

** 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.

2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUN 1, 2023 and ending MAY 31, 2024

B Check if applicable: C Name of organization: TAOS HEALTH SYSTEMS, INC. D Employer identification number: 85-0289839
E Telephone number: 575-758-8883
G Gross receipts \$: 94,743,110.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: HOLYCROSSMEDICALCENTER.ORG
K Form of organization: Corporation
L Year of formation: 1980
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... TO PROVIDE OUR COMMUNITY WITH THE BEST HEALTH CARE CHOICES CLOSE TO HOME. 2-7 Governance items. 8-12 Revenue items. 13-19 Expenses items. 20-22 Net Assets or Fund Balances items.

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.
Signature of officer: Connie Prewitt, CFO
Preparer: BECKY DETTMANN, CPA
Firm: CLIFTONLARSONALLEN LLP

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 []

1 Briefly describe the organization's mission: TO PROVIDE OUR COMMUNITY WITH THE BEST HEALTH CARE CHOICES CLOSE TO HOME IN AN ENVIRONMENT OF CONTINUAL IMPROVEMENT.

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 \$ 71,190,775. including grants of \$ 655,582.) (Revenue \$ 86,203,277.) ACUTE CARE HOSPITAL OPERATIONS INCLUDING 1,331 INPATIENT ADMISSIONS 37,516 OUTPATIENT VISITS AND 16,942 EMERGENCY DEPARTMENT VISITS. ADDITIONALLY, CLINIC VISITS TOTALING 22,417 FROM THE FOLLOWING: TAOS SURGICAL SPECIALISTS - 5,915 TAOS WOMENS HEALTH INSTITUTE - 5,583 TAOS PRIMARY CARE - 2,061 TAOS PEDIATRICS - 8,858

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 71,190,775.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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 business transactions.

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. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	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:		
8a	The governing body?	X	
8b	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.)

		Yes	No
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?		
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar 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?		

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.
 Own website Another's website 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
LENORA CISNEROS - (575)751-5766
1397 WEIMER RD, 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) DR. STEPHEN P LUCERO PHYSICIAN	40.00 1.00					X	495,775.	0.	33,654.	
(2) DR. STEVEN SLIKKERS PHYSICIAN	40.00 1.00					X	435,228.	0.	39,034.	
(3) DR. JOHN WELLS PHYSICIAN	40.00 0.00					X	413,363.	0.	38,816.	
(4) DR. HEATHER MARSHALL PHYSICIAN	40.00 0.00					X	355,011.	0.	38,238.	
(5) DR. MICHAEL DARNELL PHYSICIAN	40.00 0.70					X	349,017.	0.	37,107.	
(6) JAMES KISER CEO	50.00 0.00			X			340,724.	0.	28,090.	
(7) JONATHAN MORAN, MD - BOARD MEMBER & COS (AS OF 1/1/24)	40.00 0.00	X		X			360,277.	0.	5,000.	
(8) CONNIE PREWITT CFO	50.00 0.00			X			243,303.	0.	37,015.	
(9) CIPRY JARAMILLO, MD - BOARD MEMBER & COS (THROUGH 1/1/24)	40.00 0.00	X		X			249,448.	0.	39,446.	
(10) PAUL SANDS CHAIR	1.00 0.00	X		X			0.	0.	0.	
(11) LUCILLE GALLEGOS-JARAMILLO VICE-CHAIR	1.00 0.00	X		X			0.	0.	0.	
(12) DONALD MOONEY TREASURER	1.00 0.00	X		X			0.	0.	0.	
(13) CRISTINA MARTINEZ SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(14) MENICE SANTISTEVAN SECRETARY (THROUGH 6/1/23)	1.00 0.00	X		X			0.	0.	0.	
(15) TRINIDAD DE JESUS ARGUELLO BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(16) ABE BALSAMO BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(17) ROBYN CHAVEZ BOARD MEMBER	1.00 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			
(18) CARL GILMORE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) PETER SELZER, MD BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) LYNN SKALL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) JAY CHRIS STAGG BOARD MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								3,242,146.	0.	296,400.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,242,146.	0.	296,400.

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 78

	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
QUALIVIS, LLC 1000 CENTER POINT RD, COLUMBIA, SC 29210	CONTRACT LABOR	6,668,717.
NETHERLANDS ANESTHESIA LLC PO BOX 69342, BALTIMORE, MD 21264-9342	ANESTHESIA SERVICES	1,244,565.
CPSI PO BOX 11407, BIRMINGHAM, AL 35246-6448	PATIENT FINANCIAL SERVICES	1,154,055.
CONCORD RADIOLOGY PLLC 1602 AVENUE Q, LUBBOCK, TX 79401	RADIOLOGY SERVICES	1,005,046.
WEATHERBY LOCUMS INC PO BOX 972633, DALLAS, TX 75397	CONTRACT LABOR	494,551.
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		10

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	103,074.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	6,453,029.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,876,739.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,007,085.					
	h Total. Add lines 1a-1f		8,432,842.					
	Program Service Revenue	2 a NET PATIENT SERVICE REVENUE	Business Code 624100	80,787,279.	80,787,279.			
b INDIGENT FUND REVENUE		624100	5,062,126.	5,062,126.				
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f			85,849,405.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		60,188.			60,188.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
			6b Less: rental expenses	6b				
			6c 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	676.				
			(ii) Other					
			7b Less: cost or other basis and sales expenses	7b	0.	30,590.		
			7c Gain or (loss)	7c	676.	-30,590.		
	d Net gain or (loss)			-29,914.		-29,914.		
	8 a Gross income from fundraising events (not including \$ 103,074. of contributions reported on line 1c). See Part IV, line 18	8a		46,127.				
8b Less: direct expenses			8b	84,561.				
c Net income or (loss) from fundraising events				-38,434.		-38,434.		
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		9b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a							
		10b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a FOOD SERVICE INCOME	Business Code 722000	191,783.	191,783.				
	b OTHER MISC REVENUE	900099	162,089.	162,089.				
	c							
	d All other revenue							
	e Total. Add lines 11a-11d		353,872.					
12 Total revenue. See instructions		94,627,959.	86,203,277.	0.	-8,160.			

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 X

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 ...	4,500.	4,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	651,082.	651,082.		
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	1,016,026.	771,876.	244,150.	
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	33,674,466.	25,581,295.	8,093,171.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	577,003.	438,329.	138,674.	
9 Other employee benefits	4,009,106.	3,045,577.	963,529.	
10 Payroll taxes	2,677,970.	2,034,361.	643,609.	
11 Fees for services (nonemployees):				
a Management				
b Legal	1,212,050.		1,212,050.	
c Accounting	107,605.		107,605.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	18,039,868.	14,609,708.	3,430,160.	
12 Advertising and promotion	121,309.	10,455.	110,854.	
13 Office expenses	1,764,064.	1,603,641.	160,423.	
14 Information technology	197,994.	179,989.	18,005.	
15 Royalties				
16 Occupancy	1,905,999.	879,930.	1,026,069.	
17 Travel	106,183.	15,586.	90,597.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	45,846.		45,846.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,863,163.	1,322,846.	540,317.	
23 Insurance	2,657,905.	2,095,943.	561,962.	
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 MEDICAL SUPPLIES	10,911,404.	9,919,141.	992,263.	
b BAD DEBT EXPENSE	6,153,948.	6,153,948.		
c MAINTENANCE & REPAIRS	1,643,248.	1,071,306.	571,942.	
d HOSPITAL TAX	1,491,051.	128,502.	1,362,549.	
e All other expenses	2,801,480.	672,760.	2,128,720.	
25 Total functional expenses. Add lines 1 through 24e	93,633,270.	71,190,775.	22,442,495.	0.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,127,888.	1	3,545,021.
	2 Savings and temporary cash investments	6,739,709.	2	11,592,199.
	3 Pledges and grants receivable, net	325,139.	3	296,554.
	4 Accounts receivable, net	8,611,385.	4	8,417,882.
	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	15,238.	7	13,580.
	8 Inventories for sale or use	1,629,357.	8	997,481.
	9 Prepaid expenses and deferred charges	1,305,798.	9	1,394,308.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 41,219,027.		
	b Less: accumulated depreciation	10b 28,470,968.	14,185,934.	10c 12,748,059.
	11 Investments - publicly traded securities	88,989.	11	94,955.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	153,369.	14	132,168.
	15 Other assets. See Part IV, line 11	1,675,408.	15	3,226,874.
16 Total assets. Add lines 1 through 15 (must equal line 33)	39,858,214.	16	42,459,081.	
Liabilities	17 Accounts payable and accrued expenses	10,040,356.	17	10,446,851.
	18 Grants payable		18	
	19 Deferred revenue	41,536.	19	41,536.
	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	374.	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	1,672,583.	25	2,869,784.
	26 Total liabilities. Add lines 17 through 25	11,754,849.	26	13,358,171.
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	27,669,227.	27	27,234,881.
	28 Net assets with donor restrictions	434,138.	28	1,866,029.
	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	28,103,365.	32	29,100,910.
33 Total liabilities and net assets/fund balances	39,858,214.	33	42,459,081.	

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	94,627,959.
2	Total expenses (must equal Part IX, column (A), line 25)	2	93,633,270.
3	Revenue less expenses. Subtract line 2 from line 1	3	994,689.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,103,365.
5	Net unrealized gains (losses) on investments	5	2,856.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	29,100,910.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____	X	
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 _____	X	

Form 990 (2023)

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. 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 type="checkbox"/>
b 33 1/3% support test - 2022. 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 - 2023. 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 - 2022. 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

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

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... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

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). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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).		

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

Schedule B
(Form 990)

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

2023

Name of the organization

TAOS HEALTH SYSTEMS, INC.

Employer identification number

85-0289839

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) (2023)

Name of organization TAOS HEALTH SYSTEMS, INC.	Employer identification number 85-0289839
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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/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TAOS HEALTH SYSTEMS, INC.	Employer identification number 85-0289839
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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/>	\$ 7,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,448,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 29,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TAOS HEALTH SYSTEMS, INC.	Employer identification number 85-0289839
---	--

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
7	WOODEN CARVING _____ _____ _____	\$ 7,000.	10/24/24
8	2,700 ALPHABET INC STOCK, 485 MICROSOFT CORP. STOCK, 2,203 VANGUARD STOCK. _____ _____	\$ 938,821.	05/13/24
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization TAOS HEALTH SYSTEMS, INC.	Employer identification number 85-0289839
---	--

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of organization (TAOS HEALTH SYSTEMS, INC.) and Employer identification number (85-0289839)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$ 0.
3 Volunteer hours for political campaign activities 0.

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 0.
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 0.
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		6,995.
j Total. Add lines 1c through 1i			6,995.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?	X		
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

A PORTION OF MEMBERSHIP DUES PAID BY TAOS HEALTH SYSTEMS, INC. DURING

THE YEAR ARE ATTRIBUTABLE TO LOBBYING ACTIVITY. THE AMOUNT LISTED ON

LINE 1G REPRESENTS THIS PORTION AS NO OTHER LOBBYING ACTIVITIES

OCCURRED.

SCHEDULE D (Form 990)

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

2023

Open to Public Inspection

Name of the organization: TAOS HEALTH SYSTEMS, INC. Employer identification number: 85-0289839

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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) DUE FROM AFFILIATES	366,226.
(2) RIGHT-OF-USE ASSETS, NET - OPERATING	2,860,648.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	3,226,874.

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) OPERATING LEASE OBLIGATIONS	2,869,784.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,869,784.

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.

1	Total revenue, gains, and other support per audited financial statements	1	87,914,846.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,856.
b	Donated services and use of facilities	2b	4,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	84,561.
e	Add lines 2a through 2d	2e	91,417.
3	Subtract line 2e from line 1	3	87,823,429.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	6,804,530.
c	Add lines 4a and 4b	4c	6,804,530.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	94,627,959.

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.

1	Total expenses and losses per audited financial statements	1	86,917,301.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	84,561.
e	Add lines 2a through 2d	2e	88,561.
3	Subtract line 2e from line 1	3	86,828,740.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	6,804,530.
c	Add lines 4a and 4b	4c	6,804,530.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	93,633,270.

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 III, LINE 1A:

FINANCIAL STATEMENT FOOTNOTE OR ART COLLECTIONS: THE FINANCIAL STATEMENTS

DO NOT INCLUDE A FOOTNOTE DESCRIBING THE WORKS OF ART THAT TAOS HEALTH

SYSTEMS, INC. HOLDS FOR PUBLIC EXHIBITION AS THE ANNUAL CONTRIBUTIONS

RECEIVED AND THE TOTAL COLLECTION ARE NOT MATERIAL TO THE FINANCIAL

STATEMENT OF THE HOSPITAL AS A WHOLE.

PART III, LINE 4:

DESCRIPTION OF ART COLLECTIONS: THE CITY OF TAOS IS A WELL-KNOWN AND

RESPECTED ART COMMUNITY. MANY ARTISTS HAVE CONTRIBUTED WORKS TO TAOS

HEALTH SYSTEMS, INC. TO HELP BEAUTIFY AND ENHANCE THE HEALING ENVIRONMENT

WITHIN THE WALLS OF THE HOSPITAL BUILDING. THERE IS A WIDE VARIETY OF ART,

Part XIII Supplemental Information (continued)

WITH SOMETHING FOR JUST ABOUT EVERYONE'S TASTE. THE DISPLAYS ARE IN EVERY HALLWAY AND PROVIDE ENJOYMENT FOR NOT ONLY PATIENTS, BUT THEIR FRIENDS AND FAMILY THAT MAY BE VISITING.

PART V, LINE 4:

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE TO SUPPORT THE VARIOUS OPERATIONS OF TAOS HEALTH SYSTEMS, INC.

PART X, LINE 2:

THE IRS HAS DETERMINED THAT THE ORGANIZATION IS A TAX-EXEMPT, NONPROFIT CORPORATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC).

THE ORGANIZATION FOLLOWS THE GUIDANCE IN THE ACCOUNTING STANDARDS REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE GUIDANCE FURTHER PRESCRIBES RECOGNITION AND MEASUREMENT OF TAX PROVISIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE APPLICATION OF THIS STANDARD HAS NO IMPACT ON THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS.

THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 84,561.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

BAD DEBT RECLASSIFICATION 6,153,948.

CHARITABLE CARE 650,582.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 6,804,530.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 84,561.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT RECLASSIFICATION 6,153,948.

CHARITABLE CARE 650,582.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 6,804,530.

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))
		PAINT TAOS PINK (event type)	FOR THE HEALTH (event type)	NONE (total number)	
Revenue	1	Gross receipts	101,887.	47,314.	149,201.
	2	Less: Contributions	63,618.	39,456.	103,074.
	3	Gross income (line 1 minus line 2)	38,269.	7,858.	46,127.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	63,618.	4,646.	68,264.
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	8,875.	7,422.	16,297.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			84,561.
11	Net income summary. Subtract line 10 from line 3, column (d)			-38,434.	

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: _____

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization TAOS HEALTH SYSTEMS, INC.	Employer identification number 85-0289839
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		X
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?		X
b If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			336,867.		336,867.	.39%
b Medicaid (from Worksheet 3, column a)			19,386,442.	16,375,659.	3,010,783.	3.44%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			19,723,309.	16,375,659.	3,347,650.	3.83%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,318,459.	1,273,699.	44,760.	.05%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			11,757,003.	7,101,076.	4,655,927.	5.32%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,500.		3,500.	.00%
j Total. Other Benefits			13,078,962.	8,374,775.	4,704,187.	5.37%
k Total. Add lines 7d and 7j			32,802,271.	24,750,434.	8,051,837.	9.20%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: TAOS HEALTH SYSTEMS, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE LINE 7D</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE LINE 7D</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: TAOS HEALTH SYSTEMS, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE LINE 16J</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE LINE 16J</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE LINE 16J</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2023

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: TAOS HEALTH SYSTEMS, INC.

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group: TAOS HEALTH SYSTEMS, INC.

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2023

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TAOS HEALTH SYSTEMS, INC.:

PART V, SECTION B, LINE 5: A CHNA SURVEY WAS DEPLOYED TO THE HOSPITAL'S

LOCAL EXPERT ADVISORS AND OFFERED TO THE COMMUNITY, THROUGH THE HOSPITAL'S

SOCIAL MEDIA AND WEBSITE, TO GAIN INPUT ON LOCAL HEALTH NEEDS AND THE

NEEDS OF PRIORITY POPULATIONS. LOCAL EXPERT ADVISORS WERE LOCAL

INDIVIDUALS SELECTED ACCORDING TO CRITERIA REQUIRED BY THE FEDERAL

GUIDELINES AND REGULATIONS AND THE HOSPITAL'S DESIRE TO REPRESENT THE

REGION'S GEOGRAPHICALLY AND ETHNICALLY DIVERSE POPULATION. COMMUNITY INPUT

FROM 24 IDENTIFIED LOCAL EXPERT ADVISORS AND 491 COMMUNITY MEMBERS WERE

RECEIVED. SURVEY RESPONSES WERE COLLECTED IN FEBRUARY 2022.

THE HOSPITAL HAS COMPLETED SURVEYING THE COMMUNITY FOR THE 2025 CHNA. THE

REPORT WILL BE COMPLETED BEFORE THE END OF FISCAL YEAR 2025.

TAOS HEALTH SYSTEMS, INC.:

PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENT AND

IMPLEMENTATION STRATEGY ARE AVAILABLE ONLINE AT

[HTTP://HOLYCROSSMEDICALCENTER.ORG/GENERAL/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](http://holycrossmedicalcenter.org/general/community-health-needs-assessment)

-2022/

IN ADDITION TO PUBLISHING THE CHNA ON OUR WEBSITE AND PROVIDING HARD

COPIES FOR THE PUBLIC'S REVIEW IN OUR ADMINISTRATIVE OFFICES, WE DELIVERED

PRINTED COPIES OF THE CHNA TO TWO LOCAL LIBRARIES, WHERE THEY ARE MADE

AVAILABLE TO THE PUBLIC VIA THE REFERENCE DEPARTMENT. ALSO, WE

DISSEMINATED THE INFORMATION IN LARGE POSTER BOARD FORMAT VIA THE TAOS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CARES HEALTH COUNCIL AND IN ONE COMMUNITY LISTENING SESSION IN AN OUTLYING

RURAL AREA.

TAOS HEALTH SYSTEMS, INC.:

PART V, SECTION B, LINE 11: MENTAL HEALTH - SIGNIFICANT HEALTH NEED 2019

AND 2022

-MENTAL HEALTH WAS THE #1 COMMUNITY IDENTIFIED HEALTH PRIORITY RATED AS

EXTREMELY IMPORTANT TO BE ADDRESSED IN THE COMMUNITY. MENTAL HEALTH WAS

RANKED AS THE #2 HEALTH PRIORITY IN THE 2019 CHNA REPORT. SUICIDE IS THE

7TH LEADING CAUSE OF DEATH IN TAOS COUNTY AND RANKS 8TH OUT OF 32 COUNTIES

(WITH 1 BEING THE WORST IN THE STATE) IN NEW MEXICO FOR SUICIDE DEATH

RATE. ADDITIONALLY, LACK OF ACCESS TO MENTAL HEALTHCARE PERPETUATES

DISPARITIES IN PRIORITY POPULATIONS LIKE RACIAL AND ETHNIC MINORITY

GROUPS, RESIDENTS OF RURAL AREAS, AND LGBTQ+ COMMUNITIES BECAUSE OF A LACK

OF PROVIDERS AND AN INCLUSIVE BEHAVIORAL HEALTH WORKFORCE.

-COUNTY STATISTICS:

SUICIDE IS THE 7TH LEADING CAUSE OF DEATH IN TAOS COUNTY

MENTAL HEALTH PROVIDER RATIO: 121:1 (NM: 248:1)

ADULT DEPRESSION: 4% (NM: 10%)

DRUG OVERDOSE DEATHS*: 29.2 (NM: 24.6)

DRUG OVERDOSE-RELATED ED VISITS*: 136.9 (NM: 50.6)

*PER 100,000

-HOSPITAL SERVICES, PROGRAMS, AND RESOURCES AVAILABLE TO RESPOND TO THIS

NEED INCLUDE:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HCMC TREATS ALCOHOL AND SUBSTANCE ABUSE IN THE EMERGENCY DEPARTMENT (ED),

PROVIDING STABILIZATION AND TRANSFER SERVICES TO PATIENTS IN NEED. HCMC

ALSO EMPLOYS A CLINICIAN IN THE ED WITH LICENSURE TO ADMINISTER SUBOXONE,

A MEDICATION DESIGNED TO REDUCE THE SYMPTOMS OF OPIATE ADDICTION AND

WITHDRAWAL.

HCMC IS THE FISCAL AGENT FOR TAOS ALIVE. THIS COALITION BRINGS TOGETHER

HEALTH AGENCIES, PUBLIC SAFETY ENTITIES, EDUCATIONAL ADMINISTRATORS, AND

COMMUNITY ADVOCATES TO WORK TOGETHER TO DECREASE SUBSTANCE ABUSE IN

FAMILIES AND YOUTH. THE PROGRAM OPERATES A VARIETY OF SUBSTANCE ABUSE

REDUCTION STRATEGIES INCLUDING PUBLIC MEDIA CAMPAIGNS REGARDING SUBSTANCE

ABUSE ISSUES IN TAOS COUNTY, ENVIRONMENTAL CLEAN-UP ACTIVITIES,

PRESCRIPTION DRUG TAKE BACK AND DISPOSAL PUBLIC EVENTS, YOUTH ENGAGEMENT

PROGRAMS, EDUCATION OF ELECTED AND PUBLIC OFFICIALS ABOUT SUBSTANCE ABUSE

PREVALENCE AND PREVENTION MEASURES IN TAOS COUNTY, AND NALOXONE

DISSEMINATION ACTIVITIES IN COORDINATION WITH HOLY CROSS HOSPITAL. THE

TAOS ALIVE COALITION ALSO PARTICIPATES IN NATIONAL CONFERENCES AND

EDUCATIONAL WORKSHOPS AND WORKS LOCALLY TO STRENGTHEN AND BUILD OTHER

DRUG-FREE COMMUNITIES IN NEIGHBORING RURAL/FRONTIER COMMUNITIES.

TAOS ALIVE PROVIDES TRAINING ON NARCAN USAGE IN THE COMMUNITY.

HCMC PARTNERS WITH AREA SCHOOLS AND LAW ENFORCEMENT TO REDUCE DRUG USE AND

ITS CONSEQUENCES THROUGH A NEW MEXICO HIGH-INTENSITY DRUG TRAFFICKING AREA

(HIDTA) GRANT.

HCMC PARTNERS WITH THE VIDA DEL NORTE COALITION IN QUESTA, NM TO PROVIDE

MENTORSHIP IN TAOS PUEBLO SCHOOLS.

PRESCRIPTION DRUG COLLECTION BOX INSTALLED IN THE MAIN HOSPITAL LOBBY.

HCMC PARTICIPATES IN A 2-COUNTY COLLABORATION BETWEEN TAOS AND RIO ARRIBA

THROUGH THE RURAL HEALTH NETWORK TO ADDRESS THE OPIOID EPIDEMIC.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SUD PEER IN THE ED (PARTNERED WITH UNM TEAM OF ADDICTION SPECIALISTS).

HCMC IS ACTIVELY INVOLVED WITH THE NM HOSPITAL ASSOCIATION IN EFFORTS TO

TREAT OPIOID ADDICTION AND REDUCE OPIOID USAGE ACROSS THE STATE. HOLY

CROSS MEDICAL CENTER 2022 CHNA

HCMC ACTIVELY PARTICIPATES IN THE TAOS HEALTH COUNCIL.

COMMUNITY LEADER IS ON THE BOARD OF DIRECTORS WITH EXPERIENCE IN OPIOID

ADDICTION AND RECOVERY.

THE TAOS HEALTH COUNCIL WORKS COLLABORATIVELY WITH THE NM CRISIS AND

ACCESS LINE TO PROMOTE AWARENESS OF SUICIDE DESIRE AND PREVENTION.

THE TAOS HEALTH COUNCIL RAISES AWARENESS ABOUT ADOLESCENT SUICIDE DESIRE

AND PREVENTION IN THE LOCAL COMMUNITY. HCMC SPONSORS TAOS FIRST STEPS.

TAOS FIRST STEPS HOME VISITORS HAVE INFANT MENTAL HEALTH ENDORSEMENTS.

LICENSED MENTAL HEALTH WORKER IN THE EMERGENCY DEPARTMENT (ED).

HCMC OFFERS A MAT PROGRAM THROUGH THE ED.

-IMPACT OF ACTIONS TAKEN SINCE THE IMMEDIATELY PRECEDING CHNA:

HCMC RECEIVED A GRANT TO FUND PROGRAMS IN SCHOOLS THAT PROVIDE 1:1

MENTORSHIP FOR AT-RISK STUDENTS/LIFE SKILLS TRAINING.

HCMC PARTICIPATES IN THE 100% NEW MEXICO INITIATIVE.

PROVIDING MENTAL HEALTH SUPPORT IN CHILDREN AND YOUTH CLINIC WITH EXPANDED

HOURS.

-ADDITIONALLY, THE HOSPITAL PLANS TO TAKE THE FOLLOWING STEPS TO ADDRESS

THIS NEED:

WORK ON TELEHEALTH OPTIONS FOR MENTAL HEALTH.

EXPLORE THE CREATION OF AN INPATIENT MENTAL HEALTH PSYCHIATRIC UNIT.

MEDICAL STAFF HAS RECOMMENDED PURSUING RECRUITMENT OF A PSYCHIATRIST.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EXPLORE EXPANDING TELE-PSYCH IN THE INPATIENT SETTING.

POTENTIAL PARTNERSHIP WITH UNM TO SUPPORT BABIES BORN WITH SUBSTANCE USE

DISORDERS.

-IDENTIFIED MEASURES AND METRICS TO TRACK PROGRESS:

NUMBER OF EMERGENCY DEPARTMENT PSYCHIATRIC VISITS

NUMBER OF PSYCHIATRIC TRANSFERS

NUMBER OF SUBSTANCE USE DISORDER CLIENTS SEEN THROUGH CASE MANAGEMENT

NUMBER OF MOTHERS SCREENED FOR POSTPARTUM DEPRESSION 107 (2021)

NUMBER OF MOTHERS WITH A POSITIVE DRUG SCREEN

AMOUNT OF NARCAN DISTRIBUTED

HEALTHCARE SERVICES: AFFORDABILITY - SIGNIFICANT NEED IN 2019 AND 2022

-AFFORDABILITY OF HEALTHCARE SERVICES WAS THE #2 IDENTIFIED HEALTH NEED IN

THE COMMUNITY WITH 183 RESPONDENTS (N=249) RATING IT AS EXTREMELY

IMPORTANT TO BE ADDRESSED. AFFORDABILITY RANKED #3 IN THE 2019 CHNA

REPORT.

-TAOS COUNTY IS WORSE THAN THE BENCHMARK WHEN IT COMES TO THE UNEMPLOYMENT

RATE, CHILDREN IN POVERTY, AND MEDIAN HOUSEHOLD INCOME. ADDITIONALLY,

LOW-INCOME POPULATIONS WERE IDENTIFIED AS THE MOST PREVALENT PRIORITY

POPULATION IN THE COMMUNITY MAKING AFFORDABILITY OF HEALTHCARE SERVICES A

PRESSING NEED IN THE COMMUNITY.

-COUNTY STATISTICS:

UNINSURED RATE: 10% (NM: 10%)

CHILDREN IN POVERTY: 25% (NM: 24%)

MEDIAN HOUSEHOLD INCOME: \$41,459 (NM: \$51,889)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

UNEMPLOYMENT RATE: 11.6% (NM: 8.1%)

PRIMARY CARE PHYSICIAN RATIO: 1,090:1 (NM: 1,340:1)

DENTIST RATIO: 1,920:1 (NM: 1,440:1)

-HOSPITAL SERVICES, PROGRAMS, AND RESOURCES AVAILABLE TO RESPOND TO THIS

NEED INCLUDE:

HCMC BENEFIT NAVIGATION PROGRAM PROVIDES FREE ENROLLMENT APPLICATION

ASSISTANCE, COUNSELING, AND ELIGIBILITY INFORMATION TO THE PUBLIC FOR THE

FOLLOWING HEALTH COVERAGE PROGRAMS: MEDICAID AND MARKETPLACE. IT IS A

PROGRAM OF HOLY CROSS HOSPITAL WITH BILINGUAL STAFF AND TWO MAIN OFFICES

IN TAOS. THE TWO OFFICES ALSO ASSIST WITH PRESUMPTIVE ELIGIBILITY

PROVISIONS FOR THE LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP),

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PROGRAM, AND THE

TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) PROGRAM.

THE BENEFIT NAVIGATION PROGRAM ALSO PROVIDES HEALTHCARE NAVIGATION

SERVICES TO THE MEDICARE ELIGIBLE AND MEDICARE BENEFICIARY POPULATIONS.

THIS IS A GRANT-FUNDED EFFORT WITH NEIGHBORING COUNTY RIO ARRIBA TO WORK

SPECIFICALLY WITH THE MEDICARE POPULATION AND INCREASE ACCESS TO AND

ENROLLMENT IN PUBLIC HEALTH ENTITLEMENT PROGRAMS. THE PROGRAM ONLY

INTERFACES WITH MEDICARE BENEFICIARIES WHEN THEY ARE DETERMINED TO BE

DUALLY ELIGIBLE FOR BOTH MEDICARE AND MEDICAID COVERAGE AND TO NAVIGATE

CURRENT MEDICARE ENROLLMENT OPTIONS; THEY CURRENTLY DO NOT ASSIST IN

MEDICARE APPLICATIONS THAT ARE ADMINISTERED BY THE SOCIAL SECURITY

ADMINISTRATION. THE DUAL ELIGIBLE POPULATION IS THE LOW-INCOME SUBSIDY

(LIS) ELIGIBLE AND THE MEDICARE SUBSIDY PROGRAM (MSP) ELIGIBLE.

HCMC OFFERS RESOURCES FOR CHRONIC CARE MANAGEMENT IN ITS PRIMARY CARE

CLINICS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HCMC IS THE FISCAL AGENT FOR TAOS FIRST STEPS, WHICH SUPPORTS NEW FAMILIES

AND PROMOTES EARLY CHILDHOOD DEVELOPMENT AND THE PARENT-CHILD

RELATIONSHIP. THIS PROGRAM PROVIDES ACCESS TO BEHAVIORAL HEALTH RESOURCES

THROUGH HOME VISITS, GROUP EVENTS, CLASSES, AND REFERRALS TO HEALTHCARE

AGENCIES AS APPROPRIATE. THE FIRST STEPS DATA COORDINATOR IS A MEDICAID

DETERMINER AND CAN ASSIST PRENATAL FAMILIES AND FAMILIES WITH CHILDREN UP

TO 3 YEARS OLD WITH MEDICAID ENROLLMENT.

HOME VISIT PROGRAM THROUGH TAOS FIRST STEPS.

HCMC COLLABORATES WITH LOCAL FAITH-BASED ORGANIZATIONS TO FORGIVE PATIENT

MEDICAL BILLS.

TELE-STROKE PROGRAM IN PARTNERSHIP WITH THE UNIVERSITY OF NEW MEXICO

HEALTH SYSTEM.

CANCER PROGRAM OFFERS GAS CARDS AND LODGING FOR PATIENTS WHO HAVE

APPOINTMENTS IN SANTA FE/ALBUQUERQUE. HOLY CROSS MEDICAL CENTER 2022 CHNA

-IMPACT OF ACTIONS TAKEN SINCE THE IMMEDIATELY PRECEDING CHNA:

ALL PARENT CLASSES ARE AVAILABLE IN SPANISH.

BENEFIT NAVIGATION PROGRAM IS AVAILABLE IN SPANISH.

FAMILY NAVIGATORS LOCATED IN TAOS CLINIC FOR CHILDREN AND YOUTH AND

WOMEN'S HEALTH INSTITUTE THROUGH ROAMS PROGRAM.

ROAMS PROGRAM PROVIDES TECHNOLOGY AT HOME TO ACCESS PROVIDERS.

PRESENCE IN QUESTA FOR MATERNITY AND LACTATION PROGRAMS THROUGH ROAMS.

BLUE BUS ALLOWS PATIENTS TO SCHEDULE RIDES FOR DOCTOR'S APPOINTMENTS.

COVID-19 CARE

VACCINE ADMINISTRATION

TESTING

ADMINISTRATION OF ANTIBODIES

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EXPANDED INFUSION CLINIC HOURS

HOME VISITS TO VACCINATE THE ELDERLY

PURCHASED LOCAL PEDIATRIC CLINIC TO ENSURE ACCESS TO PEDIATRIC SERVICES

LOCALLY.

TAOS HEALTH SYSTEMS, INC.:

PART V, SECTION B, LINE 16J: THE FINANCIAL ASSISTANCE POLICY, APPLICATION

AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE ONLINE AT

[HTTPS://HOLYCROSSMEDICALCENTER.ORG/PATIENT-VISITOR-INFORMATION/PATIENT-INFO](https://holycrossmedicalcenter.org/patient-visitor-information/patient-info)

[RMATION/PAYMENT-FINANCIAL-ASSISTANCE/](#).

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON SEVERAL FACTORS,
 INCLUDING ELIGIBILITY FOR GOVERNMENT-SPONSORED PROGRAMS, ELIGIBILITY FOR
 THIRD-PARTY COVERAGE, COMPLETION OF A FINANCIAL ASSISTANCE APPLICATION,
 FAMILY INCOME RELATIVE TO FEDERAL POVERTY GUIDELINES.

PART I, LINE 7:

THE ORGANIZATION USES A COST-TO-CHARGE RATIO TO CALCULATE THE AMOUNTS IN
 LINE 7A. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2 IN THE
 SCHEDULE H INSTRUCTIONS. THE AMOUNTS IN LINES 7E, 7F AND 7I ARE BASED ON
 COSTS AND REVENUES AS REPORTED IN THE FINANCIAL STATEMENTS. THE AMOUNTS
 IN LINE 7G ARE BASED ON THE COST-TO-CHARGE RATIO DERIVED FROM THE MEDICARE
 COST REPORT.

PART I, LINE 7G:

SUBSIDIZED HEALTH SERVICES REPORTED IN LINE 7G INCLUDE DIABETIC EDUCATION
 SERVICES.

Part VI Supplemental Information (Continuation)

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A),

BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN

THIS COLUMN IS \$ 6,153,948.

PART III, LINE 2:

FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH

PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT

BALANCES DUE FOR WHICH THIRD PARTY COVERAGE EXISTS FOR PART OF THE BILL),

THE ORGANIZATION RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE

ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE,

WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE

PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE

DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF

NEGOTIATED OR PROVIDED BY POLICY) AND THE AMOUNTS ACTUALLY COLLECTED AFTER

ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF

AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

PART III, LINE 3:

THE AMOUNT OF BAD DEBT EXPENSE ESTIMATED TO BE ATTRIBUTABLE TO PATIENTS

ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY WAS

CALCULATED BASED ON EXPERIENCE AND COMMUNITY/INDUSTRY KNOWLEDGE APPLIED TO

VARIOUS FINANCIAL CLASSES. THE LARGEST FINANCIAL CLASS WAS SELF-PAY, WHICH

WAS ESTIMATED AT 60% THAT MAY HAVE BEEN ELIGIBLE IF PAPERWORK WOULD HAVE

BEEN COMPLETED AND SUBMITTED.

PART III, LINE 4:

THE FOOTNOTE THAT DESCRIBES THE ORGANIZATION'S BAD DEBT EXPENSE IS LOCATED

Part VI Supplemental Information (Continuation)

ON PAGE 11 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS.

PART III, LINE 8:

ALL OF THE MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT
BECAUSE HOSPITALS MUST TREAT PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.
BY TREATING MEDICARE ELIGIBLE PATIENTS, HOSPITALS ALLEVIATE THE FEDERAL
GOVERNMENT'S BURDEN FOR DIRECTLY PROVIDING MEDICAL SERVICES. THE DATA USED
TO EVALUATE THE MEDICARE SHORTFALL WAS OBTAINED FROM THE MAY 31, 2024
MEDICARE COST REPORT.

PART III, LINE 9B:

HOLY CROSS HOSPITAL WILL CONTINUALLY NOTIFY THE PATIENT WITH OPEN SELF-PAY
ACCOUNTS OF THE FINANCIAL ASSISTANCE POLICY AVAILABILITY FOR A 120 DAY
PERIOD. THIS IS KNOWN AS THE FINANCIAL ASSISTANCE POLICY NOTIFICATION
PERIOD. HOLY CROSS HOSPITAL WILL PROVIDE THE PATIENT WRITTEN NOTIFICATION
30 DAYS PRIOR TO THE END OF THE FINANCIAL ASSISTANCE NOTIFICATION PERIOD.
ADDITIONALLY, HOLY CROSS HOSPITAL WILL NOT ENGAGE IN ANY EXTRAORDINARY
COLLECTION ACTIVITY UNTIL SUFFICIENT TIME AND NOTIFICATION PERIODS HAVE
PASSED (AT LEAST 120 DAYS).

PART VI, LINE 2:

IN ADDITION TO OUR 2022 CHNA, TAOS HEALTH SYSTEMS (DBA: HOLY CROSS
HOSPITAL) PARTICIPATES IN A STUDY GROUP IN PARTNERSHIP WITH TOWN AND
COUNTY OFFICIALS. THESE SESSIONS ARE OPEN TO THE PUBLIC AND DESIGNED TO
ADDRESS COMMUNITY CONCERNS IN AN OPEN FORUM. ALSO, TAOS HEALTH SYSTEMS
ACTS AS FISCAL AGENT FOR THE TAOS CARES HEALTH COUNCIL, WHICH CONVENES
COMMUNITY MEMBERS AND PARTNER AGENCIES MONTHLY IN ORDER TO:

Part VI Supplemental Information (Continuation)

- 1) DISSEMINATE HEALTH INFORMATION, INCLUDING CHNA DATA, TO COMMUNITY;
- 2) GATHER COMMUNITY INPUT;
- 3) BRING HEALTH CARE ENTITIES TOGETHER;
- 4) STRENGTHEN COMMUNITY SERVICES;
- 5) ASSIST COMMUNITIES WITH HEALTH AND HEALTHCARE GOALS;
- 6) EDUCATE COMMUNITY AND HEALTH CARE PROVIDERS.

THE INFORMATION OBTAINED FROM THE MONTHLY STUDY GROUPS, OPEN PUBLIC SESSIONS AND TAOS CARESHEALTH COUNCIL IS USED IN CONJUNCTION WITH INTERNAL ASSESSMENTS TO UPDATE THE IMPLEMENTATION STRATEGY FROM THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT.

PART VI, LINE 3:

WHEN AN ACCOUNT IS FINAL BILLED AND IDENTIFIED AS SELF-PAY, A LETTER IS SENT TO THE PATIENT REQUESTING EITHER PAYMENT OR THE PATIENT CONTACT THE HOSPITAL TO DISCUSS FINANCIAL ASSISTANCE. PAYMENT PLANS MAY BE ARRANGED OR AN APPLICATION FOR CHARITY CARE MAY BE COMPLETED. FOR SELF-PAY ACCOUNTS LESS THAN \$1,000, NO CALLS ARE MADE TO THE PATIENT AND COLLECTION EFFORTS ARE THE SAME FOR ALL ACCOUNTS UNLESS THE PATIENT IS MAKING PAYMENTS OR HAD INDICATED THAT THEY WILL APPLY FOR FINANCIAL ASSISTANCE. FOR SELF-PAY ACCOUNTS BETWEEN \$1,000 AND \$5,000, THE PATIENT WILL BE CONTACTED AT LEAST 3 TIMES BY TELEPHONE TO ENCOURAGE THEM TO DISCUSS THEIR BILL AND APPLY FOR ASSISTANCE. PATIENTS AGREEING TO APPLY FOR CHARITY CARE WILL BE GIVEN APPLICATIONS AND ASSISTED IN COMPLETING THE FORMS IF NECESSARY.

WHEN AN APPLICATION IS RECEIVED THE FOLLOWING STEPS WILL BE TAKEN:
 - IF THE ACCOUNT IS MORE THAN 120 DAYS OLD ALL EXTRAORDINARY COLLECTION ACTIVITY WILL BE SUSPENDED.

Part VI Supplemental Information (Continuation)

APPLICATION INFORMATION WILL BE REVIEWED FOR A DISPOSITION WITHIN 5

BUSINESS DAYS. IF THE APPLICATION IS APPROVED, THE FOLLOWING STEPS WILL BE

TAKEN:

- BILLING STATEMENT SHOWING THE AMOUNT OF FINANCIAL ASSISTANCE GIVEN, ANY

REMAINING BALANCES OWED WILL BE SENT TO THE PATIENT

- REFUND ANY EXCESS PAYMENTS MADE BY INDIVIDUAL IF THE APPLICATION IS

RECEIVED INCOMPLETE, THE FOLLOWING ACTION WILL BE TAKEN:

- PROVIDE INDIVIDUAL WITH WRITTEN NOTICE OF ADDITIONAL INFORMATION NEEDED

WITH COMPLETION DEADLINE

- ONE NOTICE THAT EXTRAORDINARY COLLECTIONS WILL PROCEED IF APPLICATION IS

NOT COMPLETED OR CLAIM IS NOT PAID WITHIN 30 DAYS FROM ABOVE COMPLETION

DEADLINE OR LAST DAY OF APPLICATION PERIOD (240 DAYS)

IF THE APPLICATION IS DENIED, PATIENTS WILL BE SENT A LETTER INFORMING

THEM OF THE REASON FOR DENIAL.

HOLY CROSS HOSPITAL WILL CONTINUALLY NOTIFY THE PATIENT WITH OPEN SELFPAY

ACCOUNTS OF THE FINANCIAL ASSISTANCE POLICY AVAILABILITY FOR A 120 DAYS

PERIOD. THIS IS KNOWN AS THE FINANCIAL ASSISTANCE POLICY NOTIFICATION

PERIOD. HOLY CROSS HOSPITAL WILL PROVIDE THE PATIENT WRITTEN NOTIFICATION

30 DAYS PRIOR TO THE END OF THE FINANCIAL ASSISTANCE NOTIFICATION PERIOD

(AT 90 DAYS). HOLY CROSS HOSPITAL WILL NOT ENGAGE IN ANY EXTRAORDINARY

COLLECTION ACTIVITY UNTIL SUFFICIENT TIME AND NOTIFICATION PERIODS HAVE

PASSED (AT LEAST 120 DAYS). PATIENTS WILL BE BILLED FULL CHARGES LESS 20%

UNINSURED DISCOUNT IF THEY DO NOT APPLY FOR FINANCIAL ASSISTANCE.

FOR ACCOUNTS LESS THAN \$2,000, INCOMPLETE APPLICATIONS WILL NOT BE

Part VI Supplemental Information (Continuation)

ACCEPTED. FOR ACCOUNTS GREATER THAN \$2,000, WE WILL ACCEPT ALL

APPLICATIONS AND CALL THE PATIENT WEEKLY FOR 3 WEEKS TO OBTAIN THE MISSING

INFORMATION. AFTER 3 WEEKS, WE WILL MAIL THE APPLICATION TO THE PATIENT

EXPLAINING THAT WE WERE UNABLE TO PROCESS AND FOR THEM TO BRING THE

APPLICATION BACK TO THS WHEN IT IS COMPLETE.

ON SELF-PAY ACCOUNTS OVER \$5,000, THE PATIENT WILL BE CALLED AS SOON AS

THE ACCOUNT IS IDENTIFIED. THE PATIENT WILL ALSO BE CALLED PRIOR TO EACH

ADDITIONAL COLLECTION LETTER BEING SENT. AFTER ALL APPROPRIATE COLLECTIONS

LETTERS HAVE BEEN SENT AND TELEPHONE CALLS HAVE BEEN MADE AND THE PATIENT

HAS NOT MADE AN ATTEMPT TO MAKE SUITABLE ARRANGEMENTS, THE ACCOUNT WILL BE

REFERRED TO AN OUTSIDE COLLECTION AGENCY.

PART VI, LINE 4:

TAOS HEALTH SYSTEM SERVES APPROXIMATELY 51,000 RESIDENTS OF TAOS, COLFAX,

AND NORTHERN RIO ARRIBA COUNTIES, A DIVERSE CULTURAL COMMUNITY WITH A

POVERTY RATE OF 18.5% IN A RURAL FRONTIER AREA OF 15 PEOPLE PER SQUARE

MILE IN MORE THAN 2,500 SQUARE MILES. THE POPULATION OF TAOS COUNTY IS

50.5% HISPANIC OR LATINO, 8.2% NATIVE AMERICAN AND 41% WHITE NON-HISPANIC.

IN TAOS COUNTY, 31.3% OF OUR COLLECTIVE POPULATION IS 65 OR OVER, COMPARED

TO 19.8% STATE-WIDE, SO WE SEE DISPROPORTIONATELY HIGH ONSET IN CHRONIC

DISEASES. THE PROPORTION OF TAOS COUNTY CHILDREN IN IMPOVERISHED OR LOW

INCOME FAMILIES REMAINS ONE OF THE HIGHEST IN THE STATE AND THE NATION,

WITH MORE THAN 25% OF ALL TAOS COUNTY CHILDREN UNDER 18 LIVING IN POVERTY.

PART VI, LINE 5:

THS CONTAINS HOLY CROSS HOSPITAL, TAOS WOMEN'S HEALTH INSTITUTE, TAOS

SURGICAL SPECIALTISTS, TAOS PRIMARY CARE, TAOS CARDIOLOGY, AND TCCY. WE

Part VI Supplemental Information (Continuation)

PROVIDE ACUTE HOSPITAL CARE, SURGERY CARE, AND REHABILITATIVE SPORTS

MEDICINE AND PHYSICAL THERAPY SERVICES AS WELL AS A WOMEN'S HEALTH CLINIC,

A PEDIATRIC CLINIC, CARDIOLOGY CLINIC AND A SURGICAL SPECIALTIES CLINIC TO

ENSURE THAT THE COMMUNITY'S NEED FOR CARE IS MET.

OUR SYSTEM EMPLOYS 19 PHYSICIANS AND 6 ADVANCE PRACTICE CLINICIANS IN

GENERAL SURGERY, UROLOGY, OB/GYN, PRIMARY CARE, PEDIATRICS, HOSPITALISTS,

AND EMERGENCY MEDICINE. IN ADDITION, PROVIDERS OF OTHER SPECIALTIES

INCLUDING, BUT NOT LIMITED TO, INTERNAL MEDICINE, CARDIOLOGY, ORTHOPEDICS,

ENT, WOUND CARE, ANTI-COAGULATION, AND PODIATRY PROVIDE SERVICES WITHIN

OUR ORGANIZATION. OUR EMERGENCY DEPARTMENT, OPERATING ROOMS, LABORATORY,

AND RADIOLOGY DEPARTMENTS ARE FULLY STAFFED AND TECHNOLOGICALLY EQUIPPED.

THS ALSO PROVIDES A NUMBER OF GRANT AND HOSPITAL FUNDED COMMUNITY BENEFIT

PROGRAMS THAT SERVE A WIDE ARRAY OF AREA RESIDENTS AT NO OR LOW COST.

THESE INCLUDE:

- MEDICAID ENROLLMENT PROVIDES COMMUNITY HEALTH WORKERS, INCLUDING

BILINGUAL CHW'S, WHO CURRENTLY ASSIST UNINSURED PEOPLE TO ACCESS TO

CENTENNIAL CARE AS WELL AS OUTREACH.

- HEALTH EXCHANGE ENROLLMENT PROVIDES OUTREACH AND ENROLLMENT BY CERTIFIED

HEALTHCARE GUIDES IN THE HEALTH INSURANCE EXCHANGE.

- DIABETES MANAGEMENT PROVIDES DISEASE MANAGEMENT STRATEGIES FOR

PREDIABETICS AND PEOPLE LIVING WITH TYPE I AND II DIABETES.

- NUTRITION COUNSELING PROVIDES MULTIFACETED COUNSELING FOR PATIENTS

FACING CHRONIC DISEASE AND OBESITY.

- PRESCRIPTION ASSISTANCE PROVIDES EMERGENCY AND ONGOING ASSISTANCE FOR

PATIENTS UNABLE TO PAY FOR THEIR MEDICATIONS.

- MEDICATION THERAPY MANAGEMENT IMPROVES MEDICATION SAFETY AND

EFFECTIVENESS FOR ANYONE ON PRESCRIPTION MEDICATIONS.

Part VI Supplemental Information (Continuation)

- TAOS ALIVE IS A COALITION TARGETED AT PREVENTING YOUTH SUBSTANCE ABUSE

VIA ENVIRONMENTAL STRATEGIES SUCH AS MEDIA AWARENESS CAMPAIGNS AND LOCAL

POLICY CHANGE.

- UNDERAGE DRINKING PREVENTION PROVIDES ALCOHOL LITERACY EDUCATION TO TAOS

COUNTY ELEMENTARY, MIDDLE, AND HIGH SCHOOL STUDENTS ALONG WITH MEDIA

LITERACY CAMPS DURING THE SUMMER.

- OVERDOSE PREVENTION PROVIDES PREVENTION STRATEGIES TO COMMUNITY MEMBERS

AT-RISK FOR OPIATE OVERDOSE.

- CANCER SUPPORT SERVICES PROVIDES SERVICES FOR PATIENTS AND FAMILIES

LIVING WITH CANCER.

- SANE (SEXUAL ASSAULT NURSE EXAMINER) SERVES VICTIMS OF SEXUAL ASSAULT

WITH CONFIDENTIAL EXAMS AND REFERRALS.

- FIRST STEPS HOME VISITING PROVIDES SUPPORT AND REFERRALS FOR FIRST-TIME

FAMILIES WITH CHILDREN AGES 0-3.

- TAOS LOVES KIDS PARENTING CLASSES PROVIDE TRAINING FOR CAREGIVERS OF

CHILDREN AGES 0- 5.

- KIDS FIRST! SUPPORTS THE MENTAL AND PHYSICAL HEALTH OF PENASCO VALLEY

FAMILIES OF CHILDREN 0-10.

- THE ANTI-COAGULATION CLINIC MONITORS AND ADJUSTS DRUG THERAPY FOR PEOPLE

WHO SUFFER CARDIOVASCULAR DISEASE AND ARE AT RISK FOR BLOOD CLOTS.

- DISASTER PREPAREDNESS WORKS WITH COMMUNITY PARTNERS AND HOSPITAL STAFF

TO PREPARE THE HEALTHCARE SYSTEM COMMUNITY FOR COUNTY-WIDE PUBLIC HEALTH

EMERGENCIES OF ALL TYPES, INCLUDING THE COVID-19 PANDEMIC OF 2020.

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
CHARITY CARE	59	650,582.	0.	N/A	N/A
FINANCIAL ASSISTANCE	1	500.	0.	N/A	N/A

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:

CHARITY CARE RECIPIENTS MUST QUALIFY FOR FINANCIAL ASSISTANCE. ONCE A

PATIENT IS APPROVED THEIR CHARITY CARE WILL BE VALID FOR SIX MONTHS.

FINANCIAL INFORMATION MUST BE PROVIDED TO QUALIFY AND TO CONTINUE TO

RECEIVE FINANCIAL ASSISTANCE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2023

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 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 TAOS HEALTH SYSTEMS, INC.	Employer identification number 85-0289839
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Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. STEPHEN P LUCERO PHYSICIAN	(i)	491,965.	0.	3,810.	5,000.	28,654.	529,429.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR. STEVEN SLIKKERS PHYSICIAN	(i)	430,806.	0.	4,422.	4,422.	34,612.	474,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DR. JOHN WELLS PHYSICIAN	(i)	412,690.	0.	673.	4,204.	34,612.	452,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DR. HEATHER MARSHALL PHYSICIAN	(i)	354,858.	0.	153.	3,626.	34,612.	393,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DR. MICHAEL DARNELL PHYSICIAN	(i)	345,207.	0.	3,810.	3,529.	33,578.	386,124.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAMES KISER CEO	(i)	337,830.	0.	2,894.	2,277.	25,813.	368,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JONATHAN MORAN, MD - BOARD MEMBER & COS (AS OF 1/1/24)	(i)	360,185.	0.	92.	5,000.	0.	365,277.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CONNIE PREWITT CFO	(i)	232,582.	0.	10,721.	2,403.	34,612.	280,318.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CIPRY JARAMILLO, MD - BOARD MEMBER & COS (THROUGH 1/1/24)	(i)	248,545.	0.	903.	5,000.	34,446.	288,894.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

CONNIE PREWITT, CFO, IS PROVIDED AN AUTOMOBILE ALLOWANCE THAT IS

INCLUDED IN W-2 TAXABLE WAGES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 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: **TAOS HEALTH SYSTEMS, INC.**
Employer identification number: **85-0289839**

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	3	938,821.	FMV
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 (DONATED AUCTION)	X	98	63,618.	FMV
26 Other (FOOD)	X	2	2,000.	FMV
27 Other (PRIZES)	X	11	1,396.	FMV
28 Other (DISCOUNT)	X	1	1,000.	FMV

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** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in 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) 2023

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.

PART I, OTHER TYPES OF PROPERTY:

PERSONAL HYGIENE SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 250.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTORS WAS USED IN PART I.

**SCHEDULE O
(Form 990)**

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 the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

TAOS HEALTH SYSTEMS, INC.

Employer identification number

85-0289839

FORM 990, PART VI, SECTION A, LINE 1A:

THE BOARD OF DIRECTORS HAS AN EXECUTIVE COMMITTEE CONSISTING OF THE OFFICERS OF THE BOARD AND THE IMMEDIATE PAST BOARD CHAIR. THE EXECUTIVE COMMITTEE HAS THE POWER AND AUTHORITY OF THE BOARD WHEN THE BOARD IS NOT IN SESSION TO TRANSACT ALL REGULAR BUSINESS, SUBJECT TO ANY PRIOR LIMITATIONS IMPOSED BY THE BOARD OR BY STATUTE. IN ADDITION, THE EXECUTIVE COMMITTEE

(A) ESTABLISHES STANDARDS FOR AND REVIEWS THE PERFORMANCE OF THE INDIVIDUAL BOARD MEMBERS AND THE SALARIED OFFICERS AND REPORTS THEREON TO THE BOARD;

(B) MEETS WITH THE CEO ON AN ANNUAL BASIS, CONCURRENT WITH THE FISCAL YEAR-END, FOR AN EVALUATION OF THE CEO'S PERFORMANCE; (C) MAKES RECOMMENDATIONS TO THE BOARD CONCERNING THE COMPENSATION AND TERMS OF EMPLOYMENT OF THE CEO AND OTHER SALARIED OFFICERS; (D) REVIEWS AND MAKES RECOMMENDATIONS TO THE BOARD ON THE COMPOSITION AND SERVICES OF THE BOARD AND ITS COMMITTEES; (E) IMPLMENTS THE CONFLICT OF INTEREST POLICIES; AND

(F) DEVELOPS AND OVERSEES A PROGRAM FOR THE ORIENTATION OF NEW BOARD MEMBERS AND FOR CONTINUING EDUCATION OF ALL DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED TO:

- 1) ADDED DEFINITION FOR CHIEF OPERATING OFFICER.
- 2) REMOVED THE REQUIREMENT THAT ONE DIRECTOR SHALL BE A PHYSICIAN MEMBER REPRESENTING PHYSICIAN HOSPITAL ORGANIZATION ("PHO").
- 3) ADDED LANGUAGE FOR QUORUM OF BOARD REQUIREMENTS.
- 4) BOARD MEETINGS MAY BE CONDUCTED IN PERSON, BY VIDEO OR AUDIO CONFERENCE, OR A HYBRID FASHION.
- 5) AT LEAST TWO (2) MEMBERS OF EACH COMMITTEE SHALL BE MEMBERS OF THE

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization TAOS HEALTH SYSTEMS, INC.	Employer identification number 85-0289839
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BOARD.

6) CHANGED VARIOUS COMMITTEE MEMBER TITLES TO BE IN LINE WITH REQUIRED

MEMBERS.

7) REVISED LANGUAGE FOR HEARING AND APPEAL PROCEDURES.

FORM 990, PART VI, SECTION A, LINE 7A:

ONE MEMBER OF THE BOARD OF DIRECTORS IS APPOINTED BY THE HOSPITAL'S MEDICAL EXECUTIVE COMMITTEE, WHICH IS COMPRISED OF THE MEDICAL STAFF OFFICERS, THE PAST, PRESENT AND UPCOMING CHIEF OF STAFF, AND THE CHAIR OF EACH MEDICAL STAFF COMMITTEE. ONE MEMBER IS ELECTED BY THE AUXILIARY. ONE MEMBER OF THE BOARD IS THE CHIEF OF STAFF.

FORM 990, PART VI, SECTION A, LINE 8B:

MINUTES WERE NOT KEPT FOR EXECUTIVE COMMITTEE MEETINGS. HOWEVER, THE EXECUTIVE COMMITTEE'S ACTIONS WERE REPORTED TO THE BOARD OF DIRECTORS.

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

THE FORM 990 WAS COMPLETED BY AN INDEPENDENT ACCOUNTING FIRM WHICH FORWARDED THE COMPLETED RETURN TO THE CEO AND CFO FOR REVIEW TO DETERMINE COMPLETENESS AND ACCURACY. ONCE APPROVED BY BOTH THE CEO AND CFO, A COPY WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW. THE BOARD OF DIRECTORS APPROVED THE FINAL COPY PRIOR TO FILING WITH THE IRS.

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

THE COMPLIANCE COMMITTEE MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY. BOARD OF DIRECTORS MEMBERS, SENIOR LEADERS, DIRECTORS AND KEY EMPLOYEES MUST COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY. IN THE EVENT OF A CONFLICT OF INTEREST, THE BODY TO WHICH SUCH CONFLICT OF

Name of the organization TAOS HEALTH SYSTEMS, INC.	Employer identification number 85-0289839
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INTEREST DISCLOSURE IS MADE SHALL DETERMINE, BY MAJORITY VOTE, WHETHER THE DISCLOSURE REQUIRES THAT NON-VOTING AND NON-PARTICIPATION PROVISIONS MUST BE OBSERVED. THE MINUTES OF ANY MEETING WHERE A CONFLICT OF INTEREST IS NOTED SHALL REFLECT THE DISCLOSURE MADE, THE VOTE THEREON AND, WHERE APPLICABLE, THE ABSTENTION FROM VOTING AND PARTICIPATION, AND WHETHER A QUORUM WAS PRESENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROFESSIONAL SERVICES AGREEMENT FOR THE CEO, AND THE CFO STATE THAT THE CHRO WILL REVIEW THE MARKET DATA FOR THIS POSITION. OVATION SALARY SURVEY DATA FROM ERNST AND YOUNG WAS USED FOR NATIONAL BENCHMARKING FOR THE CEO. THE EXECUTIVE COMMITTEE THEN REVIEWS THE RECOMMENDATION AND APPROVES THE CEO COMPENSATION. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	3,090,744.
MANAGEMENT AND GENERAL EXPENSES	20,166.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,110,910.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	11,518,964.
MANAGEMENT AND GENERAL EXPENSES	3,409,994.

Name of the organization TAOS HEALTH SYSTEMS, INC.	Employer identification number 85-0289839
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 14,928,958.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 18,039,868.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT

HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization <p align="center">TAOS HEALTH SYSTEMS, INC.</p>	Employer identification number <p align="center">85-0289839</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
TAOS PROFESSIONAL SERVICES - 27-4259044 1397 WEINER ROAD TAOS, NM 87571	CLINIC	NEW MEXICO	984,088.	5,492,473.	THS, INC.

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

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

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Form **8868**
(Rev. January 2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. TAOS HEALTH SYSTEMS, INC.	Taxpayer identification number (TIN) 85-0289839
	Number, street, and room or suite no. If a P.O. box, see instructions. 1397 WEIMER RD.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAOS, NM 87571	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **LENORA CISNEROS**
1397 WEIMER RD - TAOS, NM 87571

Telephone No. **(575) 751-5766** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **APRIL 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning **JUN 1**, 20 **23**, and ending **MAY 31**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)