

Form **990**
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.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 06-01-2019, and ending 05-31-2020

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
TAOS HEALTH SYSTEMS INC

Doing business as
HOLY CROSS MEDICAL CENTER

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1397 WEIMER RD

City or town, state or province, country, and ZIP or foreign postal code
TAOS, NM 87571

D Employer identification number
85-0289839

E Telephone number
(575) 758-8883

G Gross receipts \$ 69,290,840

F Name and address of principal officer:
WILLIAM PATTEN JR
1397 WEIMER RD
TAOS, NM 87571

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ HOLYCROSSMEDICALCENTER.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1980

M State of legal domicile:
NM

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE OUR COMMUNITY WITH THE BEST HEALTH CARE CHOICES CLOSE TO HOME.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	525
6 Total number of volunteers (estimate if necessary)	6	100
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,185,386	1,310,947
9 Program service revenue (Part VIII, line 2g)	68,104,214	66,076,780
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,023	13,541
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	425,357	1,860,176
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	69,737,980	69,261,444
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	23,320	28,295
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	32,443,971	32,733,549
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	36,991,606	36,797,376
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	69,458,897	69,559,220
19 Revenue less expenses. Subtract line 18 from line 12	279,083	-297,776
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	31,132,513	43,202,098
21 Total liabilities (Part X, line 26)	13,427,538	25,792,391
22 Net assets or fund balances. Subtract line 21 from line 20	17,704,975	17,409,707

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
Date 2021-04-13

WILLIAM PATTEN JR CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2021-04-13	Check <input type="checkbox"/> if self-employed	PTIN P01469618
Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
Firm's address ▶ 10700 NORTHUP WAY SUITE 200 BELLEVUE, WA 98004			Phone no. (425) 250-6100	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE OUR COMMUNITY WITH THE BEST HEALTH CARE CHOICES CLOSE TO HOME IN AN ENVIRONMENT OF CONTINUAL IMPROVEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 52,376,167 including grants of \$ 28,295) (Revenue \$ 67,666,105)
See Additional Data

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

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

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

4e Total program service expenses ▶ 52,376,167

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
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		No
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)		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

2a 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	525		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?			9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
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	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16	No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included in line 1a... 12; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion...; 6 Did the organization have members or stockholders...; 7a Did the organization have members, stockholders, or other persons...; 7b Are any governance decisions of the organization reserved to...; 8 Did the organization contemporaneously document the meetings...; 8a The governing body...; 8b Each committee with authority to act on behalf...; 9 Is there any officer, director, trustee, or key employee listed in Part VII...

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures...; 11a Has the organization provided a complete copy of this Form 990 to all members...; 11b Describe in Schedule O the process, if any, used by the organization...; 12a Did the organization have a written conflict of interest policy...; 12b Were officers, directors, or trustees, and key employees required to disclose...; 12c Did the organization regularly and consistently monitor and enforce compliance...; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review...; 15a The organization's CEO, Executive Director, or top management official...; 15b Other officers or key employees of the organization...; 16a Did the organization invest in, contribute assets to, or participate in a joint venture...; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: STEVE ROZENBOOM 1397 WEIMER ROAD TAOS, NM 87571 (575) 758-8883

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR WILLIAM DOUGHERTY PHYSICIAN	40.00					X		488,112	0	26,401
(2) DR STEPHEN LUCERO PHYSICIAN	40.00					X		461,050	0	23,758
(3) DR JOHN WELLS PHYSICIAN	40.00					X		395,919	0	19,337
(4) WILLIAM PATTEN JR CEO	50.00			X				367,796	0	25,155
(5) DR TIM MOORE BOARD MEMBER AND CHIEF OF STAFF	40.00			X				362,693	0	27,402
(6) DR DAVID FLANAGAN PHYSICIAN	40.00					X		348,971	0	11,753
(7) DR RUOBING XIAO PHYSICIAN	40.00					X		336,134	0	10,904
(8) PAM AKIN CNO	45.00				X			175,502	0	20,175
(9) STEVE ROZENBOOM CFO	50.00			X				168,304	0	25,155
(10) JAY CHRIS STAGG CHAIR	1.00	X		X				0	0	0
(11) DR GELIAN ISMAIL VICE CHAIR	1.00	X		X				0	0	0
(12) BARBARA VONDY TREASURER	1.00	X		X				0	0	0
(13) LUCILLE GALLEGOS-JARAMILLO SECRETARY	1.00	X		X				0	0	0
(14) TRINIDAD DE JESUS ARGUELLO BOARD MEMBER	1.00	X						0	0	0
(15) DR JOHN FOSTER BOARD MEMBER (THRU 7/31/2019)	1.00	X						0	0	0
(16) REY GARCIA BOARD MEMBER	1.00	X						0	0	0
(17) CISCO GONZALES BOARD MEMBER	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOAQUIN GONZALES BOARD MEMBER	1.00	X						0	0	0
(19) MENICE SANTISTEVAN BOARD MEMBER	1.00	X						0	0	0
(20) DR PETER SELZER BOARD MEMBER	1.00	X						0	0	0
(21) GREGORY TRUJILLO BOARD MEMBER (THRU 5/31/2019)	1.00	X						0	0	0
(22) CINDY VEST BOARD MEMBER	1.00	X						0	0	0
(23) DR SYLVIA VILLAREAL BOARD MEMBER	1.00	X						0	0	0
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								3,104,481	0	190,040

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 46

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDEFIS INC PO BOX 5068 NEW YORK, NY 10087 CPSI	CONTRACT LABOR	2,341,476
235 SOUTHWOODS DR 2466 COLUMBIA, IL 62236 CLINICAL COLLEAGUES	TRUBRIDGE SERVICES	1,226,170
1121 N BETHLEHEM PIKE SUITE 60-324 SPRINGHOUSE, PA 19477 TRANE US INC	ANESTHESIA SERVICES	1,054,043
2432 FORTUNE DR LEXINGTON, KY 40509 MEDICAL SOLUTIONS	SERVICE AND PRODUCT	859,582
3513 BRIGHTON BLVD SUITE 610 DENVER, CO 80216	CONTRACT LABOR	576,462

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 23

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	24,037				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,286,910				
	g Noncash contributions included in lines 1a - 1f: \$	1g					
	h Total. Add lines 1a-1f			1,310,947			
Program Service Revenue	2a NET PATIENT SERVICE REVENUE	Business Code					
		624100	61,026,293	61,026,293			
	b INDIGENT FUND REVENUE	624100	3,878,231	3,878,231			
	c MILL LEVY	900099	1,207,994	1,207,994			
	d INCOME FROM EQUITY INVESTEE	900099	-35,738	-35,738			
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		66,076,780					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		26,139			26,139	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6b Less: rental expenses					
		6c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	11,430				
		(ii) Other					
		7b Less: cost or other basis and sales expenses	10,778	13,250			
		7c Gain or (loss)	652	-13,250			
	d Net gain or (loss)		-12,598	-12,598			
	8a Gross income from fundraising events (not including \$ 24,037 of contributions reported on line 1c). See Part IV, line 18						
		8a	2,500				
		8b Less: direct expenses	5,368				
	c Net income or (loss) from fundraising events		-2,868			-2,868	
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	9b Less: direct expenses						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	10b Less: cost of goods sold						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a OTHER MISC REVENUE	900099	1,601,923	1,601,923				
b FOOD SERVICE INCOME	900099	261,121			261,121		
c							
d All other revenue							
e Total. Add lines 11a-11d		1,863,044					
12 Total revenue. See instructions		69,261,444	67,666,105	0	284,392		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	28,295	28,295		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	815,407	621,296	194,111	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	26,809,349	20,430,977	6,378,372	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,800,516	2,128,392	672,124	
9 Other employee benefits	459,468	349,196	110,272	
10 Payroll taxes	1,848,809	1,405,095	443,714	
11 Fees for services (non-employees):				
a Management				
b Legal	673,077		673,077	
c Accounting				
d Lobbying	5,880		5,880	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,048,704	8,438,257	3,610,447	
12 Advertising and promotion	101,007	14,184	86,823	
13 Office expenses	790,355	694,244	96,111	
14 Information technology	276,965	243,285	33,680	
15 Royalties				
16 Occupancy	2,051,382	794,914	1,256,468	
17 Travel	59,178	59,178		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	121,790	17,102	104,688	
20 Interest	24,388		24,388	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,174,508	1,543,901	630,607	
23 Insurance	1,620,227	1,539,991	80,236	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	8,029,572	8,029,572		
b BAD DEBT EXPENSE	4,536,141	4,536,141		
c TAXES	1,399,462	196,521	1,202,941	
d MAINTENANCE & REPAIRS	1,259,884	811,330	448,554	
e All other expenses	1,624,856	494,296	1,130,560	
25 Total functional expenses. Add lines 1 through 24e	69,559,220	52,376,167	17,183,053	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,594,109	1	18,069,460
	2 Savings and temporary cash investments	301,708	2	356,526
	3 Pledges and grants receivable, net	1,526	3	43,373
	4 Accounts receivable, net	8,559,740	4	6,153,020
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	52,258	7	20,210
	8 Inventories for sale or use	1,446,379	8	1,572,295
	9 Prepaid expenses and deferred charges	1,058,381	9	1,192,194
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 41,923,844		
	b Less: accumulated depreciation	10b 26,249,521	16,960,550	10c 15,674,323
	11 Investments—publicly traded securities	85,617	11	98,133
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	56,578	13	20,840
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	15,667	15	1,724
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,132,513	16	43,202,098	
Liabilities	17 Accounts payable and accrued expenses	12,333,812	17	9,152,868
	18 Grants payable		18	
	19 Deferred revenue	39	19	11,470,048
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,093,687	23	5,169,475
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	13,427,538	26	25,792,391
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	17,402,975	27	17,276,233
	28 Net assets with donor restrictions	302,000	28	133,474
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	17,704,975	32	17,409,707	
33 Total liabilities and net assets/fund balances	31,132,513	33	43,202,098	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	69,261,444
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,559,220
3	Revenue less expenses. Subtract line 2 from line 1	3	-297,776
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,704,975
5	Net unrealized gains (losses) on investments	5	2,508
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,409,707

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 85-0289839

Name: TAOS HEALTH SYSTEMS INC

Form 990 (2019)

Form 990, Part III, Line 4a:

ACUTE CARE HOSPITAL OPERATIONS INCLUDING 1,258 INPATIENT ADMISSIONS 38,968 OUTPATIENT VISITS AND 13,323 EMERGENCY DEPARTMENT VISITS. ADDITIONALLY, CLINIC VISITS TOTALING 12,370 FROM THE FOLLOWING: TAOS SURGICAL SPECIALISTS - 5,291 TAOS WOMENS HEALTH INSTITUTE - 4,382 TAOS DERMATOLOGY, BREAST AND PLASTIC SURGERY - 1,967 TAOS PRIMARY CARE - 437 TAOS PEDIATRICS 293.

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
TAOS HEALTH SYSTEMS INC

Employer identification number
85-0289839

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section 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 of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 85-0289839

Name: TAOS HEALTH SYSTEMS INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ 0

3 Volunteer hours for political campaign activities (see instructions) 0

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		5,880
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			5,880
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1F	A PORTION OF MEMBERSHIP DUES PAID BY TAOS HEALTH SYSTEMS, INC. DURING THE YEAR ARE ATTRIBUTABLE TO LOBBYING ACTIVITY. THE AMOUNT LISTED ON LINE 1G REPRESENTS THIS PORTION AS NO OTHER LOBBYING ACTIVITIES OCCURRED.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization TAOS HEALTH SYSTEMS INC

Employer identification number 85-0289839

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor notification.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure) and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting revenue and assets for public exhibition or financial gain.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	23,838	23,728	22,909	22,182	22,800
b Contributions					
c Net investment earnings, gains, and losses	999	722	1,324	1,192	918
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	229	612	505	465	1,536
g End of year balance	24,607	23,838	23,728	22,909	22,182

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 0 %
 - c** Temporarily restricted endowment ▶ 100.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,645,483		1,645,483
b Buildings		13,617,582	7,104,171	6,513,411
c Leasehold improvements		3,403,121	2,202,081	1,201,040
d Equipment		21,797,160	16,224,555	5,572,605
e Other		1,460,498	718,714	741,784
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				15,674,323

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	64,733,179
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,508	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	5,368	
e	Add lines 2a through 2d			2e 7,876
3	Subtract line 2e from line 1			3 64,725,303
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	4,536,141	
c	Add lines 4a and 4b			4c 4,536,141
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 69,261,444

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

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

1	Total expenses and losses per audited financial statements		1	65,028,447
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	5,368	
e	Add lines 2a through 2d			2e 5,368
3	Subtract line 2e from line 1			3 65,023,079
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	4,536,141	
c	Add lines 4a and 4b			4c 4,536,141
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 69,559,220

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 85-0289839

Name: TAOS HEALTH SYSTEMS INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE IRS HAS DETERMINED THAT THE ORGANIZATION IS A TAX-EXEMPT, NONPROFIT CORPORATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). THE ORGANIZATION FOLLOWS THE GUIDANCE IN THE ACCOUNTING STANDARDS REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE GUIDANCE FURTHER PRESCRIBES RECOGNITION AND MEASUREMENT OF TAX PROVISIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE APPLICATION OF THIS STANDARD HAS NO IMPACT ON THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 5,368.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	BAD DEBT RECLASSIFICATION 4,536,141.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 5,368.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	BAD DEBT RECLASSIFICATION 4,536,141.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 1A	FINANCIAL STATEMENT FOOTNOTE OR ART COLLECTIONS: THE FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE DESCRIBING THE WORKS OF ART THAT TAOS HEALTH SYSTEMS, INC. HOLDS FOR PUBLIC EXHIBITION AS THE ANNUAL CONTRIBUTIONS RECEIVED AND THE TOTAL COLLECTION ARE NOT MATERIAL TO THE FINANCIAL STATEMENT OF THE HOSPITAL AS A WHOLE.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	DESCRIPTION OF ART COLLECTIONS: THE CITY OF TAOS IS A WELL-KNOWN AND RESPECTED ART COMMUNITY. MANY ARTISTS HAVE CONTRIBUTED WORKS TO TAOS HEALTH SYSTEMS, INC. TO HELP BEAUTIFY AND ENHANCE THE HEALING ENVIRONMENT WITHIN THE WALLS OF THE HOSPITAL BUILDING. THERE IS A WIDE VARIETY OF ART, WITH SOMETHING FOR JUST ABOUT EVERYONE'S TASTE. THE DISPLAYS ARE IN EVERY HALLWAY AND PROVIDE ENJOYMENT FOR NOT ONLY PATIENTS, BUT THEIR FRIENDS AND FAMILY THAT MAY BE VISITING.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE TO SUPPORT THE VARIOUS OPERATIONS OF TAOS HEALTH SYSTEMS, INC.

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
TAOS HEALTH SYSTEMS INC

Employer identification number
85-0289839

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>FOR THE HEALTH</u> (event type)	<u>PAINT TAOS PINK</u> (event type)	(total number)	(add col. (a) through col. (c))
1 Gross receipts	20,589	5,948		26,537
2 Less: Contributions	18,089	5,948		24,037
3 Gross income (line 1 minus line 2)	2,500			2,500
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	25			25
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	3,430	1,913		5,343
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				5,368
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-2,868

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization
TAOS HEALTH SYSTEMS INC

Employer identification number
85-0289839

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			45,972		45,972	0.070 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			45,972		45,972	0.070 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			2,588,716	2,378,878	209,838	0.320 %
f Health professions education (from Worksheet 5)			149,923		149,923	0.230 %
g Subsidized health services (from Worksheet 6)			6,390,709	3,967,582	2,423,127	3.730 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			750		750	0 %
j Total. Other Benefits			9,130,098	6,346,460	2,783,638	4.280 %
k Total. Add lines 7d and 7j			9,176,070	6,346,460	2,829,610	4.350 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	4,536,141
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	2,721,685
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	16,022,335
6	Enter Medicare allowable costs of care relating to payments on line 5	6	16,223,268
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-200,933
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 TAOS HEALTH SYSTEMS INC

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE LINE 7D</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE LINE 7D</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

TAOS HEALTH SYSTEMS INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE LINE 16J</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE LINE 16J</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE LINE 16J</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

TAOS HEALTH SYSTEMS INC

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

TAOS HEALTH SYSTEMS INC

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of Facility (describe)
1 1 - HOLY CROSS SURGICAL SPECIALISTS 1399 WEIMER ROAD SUITE 600 TAOS, NM 87571	SURGERY CLINIC
2 2 - HOLY CROSS WOMEN'S HEALTH INSTITUTE 1329 GUSDORF ROAD TAOS, NM 87571	OBSTETRICS/GYNECOLOGY
3 3 - TAOS DERM BREAST & PLASTIC SURGERY 1399 WEIMER ROAD SUITE 600 TAOS, NM 87571	DERMATOLOGY CLINIC
4 4 - TAOS PEDIATRICS AND PRIMARY CARE 1329 GUSDORF ROAD TAOS, NM 87571	MEDICAL CLINIC
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON SEVERAL FACTORS, INCLUDING ELIGIBILITY FOR GOVERNMENT-SPONSORED PROGRAMS, ELIGIBILITY FOR THIRD-PARTY COVERAGE, COMPLETION OF A FINANCIAL ASSISTANCE APPLICATION, FAMILY INCOME RELATIVE TO FEDERAL POVERTY GUIDELINES,
PART I, LINE 7:	THE ORGANIZATION USES A COST-TO-CHARGE RATIO TO CALCULATE THE AMOUNTS IN LINE 7A. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS. THE AMOUNTS IN LINES 7E, 7F AND 7I ARE BASED ON COSTS AND REVENUES AS REPORTED IN THE FINANCIAL STATEMENTS. THE AMOUNTS IN LINE 7G ARE BASED ON THE COST-TO-CHARGE RATIO DERIVED FROM THE MEDICARE COST REPORT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G:	SUBSIDIZED HEALTH SERVICES REPORTED IN LINE 7G INCLUDE LABOR & DELIVERY, NURSERY, OBSTETRICS, THE WOMENS' HEALTH INSTITUTE, PEDIATRICS, REHABILITATION THERAPIES, DIABETES, ANTI-COAGULANT/PHARMACY CARE, AND PRIMARY CARE. THE COSTS REPORTED IN LINE 7G INCLUDE \$2,100,593 ATTRIBUTABLE TO PHYSICIAN CLINICS.
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 4,536,141.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE ORGANIZATION RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED OR PROVIDED BY POLICY) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.
PART III, LINE 3:	THE AMOUNT OF BAD DEBT EXPENSE ESTIMATED TO BE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY WAS CALCULATED BASED ON EXPERIENCE AND COMMUNITY/INDUSTRY KNOWLEDGE APPLIED TO VARIOUS FINANCIAL CLASSES. THE LARGEST FINANCIAL CLASS WAS SELF-PAY, WHICH WAS ESTIMATED AT 60% THAT MAY HAVE BEEN ELIGIBLE IF PAPERWORK WOULD HAVE BEEN COMPLETED AND SUBMITTED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	THE FOOTNOTE THAT DESCRIBES THE ORGANIZATION'S BAD DEBT EXPENSE IS LOCATED ON PAGE 10 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS.
PART III, LINE 8:	ALL OF THE MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE HOSPITALS MUST TREAT PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. BY TREATING MEDICARE ELIGIBLE PATIENTS, HOSPITALS ALLEVIATE THE FEDERAL GOVERNMENT'S BURDEN FOR DIRECTLY PROVIDING MEDICAL SERVICES. THE DATA USED TO EVALUATE THE MEDICARE SHORTFALL WAS OBTAINED FROM THE MAY 31, 2020 MEDICARE COST REPORT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	HOLY CROSS HOSPITAL WILL CONTINUALLY NOTIFY THE PATIENT WITH OPEN SELF-PAY ACCOUNTS OF THE FINANCIAL ASSISTANCE POLICY AVAILABILITY FOR A 120 DAY PERIOD. THIS IS KNOWN AS THE FINANCIAL ASSISTANCE POLICY NOTIFICATION PERIOD. HOLY CROSS HOSPITAL WILL PROVIDE THE PATIENT WRITTEN NOTIFICATION 30 DAYS PRIOR TO THE END OF THE FINANCIAL ASSISTANCE NOTIFICATION PERIOD. ADDITIONALLY, HOLY CROSS HOSPITAL WILL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIVITY UNTIL SUFFICIENT TIME AND NOTIFICATION PERIODS HAVE PASSED (AT LEAST 120 DAYS).
PART VI, LINE 2:	IN ADDITION TO OUR 2018 CHNA, TAOS HEALTH SYSTEMS (DBA: HOLY CROSS HOSPITAL) PARTICIPATES IN A STUDY GROUP IN PARTNERSHIP WITH TOWN AND COUNTY OFFICIALS. THESE SESSIONS ARE OPEN TO THE PUBLIC AND DESIGNED TO ADDRESS COMMUNITY CONCERNS IN AN OPEN FORUM. ALSO, TAOS HEALTH SYSTEMS ACTS AS FISCAL AGENT FOR THE TAOS CARES HEALTH COUNCIL, WHICH CONVENES COMMUNITY MEMBERS AND PARTNER AGENCIES MONTHLY IN ORDER TO:1) DISSEMINATE HEALTH INFORMATION, INCLUDING CHNA DATA, TO COMMUNITY;2) GATHER COMMUNITY INPUT;3) BRING HEALTH CARE ENTITIES TOGETHER;4) STRENGTHEN COMMUNITY SERVICES;5) ASSIST COMMUNITIES WITH HEALTH AND HEALTHCARE GOALS;6) EDUCATE COMMUNITY AND HEALTH CARE PROVIDERS.THE INFORMATION OBTAINED FROM THE MONTHLY STUDY GROUPS, OPEN PUBLIC SESSIONS AND TAOS CARESHEALTH COUNCIL IS USED IN CONJUNCTION WITH INTERNAL ASSESSMENTS TO UPDATE THE IMPLEMENTATION STRATEGY FROM THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	<p>WHEN AN ACCOUNT IS FINAL BILLED AND IDENTIFIED AS SELF-PAY, A LETTER IS SENT TO THE PATIENT REQUESTING EITHER PAYMENT OR THE PATIENT CONTACT THE HOSPITAL TO DISCUSS FINANCIAL ASSISTANCE. PAYMENT PLANS MAY BE ARRANGED OR AN APPLICATION FOR CHARITY CARE MAY BE COMPLETED. FOR SELF-PAY ACCOUNTS LESS THAN \$1,000, NO CALLS ARE MADE TO THE PATIENT AND COLLECTION EFFORTS ARE THE SAME FOR ALL ACCOUNTS UNLESS THE PATIENT IS MAKING PAYMENTS OR HAD INDICATED THAT THEY WILL APPLY FOR FINANCIAL ASSISTANCE. FOR SELF-PAY ACCOUNTS BETWEEN \$1,000 AND \$5,000, THE PATIENT WILL BE CONTACTED AT LEAST 3 TIMES BY TELEPHONE TO ENCOURAGE THEM TO DISCUSS THEIR BILL AND APPLY FOR ASSISTANCE. PATIENTS AGREEING TO APPLY FOR CHARITY CARE WILL BE GIVE APPLICATIONS AND ASSISTED IN COMPLETING THE FORMS IF NECESSARY. WHEN AN APPLICATION IS RECEIVED THE FOLLOWING STEPS WILL BE TAKEN:- IF THE ACCOUNT IS MORE THAN 120 DAYS OLD ALL EXTRAORDINARY COLLECTION ACTIVITY WILL BE SUSPENDED. APPLICATION INFORMATION WILL BE REVIEWED FOR A DISPOSITION WITHIN 5 BUSINESS DAYS. IF THE APPLICATION IS APPROVED, THE FOLLOWING STEPS WILL BE TAKEN:- BILLING STATEMENT SHOWING THE AMOUNT OF FINANCIAL ASSISTANCE GIVEN, ANY REMAINING BALANCES OWED WILL BE SENT TO THE PATIENT - REFUND ANY EXCESS PAYMENTS MADE BY INDIVIDUAL IF THE APPLICATION IS RECEIVED INCOMPLETE, THE FOLLOWING ACTION WILL BE TAKEN:- PROVIDE INDIVIDUAL WITH WRITTEN NOTICE OF ADDITIONAL INFORMATION NEEDED WITH COMPLETION DEADLINE- ONE NOTICE THAT EXTRAORDINARY COLLECTIONS WILL PROCEED IF APPLICATION IS NOT COMPLETED OR CLAIM IS NOT PAID WITHIN 30 DAYS FROM ABOVE COMPLETION DEADLINE OR LAST DAY OF APPLICATION PERIOD (240 DAYS) IF THE APPLICATION IS DENIED, PATIENTS WILL BE SENT A LETTER INFORMING THEM OF THE REASON FOR DENIAL. HOLY CROSS HOSPITAL WILL CONTINUALLY NOTIFY THE PATIENT WITH OPEN SELF-PAY ACCOUNTS OF THE FINANCIAL ASSISTANCE POLICY AVAILABILITY FOR A 120 DAYS PERIOD. THIS IS KNOWN AS THE FINANCIAL ASSISTANCE POLICY NOTIFICATION PERIOD. HOLY CROSS HOSPITAL WILL PROVIDE THE PATIENT WRITTEN NOTIFICATION 30 DAYS PRIOR TO THE END OF THE FINANCIAL ASSISTANCE NOTIFICATION PERIOD (AT 90 DAYS). HOLY CROSS HOSPITAL WILL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIVITY UNTIL SUFFICIENT TIME AND NOTIFICATION PERIODS HAVE PASSED (AT LEAST 120 DAYS). PATIENTS WILL BE BILLED FULL CHARGES LESS 20% UNINSURED DISCOUNT IF THEY DO NOT APPLY FOR FINANCIAL ASSISTANCE. FOR ACCOUNTS LESS THAN \$2,000, INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. FOR ACCOUNTS GREATER THAN \$2,000, WE WILL ACCEPT ALL APPLICATIONS AND CALL THE PATIENT WEEKLY FOR 3 WEEKS TO OBTAIN THE MISSING INFORMATION. AFTER 3 WEEKS, WE WILL MAIL THE APPLICATION TO THE PATIENT EXPLAINING THAT WE WERE UNABLE TO PROCESS AND FOR THEM TO BRING THE APPLICATION BACK TO THS WHEN IT IS COMPLETE. ON SELF-PAY ACCOUNTS OVER \$5,000, THE PATIENT WILL BE CALLED AS SOON AS THE ACCOUNT IS IDENTIFIED. THE PATIENT WILL ALSO BE CALLED PRIOR TO EACH ADDITIONAL COLLECTION LETTER BEING SENT. AFTER ALL APPROPRIATE COLLECTIONS LETTERS HAVE BEEN SENT AND TELEPHONE CALLS HAVE BEEN MADE AND THE PATIENT HAS NOT MADE AN ATTEMPT TO MAKE SUITABLE ARRANGEMENTS, THE ACCOUNT WILL BE REFERRED TO AN OUTSIDE COLLECTION AGENCY.</p>
PART VI, LINE 4:	<p>TAOS HEALTH SYSTEM SERVES APPROXIMATELY 51,000 RESIDENTS OF TAOS, COLFAX, AND NORTHERN RIO ARRIBA COUNTIES, A DIVERSE CULTURAL COMMUNITY WITH A POVERTY RATE OF 23.4% IN A RURAL FRONTIER AREA OF 15 PEOPLE PER SQUARE MILE IN MORE THAN 2,500 SQUARE MILES. THE POPULATION OF TAOS COUNTY IS 56.4% HISPANIC OR LATINO, 7.6% NATIVE AMERICAN AND 35.4% WHITE NON-HISPANIC. IN TAOS COUNTY, 22.1% OF OUR COLLECTIVE POPULATION IS 65 OR OVER, COMPARED TO 15.1% NATIONWIDE, SO WE SEE DISPROPORTIONATELY HIGH ONSET IN CHRONIC DISEASES. THE PROPORTION OF TAOS COUNTY CHILDREN IN IMPOVERISHED OR LOW INCOME FAMILIES REMAINS ONE OF THE HIGHEST IN THE STATE AND THE NATION, WITH MORE THAN 33% OF ALL TAOS COUNTY CHILDREN UNDER 18 LIVING IN POVERTY.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>THS CONTAINS HOLY CROSS HOSPITAL, TAOS WOMEN'S HEALTH INSTITUTE, TAOS SURGICAL SPECIALTISTS, TAOS DERMATOLOGY, BREAST AND PLASTIC SURGERY, TAOS PRIMARY CARE, AND THE CENTER FOR PHYSICAL HEALTH. WE PROVIDE ACUTE HOSPITAL CARE, SURGERY CARE, AND REHABILITATIVE SPORTS MEDICINE AND PHYSICAL THERAPY SERVICES AS WELL AS A WOMEN'S HEALTH CLINIC, A PEDIATRIC CLINIC AND A SURGICAL SPECIALTIES CLINIC TO ENSURE THAT THE COMMUNITY'S NEED FOR CARE IS MET.OUR SYSTEM EMPLOYS 20 PHYSICIANS AND 9 ADVANCE PRACTICE CLINICIANS IN GENERAL SURGERY, UROLOGY, OB/GYN, DERMATOLOGY, PRIMARY CARE, PEDIATRICS, PATHOLOGY, HOSPITALISTS, AND EMERGENCY MEDICINE. IN ADDITION, PROVIDERS OF OTHER SPECIALTIES INCLUDING, BUT NOT LIMITED TO, INTERNAL MEDICINE, CARDIOLOGY, ORTHOPEDICS, ENT, WOUND CARE, ANTI-COAGULATION, AND PODIATRY PROVIDE SERVICES WITHIN OUR ORGANIZATION. OUR EMERGENCY DEPARTMENT, OPERATING ROOMS, LABORATORY, AND RADIOLOGY DEPARTMENTS ARE FULLY STAFFED AND TECHNOLOGICALLY EQUIPPED. THS ALSO PROVIDES A NUMBER OF GRANT AND HOSPITAL FUNDED COMMUNITY BENEFIT PROGRAMS THAT SERVE A WIDE ARRAY OF AREA RESIDENTS AT NO OR LOW COST. THESE INCLUDE:- MEDICAID ENROLLMENT PROVIDES COMMUNITY HEALTH WORKERS, INCLUDING BILINGUAL CHW'S, WHO CURRENTLY ASSIST UNINSURED PEOPLE TO ACCESS TO CENTENNIAL CARE AS WELL AS OUTREACH.- HEALTH EXCHANGE ENROLLMENT PROVIDES OUTREACH AND ENROLLMENT BY CERTIFIED HEALTHCARE GUIDES IN THE HEALTH INSURANCE EXCHANGE.- DIABETES MANAGEMENT PROVIDES DISEASE MANAGEMENT STRATEGIES FOR PREDIABETICS AND PEOPLE LIVING WITH TYPE I AND II DIABETES.- NUTRITION COUNSELING PROVIDES MULTIFACETED COUNSELING FOR PATIENTS FACING CHRONIC DISEASE AND OBESITY.- PRESCRIPTION ASSISTANCE PROVIDES EMERGENCY AND ONGOING ASSISTANCE FOR PATIENTS UNABLE TO PAY FOR THEIR MEDICATIONS.- MEDICATION THERAPY MANAGEMENT IMPROVES MEDICATION SAFETY AND EFFECTIVENESS FOR ANYONE ON PRESCRIPTION MEDICATIONS.- TAOS ALIVE IS A COALITION TARGETED AT PREVENTING YOUTH SUBSTANCE ABUSE VIA ENVIRONMENTAL STRATEGIES SUCH AS MEDIA AWARENESS CAMPAIGNS AND LOCAL POLICY CHANGE.- UNDERAGE DRINKING PREVENTION PROVIDES ALCOHOL LITERACY EDUCATION TO TAOS COUNTY ELEMENTARY, MIDDLE, AND HIGH SCHOOL STUDENTS ALONG WITH MEDIA LITERACY CAMPS DURING THE SUMMER.- OVERDOSE PREVENTION PROVIDES PREVENTION STRATEGIES TO COMMUNITY MEMBERS AT-RISK FOR OPIATE OVERDOSE.- CANCER SUPPORT SERVICES PROVIDES SERVICES FOR PATIENTS AND FAMILIES LIVING WITH CANCER.- SANE (SEXUAL ASSAULT NURSE EXAMINER) SERVES VICTIMS OF SEXUAL ASSAULT WITH CONFIDENTIAL EXAMS AND REFERRALS.- FIRST STEPS HOME VISITING PROVIDES SUPPORT AND REFERRALS FOR FIRST-TIME FAMILIES WITH CHILDREN AGES 0-3.- TAOS LOVES KIDS PARENTING CLASSES PROVIDE TRAINING FOR CAREGIVERS OF CHILDREN AGES 0-5.- KIDS FIRST! SUPPORTS THE MENTAL AND PHYSICAL HEALTH OF PENASCO VALLEY FAMILIES OF CHILDREN 0-10.- THE ANTI-COAGULATION CLINIC MONITORS AND ADJUSTS DRUG THERAPY FOR PEOPLE WHO SUFFER CARDIOVASCULAR DISEASE AND ARE AT RISK FOR BLOOD CLOTS.- DISASTER PREPAREDNESS WORKS WITH COMMUNITY PARTNERS AND HOSPITAL STAFF TO PREPARE THE HEALTHCARE SYSTEM COMMUNITY FOR COUNTY-WIDE PUBLIC HEALTH EMERGENCIES OF ALL TYPES, INCLUDING THE COVID-19 PANDEMIC OF 2020.</p>

Additional Data**Software ID:****Software Version:****EIN:** 85-0289839**Name:** TAOS HEALTH SYSTEMS INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	TAOS HEALTH SYSTEMS INC 1397 WEIMER ROAD TAOS, NM 87571 HTTP://HOLYCROSSMEDICALCENTER.ORG 6432	X	X					X			

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
TAOS HEALTH SYSTEMS, INC.	<p>PART V, SECTION B, LINE 5: FEDERAL REGULATIONS SURROUNDING CHNA REQUIRE LOCAL INPUT FROM REPRESENTATIVES OF PARTICULAR DEMOGRAPHIC SECTORS. FOR THIS REASON, A STANDARD PROCESS OF GATHERING COMMUNITY INPUT WAS DEVELOPED. A CHNA SURVEY WAS DEPLOYED TO THE HOSPITAL'S LOCAL EXPERT ADVISORS TO GAIN INPUT ON THE NEEDS OF PRIORITY POPULATIONS. LOCAL EXPERT ADVISORS WERE LOCAL INDIVIDUALS SELECTED ACCORDING TO CRITERIA REQUIRED BY THE FEDERAL GUIDELINES AND REGULATIONS AND THE HOSPITAL'S ENTIRETY OF THE REGION'S GEOGRAPHICALLY AND ETHNICALLY DIVERSE COMMUNITY INPUT FROM 15 LOCAL EXPERT ADVISORS WAS RECEIVED. SURVEY RESPONSES STARTED JANUARY 7, 2019 AND ENDED ON JANUARY 25, 2019. INFORMATION ANALYSIS AUGMENTED BY LOCAL OPINIONS SHOWED HOW TAOS COUNTY RELATES TO ITS PEERS IN TERMS OF PRIMARY AND CHRONIC NEEDS AND OTHER ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS, AND MINORITY GROUPS. RESPONDENTS COMMENTED ON WHETHER THEY BELIEVE CERTAIN POPULATION GROUPS ("PRIORITY POPULATIONS") NEED HELP TO IMPROVE THEIR CONDITIONS, AND IF SO, WHO NEEDS TO DO WHAT TO IMPROVE THE CONDITIONS OF THESE GROUPS. LOCAL OPINIONS OF THE NEEDS OF PRIORITY POPULATIONS, WHILE PRESENTED IN ITS ENTIRETY IN THE APPENDIX, WERE ABSTRACTED IN THE FOLLOWING "TAKE-AWAY" BULLETED COMMENTS:- THE TOP THREE PRIORITY POPULATIONS IN THE AREA ARE LOW-INCOME RESIDENTS, RESIDENTS OF RURAL AREAS AND CHILDREN- THERE IS A LACK OF BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SUPPORT IN THE COMMUNITY- THERE SHOULD BE A FOCUS ON AFFORDABLE HEALTHCARE, HOUSING, TRANSPORTATION AND EDUCATION HAVING TAKEN STEPS TO IDENTIFY POTENTIAL COMMUNITY NEEDS, THE LOCAL EXPERTS THEN PARTICIPATED IN A STRUCTURED COMMUNICATION TECHNIQUE CALLED A WISDOM OF CROWDS METHOD. THE PREmise OF THIS APPROACH RELIES ON A PANEL OF EXPERTS WITH THE ASSUMPTION THAT THE COLLECTIVE WISDOM OF PARTICIPANTS IS SUPERIOR TO THE OPINION OF ANY ONE INDIVIDUAL, REGARDLESS OF THEIR PROFESSIONAL CREDENTIALS. IN THE HCMC PROCESS, EACH LOCAL EXPERT HAD THE OPPORTUNITY TO INTRODUCE NEEDS PREVIOUSLY UNIDENTIFIED AND TO CHALLENGE CONCLUSIONS DEVELOPED FROM THE DATA ANALYSIS. WHILE THERE WERE A FEW OPINIONS OF THE DATA CONCLUSIONS NOT BEING COMPLETELY ACCURATE, MOST OF THE COMMENTS AGREED WITH THE FINDINGS. A LIST OF ALL NEEDS IDENTIFIED BY ANY OF THE ANALYZED DATA WAS DEVELOPED. THE LOCAL EXPERTS THEN ALLOCATED 100 POINTS AMONG THE LIST OF HEALTH NEEDS, INCLUDING THE OPPORTUNITY TO LIST ADDITIONAL NEEDS THAT WERE NOT IDENTIFIED FROM THE DATA. THE RANKED NEEDS WERE DIVIDED INTO TWO GROUPS: "SIGNIFICANT AND "OTHER IDENTIFIED NEEDS." THE SIGNIFICANT NEEDS WERE PRIORITIZED BASED ON TOTAL POINTS CAST BY THE LOCAL EXPERTS IN DESCENDING ORDER, FURTHER RANKED BY THE NUMBER OF LOCAL EXPERTS CASTING ANY POINTS FOR THE NEED. BY DEFINITION, A SIGNIFICANT NEED HAD TO INCLUDE ALL RANKED ORDERED NEEDS UNTIL AT LEAST SIXTY PERCENT (60%) OF ALL POINTS WERE INCLUDED AND TO THE EXTENT POSSIBLE. REPRESENTED POINTS ALLOCATED BY A MAJORITY OF VOTING LOCAL EXPERTS. THE DETERMINATION OF THE BREAK POINT</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
TAOS HEALTH SYSTEMS, INC.	NT - "SIGNIFICANT" AS OPPOSED TO "OTHER" - WAS A QUALITATIVE INTERPRETATION WHERE A REASON ABLE BREAK POINT IN RANK ORDER OCCURRED.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
TAOS HEALTH SYSTEMS, INC.	PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY ARE AVAILABLE ONLINE AT HTTPS://HOLYCROSSMEDICALCENTER.ORG/ABOUT-US/COMMUNITY-IMPACT/ . IN ADDITION TO PUBLISHING THE CHNA ON OUR WEBSITE AND PROVIDING HARD COPIES FOR THE PUBLIC'S REVIEW IN OUR ADMINISTRATIVE OFFICES, WE DELIVERED PRINTED COPIES OF THE CHNA TO TWO LOCAL LIBRARIES, WHERE THEY ARE MADE AVAILABLE TO THE PUBLIC VIA THE REFERENCE DEPARTMENT. ALSO, WE DISSEMINATED THE INFORMATION IN LARGE POSTER BOARD FORMAT VIA THE TAOS CARES HEALTH COUNCIL AND IN ONE COMMUNITY LISTENING SESSION IN AN OUTLYING RURAL AREA.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
TAOS HEALTH SYSTEMS, INC.	<p>PART V, SECTION B, LINE 11: ALCOHOL/SUBSTANCE ABUSE - SIGNIFICANT NEED IN 2013, 2016, AND 2019. ALCOHOL-IMPAIRED DRIVING DEATHS ARE 10% HIGHER IN TAOS COUNTY THAN BOTH THE STATE AVERAGE AND NATIONAL MEDIAN; RESIDENTS OF TAOS COUNTY ARE 21% MORE LIKELY TO CONSUME 3+ DRINKS PER SESSION THAN THE NATIONAL AVERAGE; LIVER DISEASE IS THE #8 LEADING CAUSE OF DEATH IN TAOS COUNTY. - HCMC TREATS ALCOHOL AND SUBSTANCE ABUSE IN THE EMERGENCY DEPARTMENT, PROVIDING STABILIZATION AND TRANSFER SERVICES TO PATIENTS IN NEED. HCMC ALSO EMPLOYS A CLINICIAN IN THE EMERGENCY DEPARTMENT WITH LICENSURE TO ADMINISTER SUBOXONE, A MEDICATION DESIGNED TO REDUCE THE SYMPTOMS OF OPIATE ADDICTION AND WITHDRAWAL. - HCMC IS THE FISCAL AGENT FOR THE TAOS ALIVE DRUG-FREE COMMUNITY GRANT. THIS GRANT-FUNDED COALITION BRINGS TOGETHER HEALTH AGENCIES, PUBLIC SAFETY ENTITIES, EDUCATIONAL ADMINISTRATORS AND COMMUNITY ADVOCATES TO WORK TOGETHER TO DECREASE SUBSTANCE ABUSE IN FAMILIES AND YOUTH. THE PROGRAM OPERATES A VARIETY OF SUBSTANCE ABUSE REDUCTION STRATEGIES INCLUDING: PUBLIC MEDIA CAMPAIGNS REGARDING SUBSTANCE ABUSE ISSUES IN TAOS COUNTY, ENVIRONMENTAL CLEAN-UP ACTIVITIES, PRESCRIPTION DRUG TAKE BACK AND DISPOSAL PUBLIC EVENTS, YOUTH ENGAGEMENT PROGRAMS, EDUCATION OF ELECTED AND PUBLIC OFFICIALS ABOUT SUBSTANCE ABUSE PREVALENCE AND PREVENTION MEASURES IN TAOS COUNTY, AND NALOXONE DISSEMINATION ACTIVITIES IN COORDINATION WITH HOLY CROSS HOSPITAL. THE TAOS ALIVE COALITION ALSO PARTICIPATES IN NATIONAL CONFERENCES AND EDUCATIONAL WORKSHOPS AND WORKS LOCALLY TO STRENGTHEN AND BUILD OTHER DRUG FREE COMMUNITIES IN NEIGHBORING RURAL/FRONTIER COMMUNITIES. - HCMC IS THE FISCAL AGENT FOR THE DEPARTMENT OF TRANSPORTATION UNDERAGE DRINKING GRANT, WHICH SUPPORTS THE ADOLESCENT AND UNDERAGE DRINKING PREVENTION WORK TAOS ALIVE PERFORMS. - HCMC PARTNERS WITH AREA SCHOOLS AND LAW ENFORCEMENT TO REDUCE DRUG USE AND ITS CONSEQUENCES THROUGH A NEW MEXICO HIGH INTENSITY DRUG TRAFFICKING AREA (HIDTA) GRANT. - HCMC PARTNERS WITH THE VIDA DEL NORTE COALITION IN QUESTA, NM TO PROVIDE MENTORSHIP IN TAOS PUEBLO SCHOOLS. - HCMC PARTICIPATES IN A 2-COUNTY COLLABORATION BETWEEN TAOS AND RIO ARRIBA THROUGH THE RURAL HEALTH NETWORK (HEALTH RESOURCES AND SERVICES ADMINISTRATION) TO ADDRESS THE OPIOID EPIDEMIC. THIS NETWORK IS WORKING ON ALL ISSUES AROUND THE OPIOID ISSUE. THEY ARE FOCUSING ON COMMUNICATION STRATEGIES TO EDUCATE AND DECREASE STIGMA AND WORKFORCE DEVELOPMENT OPPORTUNITIES FOR THOSE WORKING IN THE FIELD OF SUBSTANCE MISUSE. - HCMC HAS A PRESCRIPTION DRUG COLLECTION BOX INSTALLED IN ITS EMERGENCY ROOM WAITING AREA FOR COMMUNITY MEMBERS TO SAFELY DISPOSE PRESCRIPTION MEDICATIONS. - HCMC IS ACTIVELY INVOLVED WITH THE NEW MEXICO HOSPITAL ASSOCIATION IN ITS EFFORTS TO TREAT OPIOID ADDICTION AND REDUCE OPIOID USAGE IN COMMUNITIES ACROSS THE STATE. 29 - HCMC ACTIVELY PARTICIPATES IN THE TAOS HEALTH COUNCIL; THIS HEALTH ADVOCACY COALITION PROVIDES EDUCATION ABOUT RECOVERY AND SUPPORT GROUP PROGRAMS IN THE COMMUNITY.</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
TAOS HEALTH SYSTEMS, INC.	<p>Y SUCH AS THE RIO GRANDE ALCOHOL TREATMENT PROGRAM AND VARIOUS ALCOHOL ANONYMOUS/NARCOTICS ANONYMOUS SUPPORT GROUPS IN TAOS COUNTY. ADDITIONALLY, HCMC PLANS TO TAKE THE FOLLOWING 5 STEPS TO ADDRESS THIS NEED:- HCMC IS PLANNING TO HOST A COMMUNITY SUMMIT ON SUBSTANCE ABUSE . THIS SUMMIT IS INTENDED TO HELP COMMUNITY PROVIDERS AND RESOURCES UNDERSTAND THE FULL PI CTURE OF SUBSTANCE ABUSE IN THE COMMUNITY, TO CHANGE ATTITUDES TOWARDS SUBSTANCE ABUSE, AN D, ULTIMATELY, TO HELP AFFECTED PATIENTS NAVIGATE TOWARDS RECOVERY. THE SUMMIT HAS BEEN SC HEDULED FOR JUNE 20TH. HCMC WAS UNABLE TO COMPLETE THE SUMMIT DUE TO THE PANDEMIC.- HCMC A DDED A COMMUNITY LEADER TO ITS BOARD OF DIRECTORS WITH EXPERIENCE IN OPIOID ADDICTION AND RECOVERY. - HCMC HIRED AN EMERGENCY DEPARTMENT PRACTITIONER WITH EXPERIENCE WORKING IN SUB STANCE ABUSE. THIS PRACTITIONER IS ALSO LICENSED TO ADMINISTER SUBOXONE, A MEDICATION DESI GNE D TO REDUCE THE SYMPTOMS OF OPIATE ADDICTION AND WITHDRAWAL.- HCMC INSTALLED A TAKE BAC K BOX IN THE LOBBY TO COLLECT UNUSED PRESCRIPTION MEDICATIONS.MENTAL HEALTH/SUICIDE - SIGN IFICANT NEED IN 2013, 2016, AND 2019TAOS COUNTY'S RATE FOR POOR MENTAL HEALTH DAYS IS HIGH ER THAN BOTH STATE AVERAGE AND NATIONAL MEDIAN; SUICIDE IS THE #7 LEADING CAUSE OF DEATH I N TAOS COUNTY; TAOS COUNTY'S MENTAL AND SUBSTANCE USE RELATED DEATHS RATE IS HIGHER THAN N ATIONAL AVERAGE AND INCREASED FROM 1980-2014. - HCMC EMERGENCY DEPARTMENT, THE TAOS HEALTH COUNCIL, A PROGRAM OF HCMC, WORKS COLLABORATIVELY WITH THE NM CRISIS AND ACCESS LINE (NMC AL) ORGANIZATION TO PROMOTE AWARENESS OF SUICIDE DESIRE AND PREVENTION IN THE LOCAL COMMUN ITY. ACCORDING TO THE 2018 NMCAL ANNUAL REPORT, 584 CALLS FROM TAOS COUNTY WERE HANDLED BY NMCAL HOTLINE COUNSELORS.31- THE TAOS HEALTH COUNCIL ALSO WORKS TO RAISE AWARENESS IN THE LOCAL COMMUNITY ABOUT ADOLESCENT SUICIDE DESIRE AND PREVENTION. THE TAOS HEALTH COUNCIL T RACKS DATA FROM THE YOUTH RISK & RESILIENCY SURVEY. ACCORDING TO THE LATEST SURVEY IN 2017 , 20.9% OF HIGH SCHOOL STUDENTS SURVEYED REPORTED HAVING SERIOUSLY CONSIDERED SUICIDE; 17. 7% REPORTED HAVING MADE A SUICIDE PLAN AND 9.9% REPORTED HAVING ATTEMPTED SUICIDE. 32 - HC MC SPONSORS TAOS FIRST STEPS, WHICH SUPPORTS NEW FAMILIES AND PROMOTES EARLY CHILDHOOD DEV ELOPMENT AND THE PARENT-CHILD RELATIONSHIP. THIS PROGRAM PROVIDES ACCESS TO BEHAVIORAL HEA LTH RESOURCES THROUGH HOME VISITS, GROUP EVENTS, CLASSES, AND REFERRALS TO HEALTHCARE AGEN CIES AS APPROPRIATE. ADDITIONALLY, HCMC PLANS TO TAKE THE FOLLOWING STEPS TO ADDRESS THIS NEED: - MAKE UPDATES TO THE EXISTING SUICIDE PREVENTION ASSESSMENT IN THE EMERGENCY DEPART MENT.- ASSESS PATIENT POPULATIONS TO IDENTIFY SPECIFIC SUB-GROUPS AT HIGHER RISK FOR SUICI DE AND MENTAL HEALTH ISSUES ACROSS THE CONTINUUM OF CARE.- COLLABORATE WITH THE NEW COMMUN ITY PSYCHIATRIST TO ENHANCE MENTAL HEALTH OFFERINGS. HCMC EVALUATION OF IMPACT OF ACTIONS TAKEN SINCE THE IMMEDIATELY PRECEDING CHNA: - HCMC HIRED A LICENSED MENTAL HEALTH WORKER I N THE EMERGENCY DEPARTMENT. -</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
TAOS HEALTH SYSTEMS, INC.	<p>HOME VISITORS IN THE TAOS FIRST STEPS PROGRAM ATTAINED INFANT MENTAL HEALTH ENDORSEMENTS. ACCESS/AFFORDABILITY - SIGNIFICANT HEALTH NEED IN 2013, 2016, AND 2019 TAOS COUNTY'S RATE OF UNINSURED RESIDENTS IS HIGHER THAN BOTH THE STATE AVERAGE AND NATIONAL MEDIAN. - HCMC BENEFIT NAVIGATION PROGRAM PROVIDES FREE ENROLLMENT APPLICATION ASSISTANCE, COUNSELING, AND ELIGIBILITY INFORMATION TO THE PUBLIC FOR THE FOLLOWING HEALTH COVERAGE PROGRAMS: MEDICAID AND MARKETPLACE. IT IS A PROGRAM OF HOLY CROSS HOSPITAL WITH BILINGUAL STAFF AND TWO MAIN OFFICES IN TAOS. THE TWO OFFICES ALSO ASSIST WITH PRESUMPTIVE ELIGIBILITY PROVISION FOR THE LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP), SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PROGRAM AND THE TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) PROGRAM. - THE BENEFIT NAVIGATION PROGRAM ALSO PROVIDES HEALTHCARE NAVIGATION SERVICES TO THE MEDICARE ELIGIBLE AND MEDICARE BENEFICIARY POPULATIONS. THIS IS A GRANT-FUNDED EFFORT WITH NEIGHBORING COUNTY RIO ARRIBA TO WORK SPECIFICALLY WITH THE MEDICARE POPULATION AND INCREASE ACCESS TO AND ENROLLMENT IN PUBLIC HEALTH ENTITLEMENT PROGRAMS. THE PROGRAM ONLY INTERFACES WITH MEDICARE BENEFICIARIES WHEN THEY ARE DETERMINED TO BE DUALY ELIGIBLE FOR BOTH MEDICARE AND MEDICAID COVERAGE AND TO NAVIGATE CURRENT MEDICARE ENROLLMENT OPTIONS; THEY CURRENTLY DO NOT ASSIST IN MEDICARE APPLICATIONS WHICH ARE ADMINISTERED BY THE SOCIAL SECURITY ADMINISTRATION. THE DUAL ELIGIBLE POPULATION IS THE LOW-INCOME SUBSIDY (LIS) ELIGIBLE AND THE MEDICARE SUBSIDY PROGRAM (MSP) ELIGIBLE. - HCMC OFFERS RESOURCES FOR CHRONIC CARE MANAGEMENT IN ITS PRIMARY CARE CLINICS. - HCMC IS THE FISCAL AGENT FOR TAOS FIRST STEPS, WHICH SUPPORTS NEW FAMILIES AND PROMOTES EARLY CHILDHOOD DEVELOPMENT AND THE PARENT-CHILD RELATIONSHIP. THIS PROGRAM PROVIDES ACCESS TO BEHAVIORAL HEALTH RESOURCES THROUGH HOME VISITS, GROUP EVENTS, CLASSES, AND REFERRALS TO HEALTHCARE AGENCIES AS APPROPRIATE. THE FIRST STEPS DATA COORDINATOR IS A MEDICAID DETERMINER AND IS ABLE TO ASSIST PRENATAL FAMILIES AND FAMILIES WITH CHILDREN UP TO 3 YEARS OLD WITH MEDICAID ENROLLMENT. ADDITIONALLY, HCMC PLANS TO TAKE THE FOLLOWING STEPS TO ADDRESS THIS NEED: - BEGIN OUTREACH TO LOCAL BUSINESSES AND COMMUNITY RESOURCES TO PROVIDE EDUCATION ABOUT THE BENEFIT NAVIGATION PROGRAM - EXPAND THE HCMC BAD DEBT PURCHASING PROGRAM, WHICH ALLOWS LOCAL ORGANIZATIONS TO PURCHASE PORTIONS OF PATIENT DEBT FOR UNCOMPENSATED CARE - EXPLORE THE OPPORTUNITY TO EXPAND TELEMEDICINE OFFERINGS FOR BOTH HCMC AND HCMC CLINICS. - WORK WITH LOCAL ORGANIZATIONS TO PROVIDE FINANCIAL SUPPORT AND ASSISTANCE FOR HCMC PATIENTS RECEIVING CANCER CARE OUTSIDE OF TAOS COUNTY.(CONTINUED BELOW)</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
TAOS HEALTH SYSTEMS, INC.	PART V, SECTION B, LINE 16J: THE FINANCIAL ASSISTANCE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE ONLINE AT HTTPS://HOLYCROSSMEDICALCENTER.ORG/PATIENT-VISITOR-INFORMATION/PATIENT-INFORMATION/PAYMENT-FINANCIAL-ASSISTANCE/ .

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>PART V, SECTION B, LINE 11 (CONTINUED):</p>	<p>CANCER - SIGNIFICANT HEALTH NEED IN 2013, 2016, AND 2019 TAOS COUNTY'S MAMMOGRAPHY SCREENING RATE IS LOWER THAN BOTH STATE AVERAGE AND NATIONAL MEDIAN; RESIDENTS OF TAOS COUNTY ARE 23% LESS LIKELY TO RECEIVE CERVICAL CANCER SCREENINGS EVERY 2 YEARS THAN THE NATIONAL AVERAGE; CANCER IS THE #1 LEADING CAUSE OF DEATH IN TAOS COUNTY. PUBLIC COMMENTS RECEIVED ON PREVIOUSLY ADOPTED IMPLEMENTATION STRATEGY:- HCMC CANCER SUPPORT SERVICES PROVIDES NON-MEDICAL SERVICES TO PATIENTS DIAGNOSED WITH CANCER. - HCMC EMERGENCY DEPARTMENT AND INPATIENT PROVIDE MEDICAL CARE FOR THE ACUTE NEED. HCMC IMAGING PROVIDES DIAGNOSTIC SERVICES.- HCMC SURGERY/PATHOLOGY PROVIDES SURGICAL AND DIAGNOSTIC SERVICES FOR CANCER. - HCMC NUTRITIONIST PROVIDES HEALTH AND WELLNESS EDUCATION. - HCMC PARTNERS WITH THE "PRESCRIPTION TRAILS" PROGRAM TO PROMOTE ACTIVITY AND EXERCISE ON LOCAL TRAILS IN COLLABORATION WITH THE TAOS LAND TRUST AND THE NATIONAL PARK TRAIL SYSTEM. - HCMC SPONSORS THE ANNUAL "FOR THE HEALTH OF IT" CANCER SUPPORT SERVICES WALK. THIS EVENT WAS CONDUCTED REMOTELY WITH INDEPENDENT WALKS DUE TO THE PANDEMIC.- HCMC PARTNERED WITH LATCH-ON, A GROUP FOUNDED BY FIRST STEPS TO SPONSOR A BREAST-FEEDING TENT AT THE TAOS FARMERS MARKET. THIS EVENT DID NOT TAKE PLACE IN 2020 DUE TO THE PANDEMIC. - HCMC HOST A NUMBER OF OUTREACH AND EDUCATIONAL EVENTS LIKE A ZUMBA PARTY, PAINT TAOS PINK, AND A SILENT AUCTION. THESE EVENTS ARE HELD DURING THE ENTIRE MONTH OF OCTOBER AND COORDINATED BY CANCER SUPPORT SERVICES. ALL WERE HANDLED VIRTUALLY OR REMOTELY DUE TO THE PANDEMIC IN 2020.- ADDITIONALLY, HCMC PLANS TO TAKE THE FOLLOWING STEPS TO ADDRESS THIS NEED: - HCMC IS EXPLORING OPTIONS TO BRING MOBILE MAMMOGRAPHY TO TAOS COUNTY, EXPANDING ACCESS FOR PREVENTIVE BREAST CANCER SCREENINGS. THIS STEP WAS DELAYED DUE TO THE NEED OF RESOURCES TO RESPOND TO THE PANDEMIC. DIABETES - SIGNIFICANT HEALTH NEED IN 2013, 2016, AND 2019; TAOS COUNTY'S DIABETES MONITORING RATE IS LOWER THAN BOTH STATE AVERAGE AND NATIONAL MEDIAN; DIABETES IS THE #6 LEADING CAUSE OF DEATH IN TAOS COUNTY.- THE DIABETES SELF-MANAGEMENT PROGRAM (DSMP) PROVIDES TESTING, MEDICATION MANAGEMENT, AND EDUCATION THROUGH A TEAM OF DIABETES EDUCATORS AND A DIETITIAN OVERSEEN BY AN ENDOCRINOLOGIST MEDICAL DIRECTOR.- HCMC CONVENES AN ADVISORY COMMITTEE COMPRISED OF MEDICAL PROFESSIONALS AND COMMUNITY MEMBERS. THESE EVENTS WERE CONDUCTED VIRTUALLY DUE TO THE PANDEMIC IN 2020.- HCMC STAFF IN ALL UNITS CURRENTLY PROVIDES EDUCATION AND OUTREACH INFORMATION FOR DIABETES, INCLUDING PRESENCE AT HEALTH FAIRS AND EDUCATION CLASSES TO SENIORS. - HCMC PRIMARY CARE CLINIC OFFERS DIABETES CARE. TELEHEALTH EMPLOYED DUE TO THE PANDEMIC.- HCMC NUTRITIONIST OFFERS COOKING CLASSES FOR HEALTHY COOKING. NUTRITIONAL SUPPORT CONDUCTED VIRTUALLY AND VIA TELEHEALTH DUE TO THE PANDEMIC. - HCMC OFFERS DIABETES EDUCATION AND SUPPORT, INCLUDING EDUCATION AND GUIDANCE ON THE DISEASE PROCESS, MEDICATIONS, PHYSICAL ACTIVITY, BLOOD GLUCOSE MONITORING, COMPLICATION PREVENTION</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUED):	<p>NTION, GOAL SETTING AND PROBLEM SOLVING, INTENSIVE INSULIN MANAGEMENT, INSULIN PUMP MANAGEMENT, MEDICATION COVERAGE, CONTINUOUS GLUCOSE MONITORING, AND NUTRITIONAL COUNSELING. - HC MC OFFERS CURRICULUM-BASED EDUCATION FOR TYPE 1 DIABETES MELLITUS, TYPE 2 DIABETES MELLITUS, AND GESTATIONAL DIABETES. - HCMC OFFERS GROUP CLASSES FOR TYPE 2 AND PRE-GESTATIONAL DIABETES. THESE CLASSES WERE TRANSITIONED VIRTUAL DUE TO THE PANDEMIC IN 2020. ADDITIONALLY, HCMC PLANS TO TAKE THE FOLLOWING STEPS TO ADDRESS THIS NEED: - EXPLORE OPPORTUNITY TO PARTNER WITH ANCIANOS, INC. TO HELP IMPROVE NUTRITIONAL ACCESS FOR THE DIABETIC COMMUNITY. THIS INITIATIVE WAS DEFERRED TO FOCUS ON PANDEMIC RESPONSE. - OFFER A PRE-GESTATIONAL DIABETES CLASS MONTHLY. CONDUCTED VIRTUALLY AND VIA TELEHEALTH DUE TO THE PANDEMIC. - PROVIDE SERVICES FOR PATIENTS WITH CONTINUOUS GLUCOSE MONITORING. - EXPLORE DEMOGRAPHICS WITHIN DIABETIC POPULATIONS TO UNDERSTAND SPECIFIC POPULATION NEEDS. THIS INITIATIVE WAS DEFERRED TO FOCUS ON PANDEMIC RESPONSE. - EXPLORE COLLABORATION WITH THE WIC PROGRAM. THIS INITIATIVE WAS DEFERRED TO FOCUS ON PANDEMIC RESPONSE. - EXPLORE COLLABORATION WITH HOME HEALTH FOR DIABETES MANAGEMENT. THIS INITIATIVE WAS DEFERRED TO FOCUS ON PANDEMIC RESPONSE. - EXPLORE OPPORTUNITY TO EXPAND 340B WITH LOCAL/RETAIL PHARMACIES. THIS INITIATIVE WAS DEFERRED TO FOCUS ON PANDEMIC RESPONSE. - IMPLEMENT THE CDC/AADE PROGRAM TO ADDRESS PREVENTION OF TYPE 2 DIABETES. THIS INITIATIVE WAS DEFERRED TO FOCUS ON PANDEMIC RESPONSE.</p>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization TAOS HEALTH SYSTEMS INC

Employer identification number

85-0289839

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	6	28,295	0	N/A	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	HIGH SCHOOL SENIORS COMPLETE APPLICATIONS WHICH ARE REVIEWED BY A COMMITTEE OF TAOS HEALTH SYSTEMS, INC. AND OTHER COMMUNITY MEMBERS. AFTER AWARD, THE STUDENTS MUST SHOW SATISFACTORY PROGRESS EACH SEMESTER TO BE PAID THE AWARD. NURSING AND FINANCE SCHOLARSHIP EXPENSES ARE MONITORED BY FINANCE AND HUMAN RESOURCES VIA SPREADSHEET. THE SPREADSHEET INCORPORATES EACH INDIVIDUAL THAT HAS RECEIVED SCHOLARSHIPS AND MONTHLY INDIVIDUAL EXPENSES, IN TOTAL, ARE RECONCILED TO THE GL ACCOUNT.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
TAOS HEALTH SYSTEMS INC

Employer identification number
85-0289839

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR WILLIAM DOUGHERTY PHYSICIAN	(i)	486,132	0	1,980	2,500	23,901	514,513	0
	(ii)	0	0	0	0	0	0	0
2 DR STEPHEN LUCERO PHYSICIAN	(i)	459,070	0	1,980	2,500	21,258	484,808	0
	(ii)	0	0	0	0	0	0	0
3 DR JOHN WELLS PHYSICIAN	(i)	395,548	0	371	2,500	16,837	415,256	0
	(ii)	0	0	0	0	0	0	0
4 WILLIAM PATTEN JR CEO	(i)	297,694	63,845	6,257	2,500	22,655	392,951	0
	(ii)	0	0	0	0	0	0	0
5 DR TIM MOORE BOARD MEMBER AND CHIEF OF STAFF	(i)	358,883	0	3,810	2,500	24,902	390,095	0
	(ii)	0	0	0	0	0	0	0
6 DR DAVID FLANAGAN PHYSICIAN	(i)	347,879	0	1,092	2,500	9,253	360,724	0
	(ii)	0	0	0	0	0	0	0
7 DR RUOBING XIAO PHYSICIAN	(i)	335,831	0	303	2,500	8,404	347,038	0
	(ii)	0	0	0	0	0	0	0
8 PAM AKIN CNO	(i)	174,557	0	945	1,709	18,466	195,677	0
	(ii)	0	0	0	0	0	0	0
9 STEVE ROZENBOOM CFO	(i)	164,670	0	3,634	2,500	22,655	193,459	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 7	DURING 2019, THE CEO RECEIVED A NON-FIXED BONUS THAT WAS EVALUATED AND DECIDED UPON BY THE BOARD OF DIRECTORS.
SCHEDULE J, PART I, LINE 1A	WILLIAM PATTEN, CEO, AND STEVE ROZENBOOM, CFO, ARE PROVIDED WELLNESS BENEFITS AND AUTOMOBILE ALLOWANCES THAT ARE 100% TAXABLE TO THEM.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization TAOS HEALTH SYSTEMS INC

Employer identification number

85-0289839

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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 interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HOWARD AKIN	SPOUSE OF PAM AKIN, CNO	21,118	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
TAOS HEALTH SYSTEMS INC

Employer identification number

85-0289839

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE BOARD OF DIRECTORS HAS AN EXECUTIVE COMMITTEE CONSISTING OF THE OFFICERS OF THE BOARD AND THE IMMEDIATE PAST BOARD CHAIR. THE EXECUTIVE COMMITTEE HAS THE POWER AND AUTHORITY OF THE BOARD WHEN THE BOARD IS NOT IN SESSION TO TRANSACT ALL REGULAR BUSINESS, SUBJECT TO ANY PRIOR LIMITATIONS IMPOSED BY THE BOARD OR BY STATUTE. IN ADDITION, THE EXECUTIVE COMMITTEE (A) ESTABLISHES STANDARDS FOR AND REVIEWS THE PERFORMANCE OF THE INDIVIDUAL BOARD MEMBERS AND THE SALARIED OFFICERS AND REPORTS THEREON TO THE BOARD; (B) MEETS WITH THE CEO ON AN ANNUAL BASIS, CONCURRENT WITH THE FISCAL YEAR-END, FOR AN EVALUATION OF THE CEO'S PERFORMANCE; (C) MAKES RECOMMENDATIONS TO THE BOARD CONCERNING THE COMPENSATION AND TERMS OF EMPLOYMENT OF THE CEO AND OTHER SALARIED OFFICERS; (D) REVIEWS AND MAKES RECOMMENDATIONS TO THE BOARD ON THE COMPOSITION AND SERVICES OF THE BOARD AND ITS COMMITTEES; (E) IMPLEMENTS THE CONFLICT OF INTEREST POLICIES; AND (F) DEVELOPS AND OVERSEES A PROGRAM FOR THE ORIENTATION OF NEW BOARD MEMBERS AND FOR CONTINUING EDUCATION OF ALL DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	OFFICER PAM AKIN HAS A FAMILY RELATIONSHIP WITH EMPLOYEE HOWARD AKIN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	MINUTES WERE NOT KEPT FOR EXECUTIVE COMMITTEE MEETINGS. HOWEVER, THE EXECUTIVE COMMITTEE'S ACTIONS WERE REPORTED TO THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS COMPLETED BY AN INDEPENDENT ACCOUNTING FIRM WHICH FORWARDED THE COMPLETED RETURN TO THE CEO AND CFO FOR REVIEW TO DETERMINE COMPLETENESS AND ACCURACY. ONCE APPROVED BY BOTH THE CEO AND CFO, A COPY WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW. THE BOARD OF DIRECTORS APPROVED THE FINAL COPY PRIOR TO FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE COMPLIANCE COMMITTEE MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY. BOARD OF DIRECTORS MEMBERS, SENIOR LEADERS, DIRECTORS AND KEY EMPLOYEES MUST COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY. IN THE EVENT OF A CONFLICT OF INTEREST, THE BODY TO WHICH SUCH CONFLICT OF INTEREST DISCLOSURE IS MADE SHALL DETERMINE, BY MAJORITY VOTE, WHETHER THE DISCLOSURE REQUIRES THAT NON-VOTING AND NON-PARTICIPATION PROVISIONS MUST BE OBSERVED. THE MINUTES OF ANY MEETING WHERE A CONFLICT OF INTEREST IS NOTED SHALL REFLECT THE DISCLOSURE MADE, THE VOTE THEREON AND, WHERE APPLICABLE, THE ABSTENTION FROM VOTING AND PARTICIPATION, AND WHETHER A QUORUM WAS PRESENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROFESSIONAL SERVICES AGREEMENT FOR THE CEO, CFO AND CNO STATE THAT THE HR DIRECTOR WILL REVIEW THE MARKET DATA FOR THIS POSITION. THE DATA USED IN 2019 WAS THE NM HOSPITAL ASSOCIATION SALARY SURVEY WHICH REFLECTED THAT THE PAY FOR THIS POSITION WAS WITHIN 5% OF THE DEFINED MARKET. QHR SALARY SURVEY DATA FROM ERNST AND YOUNG WAS USED FOR NATIONAL BENCHMARKING. A SIMPLE AVERAGE OF THREE COMPONENTS (NEW MEXICO, ADJACENT STATES AND NATIONAL) WAS USED TO CALCULATE THE MARKET RATE. THE EXECUTIVE COMMITTEE THEN REVIEWS THE RECOMMENDATION AND APPROVES THE CEO COMPENSATION. THIS PROCESS WAS LAST COMPLETED IN 2019 FOR 2020 COMPENSATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES: PROGRAM SERVICE EXPENSES 8,438,257. MANAGEMENT AND GENERAL EXPENSES 3,610,447. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 12,048,704.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 LINE 2C	THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNT HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
TAOS HEALTH SYSTEMS INC

Employer identification number

85-0289839

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) TAOS PROFESSIONAL SERVICES 1397 WEINER ROAD TAOS, NM 87571 27-4259044	CLINIC	NM	2,253,698	240,946	THS INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation