net assets/fund balances	24,065,665.	33	25,895,932.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,411,933.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,787,355.
3	Revenue less expenses. Subtract line 2 from line 1	3	624,578.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,725,004.
5	Net unrealized gains (losses) on investments	5	1,257,696.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-329,432.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,277,846.

Part XII Financial Statements and Reporting

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

- 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? _____
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? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,060,527.	4,163,682.	4,565,571.	3,334,184.	3,488,317.	24,612,281.
2 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	9,060,527.	4,163,682.	4,565,571.	3,334,184.	3,488,317.	24,612,281.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,530,680.
6 Public support. Subtract line 5 from line 4.						17,081,601.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	9,060,527.	4,163,682.	4,565,571.	3,334,184.	3,488,317.	24,612,281.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	312,698.	636,313.	555,209.	664,668.	641,841.	2,810,729.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						27,423,010.
12 Gross receipts from related activities, etc. (see instructions)					12	267,467.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	62.29 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	64.51 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b 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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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.)

Multiple horizontal lines for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

THE TAOS COMMUNITY FOUNDATION, INC.

Employer identification number

85-0425147

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization THE TAOS COMMUNITY FOUNDATION, INC.	Employer identification number 85-0425147
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 765,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 104,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 100,604.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 783,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 398,356.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE TAOS COMMUNITY FOUNDATION, INC.	Employer identification number 85-0425147
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>98,868.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE TAOS COMMUNITY FOUNDATION, INC.	Employer identification number 85-0425147
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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	1727 SHARES OF AEPGX STOCK _____ _____ _____	\$ 100,604.	11/06/24
5	1060 SHARES OF AVGO; 749 SHARES OF BX; 214 SHARES OF ETN _____ _____ _____	\$ 398,117.	11/12/24
7	109 SHARES OF NFLX STOCK _____ _____ _____	\$ 98,868.	12/23/24
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization THE TAOS COMMUNITY FOUNDATION, INC.	Employer identification number 85-0425147
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE TAOS COMMUNITY FOUNDATION, INC.

Employer identification number

85-0425147

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	67	
2 Aggregate value of contributions to (during year)	1,594,027.	
3 Aggregate value of grants from (during year)	1,059,909.	
4 Aggregate value at end of year	6,826,381.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,430,620.	14,264,216.	12,708,749.	13,364,507.	7,031,689.
b Contributions	632,507.	698,244.	1,447,065.	725,131.	5,690,066.
c Net investment earnings, gains, and losses	1,643,922.	888,851.	585,593.	-971,382.	914,712.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	735,859.	420,691.	477,191.	409,507.	271,960.
g End of year balance	16,971,190.	15,430,620.	14,264,216.	12,708,749.	13,364,507.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 94.0000 %
 - c Term endowment 6.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		402,854.	65,093.	337,761.
c Leasehold improvements		153,010.	153,010.	0.
d Equipment		59,459.	59,459.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				337,761.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	2,236,549.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,236,549.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information

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

PART V, LINE 4:

THE INTENT OF THE ENDOWED FUNDS IS TO CREATE AND BUILD A PERMANENT FINANCIAL RESERVE, THE EARNINGS FROM WHICH CAN BE USED FOR CHARITABLE PURPOSES.

PART X, LINE 2:

THE FOUNDATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. ANY SUCH TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE FOUNDATION HAD NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2025 AND 2024, RESPECTIVELY.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		RIDGE-A-THON (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	77,611.		77,611.
	2	Less: Contributions	77,611.		77,611.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	16,690.		16,690.
	6	Rent/facility costs			
	7	Food and beverages	3,582.		3,582.
	8	Entertainment			
	9	Other direct expenses	13,878.		13,878.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			34,150.
11	Net income summary. Subtract line 10 from line 3, column (d)			-34,150.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **THE TAOS COMMUNITY FOUNDATION, INC.** Employer identification number **85-0425147**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW MEXICO FOUNDATION - 700 LOMAS BLVD NE, 108 - ALBUQUERQUE, NM 87102	85-0275408	501(C)(3)	13,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
LEAP (LAND, EXPERIENCE, & ART OF PLACE) - HC 81 BOX 685 - QUESTA, NM 87556	26-2078285	501(C)(3)	7,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
FIRST UNITED METHODIST CHURCH 1501 SOUTH 4TH STREET RATON, NM 87740		501(C)(3)	10,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
COMMUNITY FOUNDATION OF SOUTHERN NEW MEXICO - 2640 EL PASEO RD - LAS CRUCES, NM 88001	85-0455682	501(C)(3)	103,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
SALA REACH, A PROGRAM OF LOCALOGY PO BOX 462 QUESTA, NM 87556	26-2078285	501(C)(3)	8,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
CASTING FOR RECOVERY, INC. 109 E OAK ST STE 1G BOZEMAN, MT 59715	03-0354382	501(C)(3)	15,000.	0.	N/A	N/A	CORE OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 77.

3 Enter total number of other organizations listed in the line 1 table 1.

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISTA GRANDE HIGH SCHOOL 213 PASEO DEL CANON EAST W TAOS, NM 87571	06-1797189	STATE OF NM	30,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
MILLICENT ROGERS MUSEUM PO BOX 1210 TAOS, NM 87571	13-6161708	501(C)(3)	8,500.	0.	N/A	N/A	CORE OPERATING SUPPORT
METTA THEATRE PO BOX 56 EL PRADO, NM 87529	20-1462329	501(C)(3)	7,500.	0.	N/A	N/A	CORE OPERATING SUPPORT
EQUINE SPIRIT SANCTUARY 13 LOS CABALLOS RD RANCHOS DE TAOS, NM 87557	20-3373965	501(C)(3)	9,700.	0.	N/A	N/A	CORE OPERATING SUPPORT
NONVIOLENCE WORKS, INC. 105 BERTHA TAOS, NM 87571	26-1486393	501(C)(3)	9,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
SANTA'S HELPER'S DEL NORTE (LOCALOGY) - P.O. BOX 73 - QUESTA, NM 87556	26-2078285	501(C)(3)	5,250.	0.	N/A	N/A	CORE OPERATING SUPPORT
QUESTA FARMERS MARKET, PROGRAM OF LOCALOGY - PO BOX 462 - QUESTA, NM 87556	26-2078285	501(C)(3)	20,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
SANGRE DE CRISTO YOUTH RANCH 8HC 81 BOX 41 1930 LLAMA FOUNDATION QUESTA, NM 87556	26-2078285	501(C)(3)	5,184.	0.	N/A	N/A	CORE OPERATING SUPPORT
CULTIVO AGRICULTURAL RENEWAL HC 81 BOX 41 QUESTA, NM 87556	26-2078285	501(C)(3)	7,000.	0.	N/A	N/A	CORE OPERATING SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGRICULTURE, IMPLEMENTATION, RESEARCH & EDUCATION (AIRE) - PO BOX 3137 - TAOS, NM 87571	27-4417875	501(C)(3)	14,438.	0.	N/A	N/A	CORE OPERATING SUPPORT
FRIENDS OF THE QUESTA PUBLIC LIBRARY - PO BOX 251 - QUESTA, NM 87556	27-4549171	501(C)(3)	9,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
TALPA COMMUNITY CENTER 4 ARCHULETA RD RANCHOS DE TAOS, NM 87557	31-1608950	501(C)(3)	19,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
SHUTER LIBRARY OF ANGEL FIRE PO BOX 298 ANGEL FIRE, NM 87710	35-2218071	501(C)(3)	11,698.	0.	N/A	N/A	CORE OPERATING SUPPORT
NOT FORGOTTEN OUTREACH, INC. PO BOX 1923 TAOS, NM 87571	46-2052184	501(C)(3)	13,344.	0.	N/A	N/A	CORE OPERATING SUPPORT
TAOS SEARCH AND RESCUE (TSAR) PO BOX 3601 TAOS, NM 87571	46-4061904	501(C)(3)	11,850.	0.	N/A	N/A	CORE OPERATING SUPPORT
EMBUDO VALLEY TUTORING ASSOCIATION PO BOX 267 DIXON, NM 87527	47-0935180	501(C)(3)	8,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
TWIRL 225 CAMINO DE LA PLACITA TAOS, NM 87571	47-2505890	501(C)(3)	8,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
NORTH CENTRAL FOOD PANTRY PO BOX 1076 QUESTA, NM 87556	47-3356340	501(C)(3)	25,000.	0.	N/A	N/A	CORE OPERATING SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JAMES EPISCOPAL CHURCH 208 CAMINO DE SANTIAGO TAOS, NM 87571	74-1990583	501(C)(3)	23,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
LIONS CLUB OF TAOS, INC. PO BOX 199 TAOS, NM 87571	74-2843887	501(C)(3)	38,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
LOS ALAMOS NATIONAL LABORATORY FOUNDATION (LANL FOUNDATION) - 1112 PLAZA DEL NORTE - ESPAOLA, NM 87532	74-2853972	501(C)(3)	15,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
TAOS FERAL FELINE FRIENDS P.O. BOX 1926 RANCHOS DE TAOS, NM 87557	77-0635095	501(C)(3)	19,450.	0.	N/A	N/A	CORE OPERATING SUPPORT
ALWAYS LOVING MANKIND FOOD PANTRY PO BOX 1190 ANGEL FIRE, NM 87710	77-0705510	501(C)(3)	16,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
TAOS WHOLE COMMUNITY HEALTH 630 PASEO DEL PUEBLO SUR SUITE 140 TAOS, NM 87571	81-2887633	501(C)(3)	7,500.	0.	N/A	N/A	CORE OPERATING SUPPORT
TAOS ELDERS AND NEIGHBORS TOGETHER (TENT) - PO BOX 3561 - TAOS, NM 87571	82-1908173	501(C)(3)	22,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
OO-OO-NAH ART & CULTURAL CENTER PO BOX 1853 TAOS, NM 87571	82-2689296	501(C)(3)	14,150.	0.	N/A	N/A	CORE OPERATING SUPPORT
QUESTA CREATIVE COUNCIL PO BOX 1025 QUESTA, NM 87556	82-2748963	501(C)(3)	6,500.	0.	N/A	N/A	CORE OPERATING SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIT CARSON ELECTRIC COOPERATIVE, INC. - PO BOX 578 - TAOS, NM 87571	85-0081882	501(C)(12)	9,600.	0.	N/A	N/A	CORE OPERATING SUPPORT
TAOS CENTER FOR THE ARTS 133 PASEO DEL PUEBLO NORTE TAOS, NM 87571	85-0113452	501(C)(3)	423,453.	0.	N/A	N/A	CORE OPERATING SUPPORT
EL PUEBLITO UNITED METHODIST CHURCH - PO BOX 1302 - EL PRADO, NM 87529	85-0233429	501(C)(3)	12,900.	0.	N/A	N/A	CORE OPERATING SUPPORT
PICURIS PUEBLO PO BOX 127 PENASCO, NM 87553	85-0258099	STATE OF NM	10,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
THE HARWOOD MUSEUM OF ART 238 LEDOUX ST TAOS, NM 87571	85-0275408	501(C)(3)	16,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
COMMUNITY AGAINST VIOLENCE, INC. 945 SALAZAR RD TAOS, NM 87571	85-0285504	501(C)(3)	11,100.	0.	N/A	N/A	CORE OPERATING SUPPORT
HOLY CROSS MEDICAL CENTER- CANCER SUPPORT SERVICES - 413 SIPAPU - TAOS, NM 87571	85-0289839	501(C)(3)	14,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
MAS COMUNIDAD PO BOX 237 PENASCO, NM 87553	85-0300501	501(C)(3)	19,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
SOMOS (SOCIETY OF THE MUSE OF THE SOUTHWEST) - PO BOX 3225 - TAOS, NM 87571	85-0309964	501(C)(3)	9,500.	0.	N/A	N/A	CORE OPERATING SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSIC FROM ANGEL FIRE PO BOX 502 ANGEL FIRE, NM 87710	85-0319198	501(C)(3)	5,111.	0.	N/A	N/A	CORE OPERATING SUPPORT
LATIR VOLUNTEER FIRE DEPT. HC 81 BOX 644 QUESTA, NM 87556	85-0334053		10,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
STRAY HEARTS ANIMAL SHELTER PO BOX 622 TAOS, NM 87571	85-0342062	501(C)(3)	8,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
AMIGOS BRAVOS PO BOX 238 TAOS, NM 87571	85-0363268	501(C)(3)	214,073.	0.	N/A	N/A	CORE OPERATING SUPPORT
TAOS LAND TRUST PO BOX 376 TAOS, NM 87571	85-0373099	501(C)(3)	18,336.	0.	N/A	N/A	CORE OPERATING SUPPORT
B'NAI SHALOM HAVURAH 810 DILLON LN TAOS, NM 87571	85-0378205	501(C)(3)	10,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
YOUTH HEARTLINE 224 CRUZ ALTA RD STE F TAOS, NM 87571	85-0397100	501(C)(3)	24,094.	0.	N/A	N/A	CORE OPERATING SUPPORT
ROCKY MOUNTAIN YOUTH CORPS PO BOX 1960 RANCHOS DE TAOS, NM 87557	85-0404817	501(C)(3)	23,728.	0.	N/A	N/A	CORE OPERATING SUPPORT
TAOS FEEDS TAOS PO BOX 234 TAOS, NM 87571	85-0406111	501(C)(3)	7,000.	0.	N/A	N/A	CORE OPERATING SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOOD DEPOT 1222 A SILER RD SANTA FE, NM 87507	85-0416803	501(C)(3)	14,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
ASSISTANCE DOGS OF THE WEST PO BOX 31027 SANTA FE, NM 87594	85-0431646	501(C)(3)	12,500.	0.	N/A	N/A	CORE OPERATING SUPPORT
FIELD INSTITUTE OF TAOS (FIT) PO BOX 2096 EL PRADO, NM 87529	85-0442587	501(C)(3)	28,296.	0.	N/A	N/A	CORE OPERATING SUPPORT
TAOS EDUCATION COLLABORATIVE - TEC PO BOX 3087 TAOS, NM 87571	85-0442587	501(C)(3)	30,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
BRIDGES PROJECT FOR EDUCATION PO BOX 308 TAOS, NM 87571	85-0448942	501(C)(3)	28,983.	0.	N/A	N/A	CORE OPERATING SUPPORT
RIVERS & BIRDS PO BOX 819 ARROYO SECO, NM 87514	85-0457644	501(C)(3)	45,873.	0.	N/A	N/A	CORE OPERATING SUPPORT
NEW MEXICO WILDERNESS ALLIANCE 6000 UPTOWN BLVD. ALBUQUERQUE, NM 87125	85-0457916	501(C)(3)	53,400.	0.	N/A	N/A	CORE OPERATING SUPPORT
DREAMTREE PROJECT PO BOX 1677 TAOS, NM 87571	85-0462470	501(C)(3)	117,569.	0.	N/A	N/A	CORE OPERATING SUPPORT
GOLDEN WILLOW RETREAT PO BOX 569 ARROYO HONDO, NM 87513	85-0483737	501(C)(3)	10,096.	0.	N/A	N/A	CORE OPERATING SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEMARTS LAB PO BOX 298 EL PRADO, NM 87529	85-0798517	501(C)(3)	8,500.	0.	N/A	N/A	CORE OPERATING SUPPORT
TAOS MUNICIPAL SCHOOLS 310 CAMINO DEL LA PLACITAS TAOS, NM 87571	85-6000179	STATE OF NM	16,056.	0.	N/A	N/A	CORE OPERATING SUPPORT
TAOS SCHOOL OF MUSIC INC. PO BOX 2630 TAOS, NM 87571	85-6012256	501(C)(3)	19,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
TAOS HOUSING PARTNERSHIP PO BOX 964 TAOS, NM 87571	93-4229414	501(C)(3)	250,000.	0.	N/A	N/A	CORE OPERATING SUPPORT
RATON HUNGER PANTRY 430 NORTH 2ND RATON, NM 87740	99-3908023	501(C)(3)	10,000.	0.	N/A	N/A	CORE OPERATING SUPPORT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT SCHOLARSHIPS FOR POST SECONDARY EDUCATION	46	87,395.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS OF \$5,000 OR MORE TO ORGANIZATIONS ARE REQUIRED TO SUBMIT A FINAL GRANT REPORT, WHICH IS A STANDARD REPORT TEMPLATE. THE GRANTS OFFICER MAY REQUEST A SITE VISIT AT OTHER TIMES, DEPENDING ON THE PARTICULARS OF THE AGENCIES (I.E. CHANGES IN LEADERSHIP, CONCERNS OF THE AGENCY'S FISCAL HEALTH, GRANTS TO A NEW AGENCY, OR IF CONCERNS ARISE IN THE COMMUNITY THAT GRANT-FUNDED SERVICES ARE NOT BEING ADMINISTERED). IN ALL AWARDS TO GRANTEEES, A FINAL GRANT REPORT DATE IS ESTABLISHED AS THE AGENCY IS NOTIFIED THAT A SITE VISIT MAY BE REQUESTED. THIS IS ALSO OUTLINED IN GRANT AGREEMENTS THAT GRANTEEES ARE REQUIRED TO SUBMIT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization THE TAOS COMMUNITY FOUNDATION, INC.	Employer identification number 85-0425147
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Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	8	659,245.	HIGH LOW
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS THE NUMBER OF DONORS.

SCHEDULE M, PART I, LINE 32B:

TAOS COMMUNITY FOUNDATION CONSIGNS DONATED ARTWORK TO GALLERIES AND PAYS A COMMISSION ON SALES.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization <p style="text-align: center;">THE TAOS COMMUNITY FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">85-0425147</p>
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FOUNDATION'S MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR THE
PEOPLE IN THE COMMUNITIES WE SERVE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FOUNDATION'S MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE
IN TAOS AND WESTERN COLFAX COUNTIES BY BUILDING AND MANAGING ENDOWMENT
FUNDS, BY AWARDED GRANTS TO LOCAL NONPROFIT ORGANIZATIONS, BY
CONVENING AREA RESIDENTS TO DISCUSS ISSUES OF CRITICAL IMPORTANCE TO
THE COMMUNITY, AND BY PROVIDING LEADERSHIP FOR KEY COMMUNITY
INITIATIVES. 30,000 PEOPLE SERVED.

FORM 990, PART VI, SECTION A, LINE 1A:
BOARD DELEGATES TO THE EXECUTIVE COMMITTEE (CHAIR, VICE CHAIR, TREASURER,
AND SECRETARY) PER BYLAWS TO ACT WHEN NEEDED ACTIONS OF THE EXECUTIVE
COMMITTEE ARE REPORTED BACK TO THE BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 11B:
THE COMPLETED 990 WILL BE REVIEWED ELECTRONICALLY BY THE FULL BOARD AND
DISCUSSED AT A BOARD MEETING AND CIRCULATED TO TPF.

FORM 990, PART VI, SECTION B, LINE 12C:
OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY
CONFLICTS ANNUALLY AND THE DISCLOSURES ARE CONFIRMED ANNUALLY. ANY BOARD
MEMBER WITH A CONFLICT IS NOT ALLOWED TO VOTE ON THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:
IN DETERMINING COMPENSATION FOR OFFICERS AND KEY EMPLOYEES, AN INDEPENDENT
REVIEW WITH COMPARABILITY DATA IS PERFORMED AND THE PROCESS IS DOCUMENTED.
THE PROCESS IS COMPLETED WHEN THERE IS A NEW INDIVIDUAL HIRED; A CHANGE IN
STATUS FOR AN INDIVIDUAL; OR A NEW POSITION IS CREATED. THE PROCESS HAS NOT
CHANGED SINCE THE PRIOR YEAR AND WAS LAST COMPLETED IN 2023.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON REQUEST. THE
FOUNDATION'S FORM 990 AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE
ORGANIZATION'S WEBSITE AND THE NM ATTORNEY GENERAL WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	282,605.
MANAGEMENT AND GENERAL EXPENSES	164,636.
FUNDRAISING EXPENSES	4,642.
TOTAL EXPENSES	451,883.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	451,883.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
IMPAIRMENT LOSS ON PROPERTY HELD FOR SALE -329,432.

FORM 990, PART XII, LINE 2C:
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Name of the organization <p align="center">THE TAOS COMMUNITY FOUNDATION, INC.</p>	Employer identification number <p align="center">85-0425147</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
TAOS PROPERTY FOUNDATION, INC - 27-0998249 PO BOX 1925 TAOS, NM 87571	TO ACCEPT AND LIQUIDATE REAL ESTATE GIFTS FOR THE BENEFIT OF THE FOUNDATION	NEW MEXICO	501(C)(3)	LINE 12A, I	TAOS COMMUNITY FOUNDATION	X	

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

Schedule R (Form 990) (Rev. 1-2025)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

