Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gowForm990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A	For the	2023 calen	dar year, or ta	x year ber	inning	vior instructions a			20	Inspection
В		spolicable:	C	Your per	p-anny	,,	2023, and endi			20
		ress change:	TAOS CEN	TED FOR	THE ARTS			100000000000000000000000000000000000000		fication number
		ne change	133 PASE	O DEL E	UEBLO NO)) Tru			0113	
	_	al return	TAOS, NM	87571	OLDLO MOI	VIL		E Telepi	none numb	NOT
	\vdash	return/terminated						575	.758	.2052
	-									
		nded return	-					G Gross	receipts \$	892,291
	L Appl	loation pending	F Name and ac		L-DE	LSEA REIDY		H(a) is this a group ret-	em for sub	ordinates? Yes X No
			SAME AS	C ABOVE				H(b) Are all subordinate if "No," attach a le	s included	Yes No
1		empt status:	X 501(c)(3)	501(c)	() (ir	sert no.) 4947(a)	(1) or 527	If 'No," attach a lir	d. See inst	vuctions.
J	Webs	site: TC	ATAOS.ORG	3				H(c) Group exemption r	- more	
K		f organization;	X Corporation	Trust	Association	Other	L Year of forma			gal domicile: NM
P	art I	Summar	y	-						
	1 B	riefly describ	be the organiz	tation's mis	ssion or most :	significant activities	THE TCA P	ROVIDES PER	OPMIN	IC APTC
2	F	ACILITI	ES AND VI	SUAL A	RTS EXHIB	IT SPACE.	100 Mile and 100 mile and	TOTADED LEIN	Oldall	AG AKIS
Ĕ										
E	-									
Activities & Governance	2 C	heck this bo		organizat	ion discontinue	ed its operations or	disposed of m	ore than 25% of its	net ass	ets.
8	3 N 4 N	umber of vo	ung mempers	of the gov	remina body (F	Part VI. line 1a)			1 3 1	13
98	5 To	WHITE OF REC	sependent vot	ing membe	ars of the dove	ening body (Part VI	lime 16\		4	13
爱	6 T	otal number	of individuals	employed	in calendar ye	ar 2023 (Part V, lin	e 2a)	**********	5	30
豆	7a To	CONT. LIGHT HOUSE	OF KAHMINGGIS	tesumate	(f necessary)				6	50
_		et unrelated	business tour	venue mon	Part VIII, con	umn (C), line 12	/10/10/10/09		7a	0.
_		ar ar in ordinate to	Dusiness taxe	sole income	e from Form 9	90-T, Part I, line 11	recessions		7b	0.
	8 C	ontributions	and areate /D	back MIII Back	o. 144			Prior Year		Current Year
Revenue	9 P	nogram servi	ce revenue /E	Part VIII, III	e mj			The second secon		376,568.
ğ	10 In	vestment in	ome /Part VI	II. column	(A) lines 2 4			To Company of the Com		104,155.
æ	11 0	ther revenue	(Part VIII co	duma (A)	(A), lines 3, 4,	and 7d)		The second secon	379.	18,337.
	12 To	otal revenue	- add lines 8	through 1	1 (exust exust	Part VIII, column (A				199,476.
	13 G	rants and sir	milar amounts	naid (Dad	IV set equal), lines 1-3)	4), line 12)	217,5	95.	698,536.
	14 B	enefits naid	to or for mem	hore (Davi	IX, column (A	(), lines 1-3)				
	15 S	plaries other	companyation	nois (Fait	ix, column (A), line 4)				
9	16. D.	ofernianal f	compensano	in, employe	ee benefits (Pa	art IX, column (A), I	lines 5-10)	97,7	186.	308,273.
Expenses	100 11	oressional n	undraising fee	s (Part IX,	column (A), li	ne 11e)				
8	b To	stal fundraisi	ng expenses	(Part IX, co	olumn (D), line	25)	43,839.	HER DES	100	
_	17 Ot	ther expense	is (Part IX, co	lumn (A),	lines 11a-11d,	11f-24e)		01.1	52	220 050
	18 10	ital expense	Add lines 1	3-17 (must	equal Part IX	column (A), line 25	5)	100 0		228,850.
	19 Re	evenue less	expenses, Su	btract line	18 from line 1:	2				537,123.
Not Assets or Fund Balancos	9			This was a second	-					161,413.
14	20 To		Part X, line 16					Beginning of Curren 1,229,6		End of Year
55	21 To	tal liabilities	(Part X, line	26)	***********			32,0		1,458,329.
캺	22 Ne	at assets or f	und balances	Subtract	line 21 from Si	ne 20				56,664.
Pa	rt II	Signature	Block		and ET HOSTI	No. 400-11-11-11-11-11-11		1,197,6	39.	1,401,665.
				medical fall as	the back the					
omg	Vete. Decla	ration of pregiate	gray trangettig	or) is based or	all information of	ompanying schedules and which preparer has any kn	statements, and to nowledge.	the best of my knowledge	and belief	, it is true, correct, and
		CU	m 1 11	5 Trass				10/10	101	1
Sig	n	Signature of or	for 1	Land	ar.			Date 7(//3	124	
Hei		ALFORD	JOHNSON				-	1 1		
		Type or print n	ame and title			_	T	REASURER		
		Print/Type pre	parer's name		Preparer's signe	ture /	Date	1		
ai	d	17 STATE OF THE ST	E M JEANTET	T CDA		Cha	Date	7 JUL Check L	H P	TIN
	parer	Firm's name				M JEANTETE, CPA		self-employe	d Po	01516266
Jse	Only	Firm's address		RT CPA,				1,		
		Permis appress	212 000	DORF ROA	D, STE 3			Firm's EIN	46-5	755171
trees	the IDC	diamen Heli	TAOS, N	M 87571				Phone no.		58-4111
in A	Fer C	uiscuss this	return with th	ne prepare	shown above	? See instructions.			1+1+1+	X Yes No
MA	rorPa	perwork Re	duction Act N	otice, see	the separate in	structions.	TEE	A0101L 08/23/23		Form 990 (2023)

Par	990 (2023) TAOS CENTER I	FOR THE ARTS		85-011349	52 Page 2
ai	The state of the s	Service Accomplishme	ine in this Part III		
1	Briefly describe the organization's	mission:	ine in this Part III	*************	Х
	SEE SCHEDULE O	master,			
	one occurrence				
2	Not the proportion and a toleran				
4	For 200 - 200 F73	ignificant program services durin	g the year which were not listed on the p	rior	
	Form 990 or 990-EZ?				Yes X No
	If "Yes," describe these new services			_	
3	Did the organization cease conduc	ting, or make significant change	ges in how it conducts, any program s	ervices?	Yes X No
	If "Yes," describe these changes on \$				
4	Describe the organization's progra Section 501(c)(3) and 501(c)(4) or and revenue, if any, for each program	m service accomplishments fo ganizations are required to rep ram service reported.	r each of its three largest program se port the amount of grants and allocation	rvices, as measure ons to others, the	ed by expenses, total expenses,
4a	(Code:) (Expenses \$	231,475, including	a grants of \$		
	LIVE PERFORMANCE ARTS		g grants or \$)	(Revenue \$)
	MOVIES - HD I	LIVE STREAMING OF PI	ERFORMANCES FROM AROUND	Revenue \$ THE COUNTRY	AND
	(Code:) (Expenses \$ VISUAL ARTS COMMUNITY	49,101. including SUPPORT	grants of \$) (Revenue \$)
8					
d 4	Other program engines (D	- 24 - 11 - 24			
	Other program services (Describe o Expenses \$	그 아이들 이 이 이번에 되어 된 사람들은 사람들이 되었다.	12924		
-		including grants of \$) (Revenue \$)
4e AA	Total program service expenses	350,720.			r - neternous
and the					

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	_	Yes	No
	Contract A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V.	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.	10	^	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110	х	
Ь	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11a	Λ.	Х
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? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D. Part X	11e	Х	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X.	11f		Х
128	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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? If "Yes," complete Schedule F, Parts I and IV.	1037		19
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? If "Yes," complete Schedule F, Parts II and IV.	14b	-	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? If "Yes," complete Schedule F, Parts III and IV.	15	-	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? If "Yes," complete Schedule G, Part I. See instructions.	16		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? If "Yes," complete Schedule G, Part II.	17	+	X
19	Did the organization report more than \$15,000 of proof income from the control of	18		X
20a	complete Schedule G, Part III. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		n
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.			х
AA	Secretaria Secretaria I, rigital II, rigital III, rigital	21		

Form 990 (2023) TAOS CENTER FOR THE ARTS 85-0113452 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No," go to line 25a. X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.... 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?..... 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I...... 25a Х is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.... 25h Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. X 27 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, 28 instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes," complete Schedule L. Part IV. Х 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV..... X 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. х Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M..... X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M..... 30 x Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I...... X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.... 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L. Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV. and Part V, line 1.... х X 35a 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 х 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.

	, and an	****************		400 400 40	
Ta.	Either the number reported in how 3 of Ferm 1995 Ferm 1995			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 6	3 1	100	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0		- 44	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	eportable gaming			
	rgegy nearings to price wileids:	*********	1c	X	

Form 990 (2023) TAOS CENTER FOR THE ARTS

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

			Yes	No
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 30	50		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-	- 15	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Q	3a 3b		^
4a	At any time during the calendar year, did the organization have an interest in as a signature of the control of the calendar year.	30		-
	manufacture in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country		H	1000
1960	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
58	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	/ =	X
-	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		-
08	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	- 119		
	and the provided to the payor continue to th	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
~	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	-		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	4	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		^
h	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
10	Section 501(c)(7) organizations. Enter:	9b		
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
ь	Gross income from other sources. (Do not not amounts due or axid to extract			
	against amounts due or received from them.)			
128 h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note: See the instructions for additional information the association and a state?	13a		
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Finish the amount of receives as head			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14a		Х
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b	-	
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	164, Complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
BAA	Transaction	E.	000	0000
		Form	320 (2023)

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 1a If there are material differences in voting rights among members 13 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?.... 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person?..... Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Х Did the organization have members or stockholders? Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Х 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a b Each committee with authority to act on behalf of the governing body?..... X 86 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 C..... 9 Х 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? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... 11a Х b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b Χ 12c 13 Did the organization have a written whistleblower policy?..... X 14 Did the organization have a written document retention and destruction policy?..... Х 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 X b Other officers or key employees of the organization..... Х 15b 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 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NM Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) 18 available for public inspection, Indicate how you made these available. Check all that apply, Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records. THE ORGANIZATION 133 PASEO DEL PUEBLO NORTE TAOS NM 87571 575.758.2052

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

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)	(B)			Pos	ition				
Name and title	Average hours per week (list any hours for related erganizations below dotted line)	offic	unle	55 pe	noen	than one are fromor than out this highest compensated as in employee	Reportable compensation from	Reportable compensation from related organizations (W.27199) MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(1) CHELSEA REIDY EXECUTIVE DIR.		x					72 745		
(2) TRISHA FONG	1	^				-	73,745.	0.	0.
DIRECTOR		x		х			0.	0.	
(3) MARY HUNZICKER DUNN	1			-			0.	0.	0.
DIRECTOR	0	X		х			0.	0.	0.
(4) JOHN HAMILTON DIRECTOR		х					0.	0.	
(5) KANDACE NACHTRAB DIRECTOR	0		П	v					0.
(6) LAURIE MEDLEY	2	X		Х	Н	-	0.	0.	0.
VICE PRESIDENT		x					0.		
(7) ROME CHELSI	4	-					0.	0.	0.
DIRECTOR	0	X					0.	0.	0.
(8) KATHERINE DURAN DIRECTOR		х							
(9) MARY DOMITO	1	^				-	0.	0.	0.
DIRECTOR	0	х					0.	0.	
(10) LOUIS SALERNO DIRECTOR		х							0.
(1) SARAH HART DIRECTOR	1	1				\top	0.	0.	0.
(12) ALFORD JOHNSON TREASURER	0 12	X	+			+	0.	0.	0.
(13) MAX MOULTON	0	Х	-	Х	-		0.	0.	0.
PRESIDENT	3	х					0.		3120
(14) CHRISTINE RIVELES SECRETARY		Х	1	1				0.	0.
BAA	TEFACI		-	_	_		0.	0.	0.

	art VII Section A. Officers, Directors, Tru					(C)			192110000000000000000000000000000000000		1		metu,
	(A) Name and title	(B) Average hours per week	Position (do not check more than box, unless person is be officer and a director/for					ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization		(F) mated an	
		(list any hours for related organiza- tions below dofted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-3/1099- MISC/1099-NEC)	the	pensation organiza and relate rganizatio	etion ed
(15)													
(16)													
(17)											+		_
(18)											-		
(19)											+		
(20)				-				+			-		
(21)								+			-		
(22)			Н	-				+			-		
(23)				+			+	+			+		
(24)				1				+			+		
(25)				+				+			+		
11	Subtotal			4	_			_	72 745				_
	Total from continuation sheets to Part VII, Section	n A	*****	***			++++	-	73,745.	0			0
C	Total (add lines 1b and 1c)							-	73,745.	0			0
2	Total number of individuals (including but not limited from the organization 0	to those li	sted a	abov	e) w	vho r	eceiv	ed n	nore than \$100,000	of reportable con	npensatio	on .	0.
	U				_		_	_				Yes	No
3	Did the organization list any former officer, direct on line 1a? If "Yes, "complete Schedule J for such	or, truste	e, key	y en	nplo	yee	or h	ighe	est compensated	smployee	3		X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater	reportable				Marie Co.		West		om			-
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes.									ndividual	4		X
ec	tion b. independent Contractors										5		Х
	Complete this table for your five highest compens compensation from the organization. Report compens	ated inde	pend he ca	lent lend	con ar y	ntrac rear	tors t	that g wi	received more that the or within the organic	an \$100,000 of anization's tax ye	ar.		
	Name and business addre	955							(B) Description of	services		(C) ensatio	n

						ponse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
草草	1a	Federated campai	gns	******	1a			The second second	E HITTE	972.014
E S	Ь	Membership dues.	*****		1b	30,808.				
P. F	c	Fundraising events			1c	5,036.				
등록	a	Related organizati			1d		5 5 5 5			AND THE
5,2	1	Government grants (cor All other contributions,	offs o	ons)	1e	64,894.				
Contributions, Gifts, Grants, and Other Similar Amounts	a	similar amounts not inc Noncash contributions i	duded a	above	1f	275,830.	153			San and
불	Ĩ.	lines 1a-1f			1g			ETHE HE		DOLLAR OF THE
_	h	Total. Add lines 1a	3-1f				376,568.			
ş	-					Business Code				
50		BIG_SCREEN_REV		<u> </u>		711300	69,416.	69,416.		
e B	Ь	MUNICIPAL GRAN				711300	16,450.	16,450.		
8	c	LIVE PERFORMAN				711300	10,242.	10,242.		
S	a	MIXED_PROGRAM_				711300	8,047.	8,047.		
Program Service Revenue		All other program :				711300	1000			
8										
D.	3	Total. Add lines 2a	1-21		1,713	***************************************	104,155.			
- 1	3	Investment income other similar amou	(includ ints).	ting divider	nds, i	nterest, and	14 650			200000
- 1	4	Income from inves					14,652.	_		14,652.
- 1	5	Royalties								_
- 1			П	(i) Res	i	(ii) Personal				
	6a	Gross rents	6a	281,	013		3	11 - 15		Mary Control
		Less: rental expenses	6b	147,			A. VUI			10.23
	c	Rental income or (loss)	6c	133.	711			The last of the la		
	d	Net rental income	or (los	ss)		***********	133,711.	109,103.		24,608.
		Gross amount from		(i) Securi		(ii) Other	2007.22.	105,105.	(100 to 100 to 100	24,000.
		sales of assets	7a					AND NOTE OF		1750
	b	other than inventory Less: cost or other basis	10				25.54	100		DOMESTIC TO
		and sales expenses	7b	-3,	685					3000000
		Gain or (loss)	7c	3,1	685					
- 1		Net gain or (loss).				C111(1111111111111	3,685.			3,685.
Other Revenue		Gross income from fund (not including \$_ of contributions reported See Part IV, line 18	t on lin	e 1c).	-					
b		Less: direct expens			8		- 10.75.75	Maria Carlos		Ser Secolo
ğ.		Net income or (loss			8					19201111111111
٥		Gross income from nami	inn acti	whee	F		100361		77,529,1	
		See Part IV, line 19			9.		1 1 200	Control of the		THE SALL
		Less: direct expens			9					Series 1
		Net income or (loss			activ	nues				
1		Gross sales of inventory, returns and allowances. Less: cost of goods			10	44010001				
		Net income or (loss					65,765.	65,765.		
1						Business Code	00,700,	05,705.		
Revenue	1a									
Revenue	b		-							
6	c									
1		All other revenue								
-	0	Total. Add lines 11.	a-11d							
_ 1	2	Total revenue. See	instru	uctions			698,536.	279,023.	0.	42,945.

Form 990 (2023) TAOS CENTER FOR THE ARTS 85
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).

Do 6b,	Check if Schedule O contains a re not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign 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.	0.	0.	0	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	50000000000	81.505.003	0.	0
7	Other salaries and wages	66,800.	40,748.	19,372.	6,680
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	211,156.	129,245.	60,764.	21,147
9	Other employee benefits	1,152.	705.	222	115
10	Payroll taxes	29,165.	17,838.	332. 8,407.	115
11	Fees for services (nonemployees);	62,103.	17,030.	8,407.	2,920
- 1	Management				
t	Legal				
(Accounting	6,556.		6,556.	
	Lobbying	0,330.		0,356.	
	Professional fundraising services. See Part IV, line 17				
1	Investment management fees	5,301.		5,301.	
5	Other, (If line 11g amount exceeds 10% of line 25, column	3.000	******		200000000
12	(A), amount, list line 11g expenses on Schedule 0.)	36,150.	19,341.	10,362.	6,447.
13	Office expenses.	6,689.	5,064.	1,500.	125.
14	Information technology.	0.100			
15	Royalties.	9,129.		9,129.	
16	Occupancy	20.405	21.775		
17	Travel	39,485.	34,530.	4,560.	395.
18					
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,108.	19,368.	4,499.	241.
23		5,147.	10,000.	5,147.	241.
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.).			3,147.	
a	MISCELLANEOUS PROGRAM EXPENSES	48,350.	45,032.	3,318.	
b	REPAIRS & MAINTENANCE	19,350.	18,713.	578.	59.
C	BANK AND MERCHANT FEES	17,513.	17,227.	286.	59,
d	MISCELLANEOUS FUNDRAISING EXPENSES	5,710.	27,2271	200.	5,710.
	All other expenses	5,362.	2,909.	2,453.	3,710.
25	Total functional expenses, Add lines 1 through 24e	537,123.	350,720.	142,564.	43,839.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).			2.12, 22.11	40,007,
BAA		TEEA0110L 08/2			Form 990 (2023)

Part X Balance Sheet

20					(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing			144,580.	1	292,789.			
	2	Savings and temporary cash investments			53,237.	2	55,947.			
	3	Pledges and grants receivable, net				3	100000000000000000000000000000000000000			
	4	Accounts receivable, net	******		53,241.	4	1,692.			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	er, director, utor, or 35%		5	EME_SUBS				
	6	Loans and other receivables from other disqualified p	ersons (as defined under	O Established	3				
		section 4958(f)(1)), and persons described in section	4958(c)	(3)(B)		6				
_	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use			3,751.	8	7,995.			
88	9	Prepaid expenses and deferred charges				9	2,466.			
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,108,444.						
	ь	Less: accumulated depreciation		432,988.	647,467.	10c	675,456.			
	11	Investments - publicly traded securities				11	0.074001			
- 1	12	Investments - other securities. See Part IV, line 11.				12				
	13	Investments - program-related. See Part IV, line 11.				13				
- 1	14	Intangible assets			14					
	15	Other assets. See Part IV, line 11		327,374.	15	421,984.				
	16	Total assets. Add lines 1 through 15 (must equal line	33)		1,229,650.	16	1,458,329.			
	17	Accounts payable and accrued expenses			6,979.	17	25,128.			
	18	Grants payable		44444444444		18				
	20	Deferred revenue			12,520.	19	15,657.			
60	21	Tax-exempt bond liabilities		***************************************		20				
3	22	Escrow or custodial account liability. Complete Part I	V of Sch	nedule D		21				
Labilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	ticer, dire utor, or 3	ector, trustee, 35%		22				
-	23	Secured mortgages and notes payable to unrelated th	ird parti	es		23				
	24	Unsecured notes and loans payable to unrelated third	parties.	-		24				
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to rela	ated third parties,	10	-				
	26	Total liabilities. Add lines 17 through 25	piete r a	IT A OI SCHEGUIE LI	12,512.	25	15,879.			
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X	32,011.	26	56,664.			
9	27	Mak specific (No. 4 d			1 174 101	27	1 247 000			
8	28	Net assets with donor restrictions			1,174,181.	28	1,347,892.			
Net Assets or Fund Balanc		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.		23,458.	20	53,773.				
6	29	Capital stock or trust principal, or current funds		-						
ste	30	Paid-in or capital surplus, or land, building, or equipm	ent fund			29				
28	31	Retained earnings, endowment, accumulated income,	or other	r funde		30				
A	32	Total net assets or fund balances	-0.103	1,197,639.	31	1,401,665.				
2	33	Total liabilities and net assets/fund balances	liabilities and net assets/fund balances							
BAA		The state of the s	TEEA0111		1,229,650.	33	1,458,329.			

Day	t XI Reconciliation of Net Assets	0113432	_	1.6	190 12
rai					
1	Check if Schedule O contains a response or note to any line in this Part XI. Total revenue (must equal Part VIII, column (A), line 12).	4		-	
2	Total expenses (must equal Part IX, column (A), line 25).	-		98,5	
3	Revenue less expenses. Subtract line 2 from line 1	2		-	123.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3			113.
5		4			539.
6	Net unrealized gains (losses) on investments. Donafed services and use of facilities	5		33,0	006.
7	Investment expenses	6			
8	Prior period adjustments	7		-	
9	Other changes in net assets or fund balances (explain on Schedule O).	8		9,6	507.
10	Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line 32,	9			0.
	column (B))	10	1 4	01 6	65.
Par	t XII Financial Statements and Reporting		-/-	021	,,,,,
	Check if Schedule O contains a response or note to any line in this Part XII				П
	Marchanous Contract In Marchanist Contract Contr			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1	AFEL
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both.	ate	20	517	^
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?	Uniform	3a		х
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	it	3ь		
BAA	TEEA0112L 08/23/23		-	900	(2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

OMB No. 1545-0047

2023

Open to Public Inspection

		e organization	522-51				Employer identific	ation number
		CENTER FOR THE A					85-011345	52
Par		Reason for Public C	Charity Status. (Al	I organizations mus	t comp	lete thi	s part.) See instru	ctions.
1 ne c	orga	inization is not a private to	oundation because it is	s: (For lines 1 through 12	, check	only one	box.)	
2	Н	A church, convention of ch	urches, or association o	f churches described in se	ction 170	(b)(1)(A)	(i).	
3	Н	A school described in sec	ction 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)			
4	Н	A hospital or a cooperation	ve hospital service org	anization described in se	ection 17	70(ъ)(1)(A)(iii).	
		A medical research organiame, city, and state:	nization operated in co	injunction with a hospital	describ	ed in se	ction 170(b)(1)(A)(iii). E	Inter the hospital's
5	П	An organization operated section 170(b)(1)(A)(iv).	for the benefit of a co (Complete Part II.)	ollege or university owner	d or ope	rated by	a governmental unit d	escribed in
6	Ш	A federal, state, or local	government or govern	mental unit described in	section	170(ъ)(1	XAXV).	
7	X	An organization that norma in section 170(b)(1)(A)(vi	Ily receives a substantia					blic described
8		A community trust descrit		1XAXvi), (Complete Part	11.5			
9		An agricultural research or or university or a non-land- university:	panization described in s	section 170(b)(1)(A)(ix) ope	erated in	conjuncti me, city,	on with a land-grant college of the college of	ege or
10		An organization that norm from activities related to investment income and u June 30, 1975. See section	prelated business tava	subject to certain exception				
11	П	An organization organized	d and operated exclusi	ively to test for public sa	fety. See	section	509(aV4)	
12		An organization organized or more publicly supported	d and operated exclusi	ively for the benefit of, to	perform	n the fun	ections of, or to carry or	ut the purposes of one
a		lines 12a through 12d that Type I. A supporting organization(s) the power to complete Part IV, Section	zation operated, supervi	sed or controlled by its su	neorted	ripiece in	nes ize, izi, and izg.	i Marie de la casa de la
b		Type II. A supporting organization of the support must complete Part IV, S	anization supervised or	controlled in connection	a mobile than			
c		Type III functionally integra organization(s) (see instru	ted. A supporting organic	zation operated in connections	on with, a	nd function	onally integrated with, its	supported
d	П	Type III non-functionally inf functionally integrated. Tr instructions). You must co	legrated. A supporting of	organization operated in co	nnection		supported organization(s) t and an attentiveness	that is not requirement (see
e	П	Check this box if the orga integrated, or Type III nor	nization received a wr	itten determination from	the IDC	that it is	a Type I, Type II, Typ	e III functionally
1	Ent	ter the number of supporte	ed organizations					
		ovide the following informa	The second secon	ted organization(s).				
	ų reac	me of supported organization	00 EN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your	is the tion listed governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
					165	NO		
(A)								
(B)								
(C)	_							
(D)	_							
(E)								
Total			ESCHILLES ON					
RAA I	For	Paperwork Reduction Ac	Notice, see the Instr	ections for Form 000	990 57			ule A (Form 990) 202

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

Calendary year (or fiscal year beginning in)	Sec	tion A. Public Support			complete Fall III	-/		
Setting in 1 6th, graft, carbibbloos, and improvemental services (Qo not improvemental services (Qo not improvemental services) 525, 300 390, 750 473, 598 103, 211 376, 568 1, 869, 427 376, 376, 376, 376, 376, 376, 376, 376,	Cal	endar year (or fiscal year	(*) 2010	(h) 2022	f.) 0001			
Tax revenues levided for the organization's benefit and on its behalf. September of the organization's benefit and on its behalf. September of the organization's benefit and on its behalf. September of the organization without charge. 1 The value of services or facilities furnished by a governmental unit to the organization without charge. 1 Total. Add lines 1 through 3. 525,300. 390,750. 473,598. 103,211. 376,568. 1,869,427. Contributions by each person of the contributions by each person or the 11, column (f). 211,805. 10,800 or the 11,000 or the 11,00	beg	inning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
2 Tax revenues levice for the organization's benefit and on its behalf. See the programment of the programme		microde any unusual grants.)	525,300.	390,750.	473,598.	103,211.	376.568	1 869 427
A Total, Add lines 1 through 3,	2	organization's benefit and either paid to or expended					310,300,	
4 Total. Add lines 1 through 3. 525, 300. 390, 750. 473, 598. 103, 211. 376, 568. 1, 869, 427. The portion of total contributions by each person (other than a governmental unit or publicly supported on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Calendar year (or fiscal year beginning in) 7 Amounts from line 4. 525, 300. 390, 750. 473, 598. 103, 211. 376, 568. 1, 869, 427. Calendar year (or fiscal year beginning in) 8 Gross income from interest, dividends, payments show on since 4. 8 Gross income from interest, dividends, payments show on since 4. 95, 069. 32, 060. 180, 707. 110, 546. 415, 253. 833, 635. 9 Not income from unrelated business startiles, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital speats (Explain in Fort VI). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions). 12 Gross receipts from related activities, etc. (see instructions). 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. Section C. Computation of Public Support Percentage 14 Public support percentage from 2022 Schedule A, Part II, line 14. 15 69. 18% 16 33-173% 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 and stop here. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported 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. Check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. Check this box and stop here. Explain in Part	3	facilities furnished by a governmental unit to the						0.
5 The portion of total contributions by each person (other than a governmental unit or public) supported ine 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support Subtract line 5 from line 4. 5 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4. 5 25, 300. 390,750. 473,598. 103,211. 376,568. 1,869,427. 8 Gross income from interest, dividence, purpose of the control of	4	Total. Add lines 1 through 3	525,300.	390.750	473 598	103 211	276 560	1.000 427
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Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total beginning in) 7 Amounts from line 4	6	Public support. Subtract line 5						211,805.
Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Page beginning in) 7 Amounts from line 4	Sec					14.15		1,657,622.
7 Amounts from line 4. 525,300. 390,750. 473,598. 103,211. 376,568. 1,869,427. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from smilar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on one of the business is regularly of the organization of the part VI.) 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	Cale	ndar year (or fiscal year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(4) 2022	(A.Tatal
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15 Public support percentage from 2022 Schedule A, Part II, line 14	14	Public support percentage for 202	23 (line 6, column	(f), divided by line	e 11, column (f)).	*************	14	61 32 %
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruction	Ь	10%-facts-and-circumstances tes or more, and if the organization morganization meets the facts-and-	t-2022. If the org neets the facts-and circumstances tes	anization did not d-circumstances to t. The organization	check a box on li est, check this bo	ne 13, 16a, 16b, ox and stop here.	or 17a, and line 1 Explain in Part V	5 is 10%
The state of the s	18	Private foundation. If the organiza	ation did not checi	k a box on line 13	3, 16a, 16b, 17a, 4	or 17b, check this	box and see inet	nuctions

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(a) 2022	40 T-1-1
1		(A)	(b) EUEU	(e) ESE	(0) 2022	(e) 2023	(f) Total
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
	Public support. (Subtract line 7c from line 6.).			CONTENTS OF		EDI Na	
Sec	tion B. Total Support						
Calon	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6		107	(e) coci	(d) LULL	(4) 2023	(i) rotar
	Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources. Unrelated business taxable income (less section 511						
	taxes) from businesses acquired after June 30, 1975 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for organization, check this box and stion C. Computation of Publican	or the organization	on's first, second,	third, fourth, or f	ifth tax year as a :	section 501(c)(3	0 -
Sec	tion C. Computation of Pub	lic Support P	ercentage	111111111111111111111111111111111111111			province .
15	Public support percentage for 202	23 (line 8. column	(f) divided by I	ne 13 volume //\	\	1 15	
16	Public support percentage from 2	022 Schedule A	Part III, line 15	or reasonairiii (i)	#1311111111111111111111111111111111111	15	and the same of th
Sec	tion D. Computation of Inve	stment Incon	ne Percentage			16	- 6
17	Investment income percentage for	r 2023 (line 10c	column (f) divide	d his line 12 anti	(D)		_
18	Investment income percentage fro	om 2022 Schedul	e A Part III See	to by line 13, call	amn (t))		
19a	33-1/3% support tests-2023, If the	ne organization d	id not chack the h	ov on line to on	of the till to seem to	the - 22 1 (24)	7.11 7.11
	is not more than 33-1/3%, check to 33-1/3% support tests—2022. If the line 18 is not more than 33-1/3%, Private foundation, 16 the	e organization d	d not check a bo	ization qualifies a	s a publicly suppo	orted organization	on
20	Private foundation. If the organization	ation did not che	ck a box on line 1	4, 19a, or 19b, c	heck this box and	y supported org see instruction:	arization

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? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		12
3:	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		18.9
ŀ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
42	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
E	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
•	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.			
		6		
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? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L. (Form 990).	8		- 7
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		- 1
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? If "Yes," provide detail in Part VI.	9b		
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? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a		
	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	1 1/1/10		

Pa	rt IV Supporting Organizations (continued)	-		ogo
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described as lines the controls.			
	and goody or a supported organization:	11a		
	A family member of a person described on line 11a above?	11b		
-	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	-	ales I
Sec	tion B. Type I Supporting Organizations			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
	or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			-
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	000		
Section	of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	he 1		
Sec	tion D. All Type III Supporting Organizations			
1			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	_		_
а				
b				
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	San Array	47.000.0	× -
2		mstra	ctions	J
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the but for the organization's position that its supported organization(s) would have engaged in these activities			
		2b		
a	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to requirely appoint or elect a majority of the office			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	_		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	3a		

	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	ns mus	complete Sections A	through E.
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Yes (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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):		· FEETEN	NAME .
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
•	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):		To Mak	SEE H-
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	The state of the s	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	1917 Part of Tissa Charlet and Canada (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		
ec	tion 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	A Division	
7	Check here if the current year is the organization's first as a non-functionally inter (see instructions).		ype III supporting org	ganization

TEEA0406L 08/14/23

oec	tion 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	A	
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	
0	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			Perioditi for EUES
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in Part VI). See instructions.	MARKET		
3 Excess distributions carryover, if any, to 2023	- Commence of the Commence of		
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022	7/16/18/19		
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.			
Distributions for 2023 from Section D, line 7; S			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount		The Name of Street, and	
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.	A DELLA		
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		Frank W.	
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019	07		
b Excess from 2020	-77 157 157 1		
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			
BAA			

BAA

Schedule A (Form 990) 2023

Part VI

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

Schedule B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

TAOS CENTER I Organization type (c		85-0113452
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated	as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	private foundation
	501(c)(3) taxable private foundation	
or more (in	unization filing Form 990, 990-EZ, or 990-PF that received, during t money or property) from any one contributor. Complete Parts I and II. S or's total contributions.	the year, contributions totaling \$5,000 See instructions for determining
Special Rules		
16b, and th	enization described in section 501(c)(3) filing Form 990 or 990-EZ to under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A at received from any one contributor, during the year, total contribute the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ.	(Form 990), Part II, line 13, 16a, or sutions of the greater of (1) 55,000; or
literary, or	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 99 during the year, total contributions of more than \$1,000 exclusivel educational purposes, or for the prevention of cruelty to children or umn (b) instead of the contributor name and address), II, and III.	V for religious, charitable, scientific
contribution during the y General Ru	nization described in section 501(c)(7), (8), or (10) filing Form 990 during the year, contributions exclusively for religious, charitable, is totaled more than \$1,000. If this box is checked, enter here the rear for an exclusively religious, charitable, etc., purpose. Don't colle applies to this organization because it received nonexclusively recommon of the year.	etc., purposes, but no such total contributions that were received implete any of the parts unless the

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).

TAOS CENTER FOR THE ARTS

Employer identification numb

85-0113452

(a) No.	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>15,435.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>16,450</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>15,693.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>10,712.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,483.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		B	Person Payroll Noncash Complete Part II for
-			noncash contributions.

Employer identification number

85-0113452

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	TEEA0703L 08/09/23	Schedule	B (Form 990) (2023

(a) No. from	(b) Purpose of gift							
Part I	(o) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	N/A							
	Tf	(e) Transfer of gift	DWW 400 E					
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee					
No.	0.0							
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		20-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-						
	(a) Tours to state							
	Transferee's name address	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	Transieree's name, address	, and ZIP + 4	Relationship of transferor to transferee					
1								
No.								
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of pift						
	Transferee's name address	(e) Transfer of gift	P-1					
	Transferee's name, address	5.0	Relationship of transferor to transferee					
	Transferee's name, address	5.0	Relationship of transferor to transferee					
	Transferee's name, address	5.0	Relationship of transferor to transferee					
No.		, and ZIP + 4						
No.	Transferee's name, address (b) Purpose of gift	5.0	Relationship of transferor to transferee (d) Description of how gift is held					
No.		, and ZIP + 4						
No. om rrt I		, and ZIP + 4						
No. om rt I		, and ZIP + 4						
No. om ort I		(c) Use of gift						
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
No. om rt I		(c) Use of gift						
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0547 2023

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TAOS CENTER FOR THE ARTS 85-0113452 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year..... 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.... Yes No Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a b Total acreage restricted by conservation easements 2b 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)2 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1.....

ŝ

 Using the organization's acquisiti items (check all that apply) 			storical Treasures	minutes of a factor of a factor of the same of the sam				nued,
morris (concent on most approxy).		100		mond digrimos	2111 0420 01 103	CONSCION		
a Public exhibition		d Loan	or exchange program					
b Scholarly research		e Other	·					
c Preservation for future gen								
4 Provide a description of the organ Part XIII.								
5 During the year, did the organi, to be sold to raise funds rather	ulan to be mainta	sined as part of the	rt, historical treasures, organization's collection	or other sim	ilar assets	Yes	[No
Part IV Escrow and Custo Complete if the ord Form 990, Part X,	dial Arrangem	ents				n amo	unt o	n
la is the organization an agent to	ristop custodian	or other intermedian	y for contributions or o	that accords a	of Inches			
ALL ALL SAND A SELECTION AND ASSESSMENT OF THE PARTY OF T	111111111111111111111	**************	****************	mer assets n	ot included	Yes	- 1	No
b If "Yes," explain the arrangement	t in Part XIII and cor	implete the following to	sble.			_	L	-
						Amount		
c Beginning balance	*******			1c				
d Additions during the year			************	1d				
e Distributions during the year				1e				
f Ending balance 2a Did the organization include an				1f				
Part V Endowment Funds Complete if the org	5				JIL		[_
complete it the oil	(a) Current year					1		
1a Beginning of year balance	190,7	The state of the s			ee years back	_	our year	
b Contributions		36. 190,4	55. 224,6	91.	138,450.	_		320.
					55,817.	-	45,	050.
 Net investment earnings, gains and losses 	28,42	0 00	5630.8		22 242			
d Grants or scholarships	20,44		5630,8	00.	32,843.	-		936.
e Other expenditures for facilities				-		-	4,	326.
and programs					0.			
f Administrative expenses		54. 5	75. 3,3	70.	2,419.		- 1	530.
g End of year balance		00. 190,7	36 190 49	5.5	224,691.			450.
Provide the estimated percenta	ge of the current y	rear end balance (lin	e 1g. column (a)) held	as:	881/052.		4001	450,
a Board designated or quasi-ende	owment	*						
b Permanent endowment	*	-						
c Term endowment	8							
		1100%.						
c Term endowment The percentages on lines 2a, 2b, 3a Are there endowment funds not in	and 2c should equa		are held and administered	of for the				
c Term endowment The percentages on lines 2a, 2b, 3a Are there endowment funds not in organization by:	and 2c should equal the possession of t	he organization that a				Г	Yes	No
c Term endowment The percentages on lines 2a, 2b, 3a Are there endowment funds not in organization by: (i) Unrelated organizations?	and 2c should equa the possession of t	he organization that a				3a(i)	Yes	
c Term endowment The percentages on lines 2a, 2b, 3a Are there endowment funds not in organization by: (i) Unrelated organizations? (ii) Related organizations?	and 2c should equa the possession of t	he organization that a				processor	Yes	Х
c Term endowment The percentages on lines 2a, 2b, 3a Are there endowment funds not in organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the re	and 2c should equa the possession of the elated organization	the organization that a	on Schedule R?			3a(i)	Yes	
c Term endowment The percentages on lines 2a, 2b, 3a Are there endowment funds not in organization by; (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the re 4 Describe in Part XIII the intended	and 2c should equa the possession of the elated organization ed uses of the organization	the organization that a	on Schedule R?			3a(i) 3a(ii)	Yes	Х
c Term endowment The percentages on lines 2a, 2b, 3a Are there endowment funds not in organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the re 4 Describe in Part XIII the intended Part VI Land, Buildings, and	and 2c should equal the possession of the elated organization ed uses of the organization nd Equipment	the organization that a res listed as required anization's endowme	on Schedule R2			3a(i) 3a(ii)	Yes	Х
c Term endowment The percentages on lines 2a, 2b, 3a Are there endowment funds not in organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the red 4 Describe in Part XIII the intended Part VI Land, Buildings, are Complete if the organizations of property	and 2c should equal the possession of the possession of the elated organization ed uses of the organization answered "Yes" (a)	the organization that a res listed as required anization's endowme	on Schedule R2		ine 10.	3a(i) 3a(ii) 3b	Yes	X
c Term endowment The percentages on lines 2a, 2b, 3a Are there endowment funds not in organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the red 4 Describe in Part XIII the intended Part VI Land, Buildings, are Complete if the organizations of property 1a Land.	and 2c should equal the possession of the possession of the elated organization ed uses of the organization answered "Yes" (a)	he organization that a is listed as required anization's endowment on Form 990, Part Cost or other basis	on Schedule R? ent funds. IV, line 11a. See Form (b) Cost or other	990, Part X, I	ine 10.	3a(i) 3a(ii) 3b	ook va	XX
c Term endowment The percentages on lines 2a, 2b, 3a Are there endowment funds not in organization by; (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the re 4 Describe in Part XIII the intended Part VI Land, Buildings, are Complete if the organization of property 1a Land b Buildings	and 2c should equal the possession of the possession of the elated organization ed uses of the organization answered "Yes" (a)	he organization that a is listed as required anization's endowment on Form 990, Part Cost or other basis	on Schedule R? ent funds. IV, line 11a, See Form (b) Cost or other basis (other)	990, Part X, II (c) Accur deprec	ine 10. mulated iation	3a(i) 3a(ii) 3b	ook va	X X
c Term endowment The percentages on lines 2a, 2b, 3a Are there endowment funds not in organization by; (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the re 4 Describe in Part XIII the intended and the organization of property Land, Buildings, and Complete if the organization of property 1a Land. b Buildings. c Leasehold improvements	and 2c should equal the possession of the possession of the elated organization ed uses of the organization answered "Yes" (a)	he organization that a is listed as required anization's endowment on Form 990, Part Cost or other basis	on Schedule R? IV, line 11a. See Form (b) Cost or other basis (other) 142,869. 511,180.	990, Part X, II (c) Accur deprec	ine 10. mulated iation	3a(i) 3a(ii) 3b	ook va 142, 385,	X X lue 869.
c Term endowment The percentages on lines 2a, 2b, 3a Are there endowment funds not in organization by: (i) Unrelated organizations? (ii) Related organizations? b if "Yes" on line 3a(ii), are the re 4 Describe in Part XIII the intended Part VI Land, Buildings, and Complete if the organizations Description of property 1a Land b Buildings c Leasehold improvements. d Equipment.	and 2c should equal the possession of the possession of the elated organization ed uses of the organization answered "Yes" (a)	he organization that a is listed as required anization's endowment on Form 990, Part Cost or other basis	on Schedule R? IV, line 11a. See Form (b) Cost or other basis (other) 142,869. 511,180. 81,584.	990, Part X, Ii (c) Accur deprec	ine 10. mulated iation 25,491. 9,915.	3a(i) 3a(ii) 3b	ook va 142, 385, 71,	X X Nue 869. 689.
c Term endowment The percentages on lines 2a, 2b, 3a Are there endowment funds not in organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the red 4 Describe in Part XIII the intended Part VI Land, Buildings, and Complete if the organizations Description of property 1a Land b Buildings c Leasehold improvements.	and 2c should equal the possession of the possession of the elated organization ed uses of the organization answered "Yes" (a)	he organization that a is listed as required anization's endowment of on Form 990, Part Cost or other basis (investment)	on Schedule R? IV, line 11a. See Form (b) Cost or other basis (other) 142,869. 511,180. 81,584. 271,313.	990, Part X, II (c) Accur deprec	ine 10. mulated iation	3a(i) 3a(ii) 3b	00k va 142, 385, 71,	XX

(1) Financial derivatives	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
THE PERSON NAMED IN COLUMN TO PERSON ASSESSMENT OF THE PERSON ASSESSMEN		(2) - 11-12 to transmit days or one or year market raise
2) Closely held equity interests		
3) Other		
A) B)		
M		
c)		
D)		
E)		
F)		
G)		
н) ——————————		
(1)		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B))		
Part VIII Investments - Program Related		
Complete if the organization answered "Yes" on i	Form 990, Part IV, lin	N/A e 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)		
TO A COLUMN TO THE PARTY OF THE		
(10)		
Fotal. (Column (b) must equal Form 990, Part X, line 13, column (B))		
Part IX Other Assets		
Complete if the organization answered "Yes" on I	Form 990. Part IV. line	a 11d Con Form CON Don't V III- 15
(-) D	String State of the string string	2 110. See Form 990, Part X, line 15.
(a) Desc	cription	(b) Book value
(1) CAMPUS REDESIGN EXPENSES 2023	pription	(b) Book value 51,035
(1) CAMPUS REDESIGN EXPENSES 2023 (2) DEFERRED RENT RECEIVABLE	cription	(b) Book value 51,035 819
(1) CAMPUS REDESIGN EXPENSES 2023 (2) DEFERRED RENT RECEIVABLE (3) OTHER CURRENT ASSETS	cription	(b) Book value 51,035 819 90
(1) CAMPUS REDESIGN EXPENSES 2023 (2) DEFERRED RENT RECEIVABLE (3) OTHER CURRENT ASSETS (4) TCF AGENCY ENDOWMENT FUND	cription	(b) Book value 51, 035 819 90 162, 180
(1) CAMPUS REDESIGN EXPENSES 2023 (2) DEFERRED RENT RECEIVABLE (3) OTHER CURRENT ASSETS (4) TCF AGENCY ENDOWMENT FUND (5) TCF DESIGNATED ENDOWMENT FUND	cription	(b) Book value 51, 035 819 90 162, 180
(1) CAMPUS REDESIGN EXPENSES 2023 (2) DEFERRED RENT RECEIVABLE (3) OTHER CURRENT ASSETS (4) TCF AGENCY ENDOWMENT FUND (5) TCF DESIGNATED ENDOWMENT FUND (6) TCF INTERMEDIATE FUND	cription	(b) Book value 51,035 819 90 162,180 54,220
(1) CAMPUS REDESIGN EXPENSES 2023 (2) DEFERRED RENT RECEIVABLE (3) OTHER CURRENT ASSETS (4) TCF AGENCY ENDOWMENT FUND (5) TCF DESIGNATED ENDOWMENT FUND (6) TCF INTERMEDIATE FUND (7)	cription	(b) Book value 51,035 819 90 162,180 54,220
(1) CAMPUS REDESIGN EXPENSES 2023 (2) DEFERRED RENT RECEIVABLE (3) OTHER CURRENT ASSETS (4) TCF AGENCY ENDOWMENT FUND (5) TCF DESIGNATED ENDOWMENT FUND (6) TCF INTERMEDIATE FUND (7) (8)	cription	(b) Book value 51,035 819 90 162,180 54,220
(1) CAMPUS REDESIGN EXPENSES 2023 (2) DEFERRED RENT RECEIVABLE (3) OTHER CURRENT ASSETS (4) TCF AGENCY ENDOWMENT FUND (5) TCF DESIGNATED ENDOWMENT FUND (6) TCF INTERMEDIATE FUND (7) (8) (9)	cription	(b) Book value 51,035 819 90 162,180 54,220
(1) CAMPUS REDESIGN EXPENSES 2023 (2) DEFERRED RENT RECEIVABLE (3) OTHER CURRENT ASSETS (4) TCF AGENCY ENDOWMENT FUND (5) TCF DESIGNATED ENDOWMENT FUND (6) TCF INTERMEDIATE FUND (7) (8) (9)	cription	(b) Book value 51,035 819 90 162,180 54,220 153,640
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(1) CAMPUS REDESIGN EXPENSES 2023 (2) DEFERRED RENT RECEIVABLE (3) OTHER CURRENT ASSETS (4) TCF AGENCY ENDOWMENT FUND (5) TCF DESIGNATED ENDOWMENT FUND (6) TCF INTERMEDIATE FUND (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, line 15, co. Part X Other Liabilities Complete if the organization answered "Yes" on F	Jumn (B))	(b) Book value
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(1) CAMPUS REDESIGN EXPENSES 2023 (2) DEFERRED RENT RECEIVABLE (3) OTHER CURRENT ASSETS (4) TCF AGENCY ENDOWMENT FUND (5) TCF DESIGNATED ENDOWMENT FUND (6) TCF INTERMEDIATE FUND (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, line 15, co.) Part X Other Liabilities Complete if the organization answered "Yes" on F (1) Federal income taxes (2) DEPOSITS - RENTAL PROPERTY	lumn (B))	(b) Book value
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(1) CAMPUS REDESIGN EXPENSES 2023 (2) DEFERRED RENT RECEIVABLE (3) OTHER CURRENT ASSETS (4) TCF AGENCY ENDOWMENT FUND (5) TCF DESIGNATED ENDOWMENT FUND (6) TCF INTERMEDIATE FUND (7) (8) (9) (10) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18	lumn (B))	(b) Book value
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(1) CAMPUS REDESIGN EXPENSES 2023 (2) DEFERRED RENT RECEIVABLE (3) OTHER CURRENT ASSETS (4) TCF AGENCY ENDOWMENT FUND (5) TCF DESIGNATED ENDOWMENT FUND (6) TCF INTERMEDIATE FUND (7) (8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, line 15, co. Part X Other Liabilities Complete if the organization answered "Yes" on F (a) Descrip (1) Federal income taxes (2) DEPOSITS - RENTAL PROPERTY (3) SECURITY DEPOSITS HELD (4) VACATION ACCRUAL LIABILITY (5) (6) (7) (8) (9)	lumn (B))	(b) Book value
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Part XI Reconciliation of Revenue per Audited Financial Statement	Marie D	85-0113452	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, F	S With Revenue p	er Return	
1 Total revenue, gains, and other support per audited financial statements.	artiv, nne rza.	1	702 550
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			783,550.
a Net unrealized gains (losses) on investments.	2a 33,0	006.	
b Donated services and use of facilities	2h	-	
c Recoveries of prior year grants. d Other (Describe in Part XIII.) SEE PART XIII	2c		
d Other (Describe in Part XIII.) SEE PART ATT	2d 52,0	08.	
e Add lines 2a through 2d		2e	85,014.
Subtract line 2e from line 1. Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	698,536.
a Investment expenses not included an Earn 200, Clark VIII in a	2.0		
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	4a		
c Add lines 4a and 4b	4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c	
Part XII Reconciliation of Expenses per Audited Financial Statemen	to Mark F	5	698,536.
Complete if the organization answered "Yes" on Form 990, F	art IV, line 12a.	2000000	
Total expenses and losses per audited financial statements	***************************************	1	589,131.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		0.000	307,131.
a Donated services and use of facilities.	2a		
b Prior year adjustments.	2b	100	
d Other (Describe in Part XIII.). SEE PART XIII	2c	301	
d Other (Describe in Part XIII.). SEE PART XIII	2d 52,0	08.	
e Add lines 2a through 2d		2e	52,008.
Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	537,123.
a Investment expenses not included on Form 990, Part VIII, line 7b		1117	
b Other (Describe in Part XIII.)	4a 4b		
c Add lines 4a and 4b		4c	
J Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	537,123.
Part XIII Supplemental Information			331,123.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P. line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FOR IN KIND DONATION RENT.	RM 990		52,008. 52,008.
OTHER EXPENSES AND LOSSES PER AUDITED F/S			
IN KIND EXPENSE RENT		\$ 5	2,008.
	1	OTAL S 5	2,008.

BAA

Schedule D (Form 990) 2023

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TAOS CENTER FOR THE ARTS

Employer identification number

Part I	Excess B organization	The second second second	actions (sect on Form 990,	tion 501 Part IV,	(c)(3), se line 25a	ection 50 or 25b;	01(c)(4), and or Form 990	section 501 EZ, Part V,	(c)(29) (line 40b)	organia	tations	2 only)	Comp	lete it	f the
1	(a) Name of disqu		(b) Relatio	nship bet	ween disque), section 501(c)(4), and section 501(c)(29) (25a or 25b; or Form 990-EZ, Part V, line 40b.				ton of transaction				(d) Corrected	
(1)			_											Yes	No
(2)							_				_				
(3)							_						_		
(4)												_			
(5)							_					_			
(6)												_			-
200		of tax incurred to									. s				
Part II	Complete if t	and/or From the organization reported an amo	answered "Yes	on Fo	rm 990-F	Z, Part 1	V, line 38a, o	r Form 990,	Part IV,	line 2	6; or i	f the			
(a) Name	of interested person		(c) Purpose of loan	(d) Lo	oan to or m the sization?	(e)	Original pal amount	(f) Balanc	e due	(g) in (default?	(h) Apr	ard or	(i) Wi	ritten ment?
49.1				To	From					Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4)															
(5)				-											
(7)															
(8)															
(9)														0.1	
(10)				-						_					
Total															
Part III	Grants or	Assistance I he organization	Benefiting I	ntere	sted Pe	rsons							1/4		
(a) Name of interested person		(b) Relationship between interested person and the organization			ed .	(c) Amount of assistance (d) Ty		(d) Typ	Type of assistance (e) Purpor			Purpose	se of assistance		
(1)					Marce Co.							+			_
(2)						_		_			_	+			
(3)						_			-			+			
(4)						_						-			
(5)									-			+			_
(6)						-						+			
(7)											_	+	_		
(8)												+			
(9)												+			_
(10)						_						+			_
BAA For F	Panerwork Barby	ction Act Notice	con the laster	allene d			A 4111								-

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of inferested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing or organization's revenues?		
(I) store access				Yes	No	
(1) DANTE BLISS-GRAYSON	BOARD MEMBER		RENTAL OF REAL PROPERTY		X	
(2)					-	
(3)				+	-	
				_	-	
(4) (5) (6) (7) (8) (9)				-		
(6)						
(7)						
(8)						
(9)				-	-	
(10)						

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE O (Form 990)

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.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TAOS CENTER FOR THE ARTS

Employer identification number 85-0113452

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE TAOS CENTER FOR THE ARTS DRAWS ON ITS HISTORY AS A DYNAMIC LEADER FOR ARTS
COLLABORATION AND PARTNERSHIP. ORIGINALLY ESTABLISHED BY A GROUP OF WORKING ARTISTS
IN 1953 AND SITUATED IN THE HEART OF TAOS, THE TCA SERVES AND ENGAGES NORTHERN NEW
MEXICO COMMUNITIES. WITH A 275-SEAT THEATER AND TWO GALLERIES, THE TCA CURATES
CULTURALLY RELEVANT FILMS, ART EXHIBITIONS, AND LIVE PERFORMANCES AS WELL AS
PROVIDES LOCAL, REGIONAL AND INTERNATIONALLY RENOWNED ARTISTS, THINKERS AND
PERFORMERS THE SPACE TO INSPIRE CREATIVITY AND FOSTER A THRIVING LOVE FOR THE ARTS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TAX RETURN WILL BE DISCUSSED BY THE EXECUTIVE AND FINANCIAL COMMITTEES BEFORE BEING FILED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

OFFICERS, DIRECTORS & KEY EMPLOYEES ANNUALLY DISCLOSE POTENTIAL CONFLICTS IN WRITING

AND CONFIRM COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. THE

ORGANIZATION COLLECTS WRITTEN CONFIRMATION ANNUALLY AND MONITORS FOR COMPLIANCE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE EXECUTIVE DIRECTORS SALARY IS REVIEWED BY THE BOARD AND IS BASED ON COMPARISON

TO PRIOR YEARS, EXPERIENCE AND INDUSTRY COMPARISONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS ARE ON FILE AT THE OFFICE OF THE ORGANIZATION DURING BUSINESS HOURS AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST.