



6565 Americas Parkway NE Suite 600 Albuquerque, NM 87110

November 13, 2024

MOSSADAMS

The Telluride Medical Center Foundation PO Box 1229 Telluride, CO 81435 Attention: Robbi Hudson, Director of Finance

Dear Robbi:

Enclosed is the organization's 2023 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before November 15, 2024.

Mail to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

We have prepared the returns from information you provided to us without verification in accordance with the terms of the Master Services Agreement (MSA) and Statement of Work that we have in place with you. In addition, we have relied on you to alert us if you participated in any "reportable transaction," including a "listed transaction" or a "transaction of interest" as defined in IRC Section 6011, Treasury Reg. Section 1.6011-4 and other related IRS Rulings/Notices. Please contact us if you have engaged in any such transaction, or substantially similar transaction, or in a listed transaction as identified by any state in which you conduct business.

Upon examination of the returns by taxing authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns or if we may be of further assistance.

Sincerely,

Pamela Alexanderson for Moss Adams LLP

# TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

December 31, 2023

#### **Prepared For:**

The Telluride Medical Center Foundation PO Box 1229 Telluride, CO 81435

#### **Prepared By:**

Moss Adams LLP 6565 Americas Parkway NE Ste 600 Albuquerque, NM 87110

#### Amount Due or Refund:

Not applicable

#### Make Check Payable To:

Not applicable

## Mail Tax Return and Check (if applicable) To:

Not applicable

## Return Must be Mailed On or Before:

Not applicable

# **Special Instructions:**

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

THE TELLURIDE MEDICAL CENTER FOUNDATION PO BOX 1229 TELLURIDE, CO 81435

#### DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

HalalahdullaandHladhaaddaadd

(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service

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

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

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

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

must use	Form 7004 to request an extension of time to file income	e tax retur	ns.			
<u>Part I - Io</u>	lentification					
Type or	Name of exempt organization, employer, or other filer	Taxpayer identification number (TIN				
Print						
File by the	THE TELLURIDE MEDICAL CENTE	R FOU	NDATION		26-35567	57
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, se PO BOX 1229	ee instruct	ions.			
instructions.	City, town or post office, state, and ZIP code. For a for TELLURIDE, CO 81435	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applicati	on Is For	Return	Application Is For			Return
••		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				17
	ou enter your Return Code, complete either Part II or Part		including signature is applicable of	nly for an	extension of	
	e Form 5330.		,			
	pplication is for an extension of time to file Form 5330, y	ou must ei	nter the following information			
	n Name		-			
	n Number					
	n Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)			
	poks are in the care of ROBBI HUDSON					
	PO BOX 1229 - TEL	LURIC	DE. CO 81435			
Telent	one No. 970-369-2354		Fax No.			
	brganization does not have an office or place of business	in the I Ini				
	is for a Group Return, enter the organization's four-digit (					
box	. If it is for part of the group, check this box					
	quest an automatic 6-month extension of time until NC					
	organization named above. The extension of time until				ipt organization re	.um ioi
	calendar year 20 23 or	anization s				
<u>47</u>		20	and anding			20
	tax year beginning	, 20	, and ending		. , 4	20
2 If th	ne tax year entered in line 1 is for less than 12 months, ch	heck reaso	on: Initial return	Final retur	'n	
	Change in accounting period				I	
3a lfth	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			_
any	nonrefundable credits. See instructions.			3a	\$	0.
b lftł	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			-
est	mated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.
c Ba	ance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by			-
usi	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.

Form <b>99</b>	D
----------------	---

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

ΑF	or th	e 2023 calendar year, or tax year beginning and e	ending							
B C a	heck if oplicab	e: C Name of organization		D Employer identific	cation number					
	Addre	nge THE TELLURIDE MEDICAL CENTER FOUNDATION								
	Name	e Doing business as		26-35567	57					
	Initial return Final return	PO POY 1229	Room/suite	E Telephone number 970-728-3						
	terminated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,166,557.					
	Amen	IEDDORIDE, CO 81433		H(a) Is this a group re	turn					
	Applie tion	F Name and address of principal officer: ROBBE HOBBE		for subordinates	? Yes X No					
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No					
		empt status: $X = 501(c)(3) = 501(c)(())$ (insert no.) 4947(a)(1) or	r 🔄 527	- '	list. See instructions					
	Vebsi			H(c) Group exemption						
		f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2008	State of legal domicile: CO					
Ра	rt I	Summary			-					
é	1	Briefly describe the organization's mission or most significant activities: <u>TO SE</u>								
Governance	-	RESOURCES REQUIRED TO SUPPORT THE TELLURID								
ern	2	Check this box if the organization discontinued its operations or dispose		1 1	ets. 7					
20	3				7					
	4	Number of independent voting members of the governing body (Part VI, line 1b)			0					
Activities &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			<u>0</u> 7					
tivi	6	Total number of volunteers (estimate if necessary)		0.						
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
	d		<u></u>	Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		880,879.	1,100,674.					
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.					
sver	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-73,319.	52,261.					
Ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,180.	4,464.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		817,740.	1,157,399.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		108,120.	3,150.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		157,885.	137,713.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
pei	b Total fundraising expenses (Part IX, column (D), line 25) 164,811.									
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	375,091.	194,685.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	641,096.	335,548.						
		Revenue less expenses. Subtract line 18 from line 12		176,644.	821,851.					
ces			Be	ginning of Current Year	End of Year					
sets alan	20	Total assets (Part X, line 16)		1,876,500.	1,871,377.					
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		44,562.	52,029.					
		Net assets or fund balances. Subtract line 21 from line 20		1,831,938.	1,819,348.					
	rt II	Signature Block								
		alties of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is					
true	ue correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge									

Sign	Signature of officer	Date				
-	ROBBI HUDSON, DIRECTOR OF FINANCE					
	Type or print name and title					
	Print/Type preparer's name Preparer's signature Date Check PTIN					
Paid	PAMELA ALEXANDERSON PAMELA ALEXANDERSON 11/13	/24 self-employed P01218925				
Preparer	reparer Firm's name MOSS ADAMS LLP Firm's EIN 91-0189318					
Use Only	Jse Only Firm's address 6565 AMERICAS PARKWAY NE STE 600					
	ALBUQUERQUE, NM 87110 Phone no.505-878-7200					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions					
LHA For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23	Form <b>990</b> (2023)				

Form	990 (2023) THE TELLURIDE MEDICAL CENTER FOUNDATION 26-3556757 Page 2
Par	t 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: THE MISSION OF THE TELLURIDE MEDICAL CENTER FOUNDATION IS TO SECURE
	THE FINANCIAL RESOURCES REQUIRED TO ENSURE CLINICAL EXCELLENCE AND THE
	CONTINUED QUALITY OF CARE AT THE TELLURIDE MEDICAL CENTER.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ū	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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$53,519. including grants of \$3,150. ) (Revenue \$)
4a	(Code:)(Expenses \$53,519. including grants of \$3,150.) (Revenue \$) AS A FULLY SUPPORTING ENTITY, THE FOUNDATION IN 2023 SPENT \$53,519
	SECURING MONIES INCLUDING A DIRECT CONTRIBUTION TO THE TELLURIDE
	MEDICAL CENTER OF \$3,150 FOR THE PURCHASE OF MEDICAL EQUIPMENT AND
	SUPPORT OF OPERATIONS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, , , , , , , , , , , , , , , , , , , ,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 53, 519.
	Form <b>990</b> (2023)
332002	12-21-23
_ >=002	4

Form 990 (2023)			MEDICAL	CENTER	FOUNDATION
Part IV Checklist of	f Require	d 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		v
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
d		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
<sup>D</sup>	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			v
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		- 21
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	- 10		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	21		Х
332003	3 12-21-23		<b>990</b> (	(2023)

5 2023.05000 THE TELLURIDE MEDICAL CEN 901745\_1

 Form 990 (2023)
 THE TELLURIDE MEDICAL CENTER FOUNDATION

 Part IV
 Checklist of Required Schedules (continued)

22       Did the organization regard more than 55:000 of grants or other assistance to of rod domestic individuals on Part X, other (A), line 27 / Way, "complete Schedule /, Part I and Umer Offees, directors, trustees, key employee, and highest compensated employees? If 'Yes, "complete Schedule / and Umer Offees, directors, trustees, key employee, and highest compensated employees? If 'Yes, "complete Schedule / Bart I and Vision Offees, directors, trustees, key employee, and highest compensated employees? If 'Yes, "complete Schedule / Bart I and Vision Offees, directors, trustees, key employee, and highest compensated employees? If 'Yes, "complete Schedule / Bart I and Vision Offees, directors, trustees, key employee, and highest compensated employees? If 'Yes, "complete Schedule / Bart I and Vision Offees, directors, trustees, key employee, and highest compensated at any tone during the yeart.       24a       X         24b       Did the organization invest any tone obstaf of issuer for bonds outstanding at any time during the yeart.       24a       X         25       Section 50((k), 50((k), 60((k), 60((k), 60(k), 60(k), 60(k)), 70(k)).       25a       X         25       Section 50((k), 50((k), 60((k), 60(k), 60(k), 60(k)), 70(k)).       25a       X         26       Line organization aware that it engaged in an excess benefit transaction with a disquilified person during the yeart?       25a       X         27       Did the organization aware that it engaged in an excess benefit transaction.       25a       X       25b       X         28       Schedule 1, Part I       Z5a       X       Z5b       X				Yes	No
23         Did the organization asswer 'Yes' to Park WI, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes, "complete Schedule K, If 'No, "go to line 22a.         yes	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officies, directors, trustees, key employees, and highest compensated employees? If "Yes," complete     24       24     Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2db through 2dd and complete     24a       24     Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?     24d       25     Did the organization invest any nonceeds of tax exempt bonds beyond a temporary period exception?     24d       26     Did the organization invest any nonceeds of tax exempt bonds beyond a temporary period exception?     24d       26     Did the organization invest any nonceeds of tax exempt bonds of tax exempt bonds?     24d       27     Did the organization are acrow account of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any or the organization orbital of "Inves," complete Schedule L, Part I     25e       28     Did the organization provide a grant or other assistance to any current or former officar, director, trutate, key employee, creator or founder, substantial contributor, or 35K     25k       27     Did the organization provide a grant or other assistance to any current or former officar, director, trutate, key employee, creator or founder, substantial contributor?     26k       27     Did the organization provide a grant or other assistance to any current or former officar, dinetach, trutate, key employee, creator of founder, or sub		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J       23       X         4a Did the organization have a tax exempt bond issue with an outstanding principal amount of more thin \$100,000 as of the schedule K. If 'No,' go to line 25a       24a       X         4b Did the organization maintain an escow account other than a refurning section with any time during the year to delease any tax-exempt bonds?       24a       X         4b Did the organization maintain an escow account other than a refurning section with a disqualified preson during the year?       24d       24d         4c Did the organization act as an 'on behalf Of' issue for bonds outstanding at any time during the year?       24d       24d         4c Did the organization act as an 'on behalf Of' issue for bonds outstanding at any time during the year?       24d       24d         5c Section 50(16), 501(4(4), 401(4), 400(4), 400 (4), 400	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a       D0 the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No," to o the 25a       24a       X         D0 the organization invest any proceeds of tax-exempt bonds beyond a temporary pariod exception?       24a       X         D0 the the organization invest any proceeds of tax-exempt bonds?       24a       X         D0 the organization invest any proceeds of tax-exempt bonds?       24d       24a       X         D0 the organization invest any proceeds of tax-exempt bonds?       24d       24d       24d         D2 the organization area as no to behalf of "issuer for bonds outstanding acrow at any time during the year to defease any tax-exempt bonds?       24d       25a       X         D1 the organization avae that 1 engaged in an excess benefit transaction with a disqualified preson in a prory year, and that the transaction was not been reported on any of the organization's point organ states to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       27b       X         D1 bit the organization provide a grant or other assittance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or assittance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or assittance to any current or former officer, director, trustee, key employee, creator or founder, ore assittance to any cur		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
as tay of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete     24a     X       b Did the organization meantain an escow account other than a refunding account at through the year to detease any tax-evempt bonds?     24b     24b       c Did the organization meantain an escow account other than a refunding account at through the year to detease any tax-evempt bonds?     24d     24d       d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?     24d     24d       d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?     24d     25a       d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?     24d     25a       d Did the organization access benefit transaction with a disqualified person during the year?     25a     X       D Did the organization access benefit transaction with a disqualified person during the year?     26b     X       27 Did the organization provide a grant or thorder, substantial contributor, or 35% controlled of they or any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or a 35% controlled of they organizations. Bold benefits, exercise the Schedule L, Part N     27b       27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part N, instructions and sc		Schedule J	23		X
Schedule K. If 'No,' go to line 25a       24a       X         b Did the organization meantain an escrow account other than a refunding escrow at any time during the year'to defease any tax exampt bonds?       24a       24a         c Did the organization meantain an escrow account other than a refunding escrow at any time during the year'to defease any tax exampt bonds?       24a       24a         25a       Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization argues is an 'on behalf of' issuer for bonds outstanding at any time during the year'       24a       24a         25a       Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization argues is an excess benefit transaction with a disqualified person in a prior year, and that the transaction any of the organization spiker Schedule L, Part I       25a       X         25a       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If ''''ee', complete Schedule L, Part I'.       25a       X         27       ZX       28       Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or angloyee thereof, a grant selection committee member, or to a 35% controlled entity in thereof of anny intereside thereof or anny intereside the organization exects encluse L, Part I V.       26a       X         28       A tamuly member of any of thes	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b       Det the organization must any proceeds of tax-esempt bonds beyond a temporary period exception?       24b         c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year?       24c         d       Did the organization maintain an escrow account other than a refunding escrow at any time during the year?       24d         d       Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?       24d         d       Did the organization account and the regastication exception of the organization site of the organization specific at encapts of the organization or payables to any current or former officer, director, trustee, key employee, creator or touder, substantial contributor, or 35%       28b       X         27       Did the organization provide a grant or other assistances to any ourrent or former officer, director, trustee, key employee, creator or formed right, and these persons? If ''teg,' complete Schedule L, Part I       28       X         28       Was the organization provide a grant or other assistances or any ourrent or former officer, director, trustee, key employee, creator or formed officer, director, trustee, key employee, creator or founder, outstantial contributor? If ''teg,' complete Schedule L, Part II       28       X         28       Was the organization necelve there of ramily member of any of the schedule L, Part II       28       X         29       Did the organiz		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe exempt bonds?       24d         d       Did the organization acts as an 'on behalf of' issuer for bonds outstanding at any time during the year?       24d         25       Section 501(c)(3), 501(c)(4) and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       1152         26       bit the organization avare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 900 or 990-E27. If "Yes," complete Schedule L, Part I       25b       X.         27       Did the organization report any anount on Part X, line 5 or 22, for necessables from or pagabales to any current or former officer, director, trustes, leve applyoe, creator or founder, substantial contributor, or 35% controlled entity of numly member of any of these persons? If "Yes," complete Schedule L, Part II       26       X.         28       Was the organization provide stransaction with one of the following parties? (See the Schedule L, Part II.       27       X.         29       Max the organization provide year party to a business transaction organization rounder, substantial contributor? If "Yes," complete Schedule L, Part II.       28a       X.         29       Max theoremet of any of induced, tescentration engage to reporter of funder any of these person? If "Yes," complete Schedule L, Part II.       28a       X. <td></td> <td></td> <td>24a</td> <td></td> <td>X</td>			24a		X
any tax-exempt bonds?     24c       D db the organization act as an 'on behalf of lissuer for bonds outstanding at any time during the year?     24d       25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?     14d       25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction mean other excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for necevables for or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity for family member of any of these persons? If 'Yea,' complete Schedule L, Part I     28     X       27 Did the organization apert but to a business transaction with one organized comparison on aprice of transaction with one of any of these persons? If 'Yea,' complete Schedule L, Part II     28     X       28 Was the organization apert but to a business transaction with one of the following parties? (See the Schedule L, Part II)     28     X       29 Not the organization apert business conditions, and exceptions]:     a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part II     28     X       20 Did the organization necevic on orthogen the complex schedule L in 24 DI // See the Schedule L, Part II     28     X       21 A current or former officer, director, trustee, key emplo	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
d Did the organization act as an "on behalt of" issue for bonds outstanding at any time during the yea?       244         25a Section 50(c)(2), 50(c)(4), and 50(c)(2) organizations. Did the organization engole in an excess benefit transaction with a disqualified person any of the organization's pior forms 980 or 990-271 #"ves," complete Schedule I, Part 1       25a         b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prive year, and that the transaction has not been reported on any of the organization's pior forms 980 or 990-271 #"ves," complete Schedule I, Part 1       25a         27 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payable2 to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thered) or family member of any of these persons 11 #"yes," complete Schedule L, Part 10       26       X         28 Was the organization party to a business transaction with one of the following parties? (See the Schedule L, Part 10       27       X         28 Was the organization receive more individual addocreapplong:       a Acurent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #       7       X         29 Did the organization receive more than 255,000 in noncash contributions? # 'Yes,' complete Schedule N, Part 1       28a       X         29 Did the organization receive more than 255,000 in noncash contributions? # 'Yes,' complete Schedule N, Part 1       20       X         20 Did the organization re	С				
25a       Section 501(c)(X), 501(c)(X2) or ganizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27. If "Yes," complete Schedule L, Part I       25a       X         25b       Ub the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27. If "Yes," complete Schedule L, Part II       25a       X         25b       Ub the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III					<u> </u>
transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I       25a       X         b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or prior Poms 990 or 906-271 (I'''es,'' complete Schedule L, Part II       25b       X         26       Did the organization report any amount on Part X, line 5 or 22, for neceivables from or payables to any current of ormer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of tranily member of any of these persons? If '''es,'' complete Schedule L, Part II       26       X         28       Was the organization provide spin and these persons? If ''es,'' complete Schedule L, Part II       27       X         28       Was the organization provide ing thereotion of amily member of any of these persons? If ''es,'' complete Schedule L, Part II       28       X         29       Was the organization provide report any analyto a business transaction with one of the following parties? (Bee the Schedule L, Part II       28       X         29       Did the organization requires more than \$25,000 in noncesh contributions? If 'Yes,'' complete Schedule L, Part II       28       X         30       Did the organization negulate, terminate, or dissolve and cease operations? If 'Yes,'' complete Schedule N, Part I       30       X         31       X       Did the organization negulate, terminate, or dissolve and cea			24d		<u> </u>
b       Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sport Porms 900 or 990-E27 if "yes," complete Schedule L, Part I       256         26       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 53% controlled entity or family member of any of these persons? If "yes," complete Schedule L, Part II       26       X         27       Did the organization apport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity functuding an employee thereof) or family member of any of these persons? If "yes," complete Schedule L, Part II       26       X         28       Was the organization applicable filing thresholds, conditions, and exceptions):       a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       28a       X         29       Dat the organization neceive more than \$25,000 in noncesh contributions? If "Yes," complete Schedule L, Part IV       28a       X         20       Did the organization neceive on tholesholds or dissolve and cease operations? If "Yes," complete Schedule M       30       X         20       Did the organization neceive on tholesholds or dissolve and cease operations? If "Yes," complete Schedule A       31       X </td <td>25a</td> <td>····· ···· ··· · · · · · · · · · · · ·</td> <td></td> <td></td> <td>v</td>	25a	····· ···· ··· · · · · · · · · · · · ·			v
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete       25       X         20       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, furector, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of including an employee thereol of rain of these persons? If 'Yes,' complete Schedule L, Part II       26       X         27       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereol of rain yof these persons?): If 'Yes,' complete Schedule L, Part II       26       X         28       Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV.       28       28       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.       28       28       X         29       Did the organization receive more than 255,000 in noncash contributions? If 'Yes,' complete Schedule L, Part IV.       28       28       X         20       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule L, Part IV.       28       X         30       Did the			25a		<u> </u>
Schedule L, Part I       25b       X         26       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons? II "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereod, a grant selection committee member, or to a 33% controlled entity (including an employee thereod) or family member of any of these persons? II "Yes," complete Schedule L, Part III       27       X         28       Was the organization a pay to be subserse transaction with one of the following parties? (See the Schedule L, Part IV       28b       X         29       A family member of any individual described in line 28a? II "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? II "Yes," complete Schedule I, Part IV       28c       X         20       Did the organization receive contributions of an entry disregarded as separate from the organization under Regulations sections 301.7701 37 II "Yes," complete Schedule N, Part I       30       X         30       Did the organization receive and the schedule AP, Part I       31       X         31 </td <td>b</td> <td></td> <td></td> <td></td> <td></td>	b				
26       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of naminy member of any of these persons? If Y'es, "complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, or family member of any of these persons? If Y'es, "complete Schedule L, Part II       27       X         28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions);       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If '''''''''''''''''''''''''''''''''''			0.51		v
or former officer, director, trustee, key employee, creator or tounder, substantial contributor, or 35%       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity including an employee thereof or family member of any of these persons? If "kes," complete Schedule L, Part II       27       X         28       Was the organization a provide set persons? If "kes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more individuals and/or organization described in line 28a or 28b? If       28c       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "kes," complete Schedule N, Part I       30       X         30       Did the organization receive more than \$25,000 in noncash contributions? If "kes," complete Schedule N, Part I       30       X         31       Did the organization receive more than \$25,000 in noncash contributions? If "kes," complete Schedule N, Part I       30       X         32       Did the organization recleve contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "kes," complete Schedule N, Part I       31       30       X			250		<u> </u>
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV.       27       X         28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV.       28a       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "%es," complete Schedule L, Part IV.       28a       X         29       D A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? or qualified conservation sections 301.7701.2 and 301.7701.37 If "Yes," complete Schedule R, Part I       31       X         34       Was the organization related to any taxexempt or taxable entity? If "Yes," complete Schedule R, Part II.       33       X         35       Did the organization related to any taxesempt or taxable entity? If "Yes," co	26				
27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereod, a grant selection committee member, or to a 35% controlled entity (including an employee thereod, a grant selection committee member, or to a 35% controlled entity (including an employee thereod, a grant selection committee member, or to a 35% controlled entity (including an employee thereod, rank) member of any of these persons? If "Yes," complete Schedule L, Part IV.       27       X         28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV.       28a       X         24       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28b       X         25       A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule M.       29       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30       X         31       Did the organization receive on the asset or disolve and cease operations? If "Yes," complete Schedule N, Part II.       31       X         33       Did the organization receive on the tasset or transfer more than 25% of its net asset? If "Yes," complete Schedule N, Part II.       33       X         34       Was the or					v
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part II.     27     X       28     Was the organization a party to a buistness transaction with one of the following parties? (See the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions):     a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // #     28a     X       29     A family member of any individual described in line 28a? /f "Yes," complete Schedule L, Part IV.     28b     X       29     Did the organization or more individuals and/or organizations described in line 28a or 28b? // #     29b     X       30     Did the organization receive more than \$25,000 in noncash contributions? // *Yes," complete Schedule M.     29     X       31     Did the organization receive contributions of art, historical treasures, or dualified conservation contributions? // *Yes," complete Schedule M.     30     X       33     Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // *Yes," complete Schedule N, Part II.     31     X       34     Was the organization receive any tax-exempt or taxable entity? // #'Yes," complete Schedule R, Part II.     33a     X       35     Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // *Yes," complete Schedule N, Part II.     34     X	07		20		
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.       27       X         28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV.       1       1         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       28a       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       28a       X         29       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28a       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       31       33         34       Was the organization add 301.7701-37 If "Yes," complete Schedule R, Part I, II, or IV, and Part V, line 1       34a       34a         35a       Did the organization sciection so 12(b)(13)?       14a       35a       X         354       If "Yes," complete Schedule R, Part V, li	21				
28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): <ul> <li>A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>H</i></li> <li>"Yes," complete Schedule L, Part IV</li> <li>A A durrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>H</i></li> <li>"Yes," complete Schedule L, Part IV</li> <li>A A durrent of nomer officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>H</i></li> <li>"Yes," complete Schedule L, Part IV</li> <li>C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>H</i></li> <li>"Yes," complete Schedule L, Part IV</li> <li>"Yes," complete Schedule M</li> <li>"Yes," complete Schedule M</li> <li>"Yes," complete Schedule M</li> <li>"Yes," complete Schedule N, Part I</li> <li>"30</li> <li>"X</li> </ul> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>H</i> 'Yes," complete</li> <li>"Yes," complete Schedule N, Part II, III, or IV, and Part V, line 1</li> <li>To an thirty disregarded as separate from the organization under Regulations sections 301.7701-?? <i>H</i> 'Yes," complete Schedule R, Part V, line 1</li> <ul> <li>34</li> <li>Was the organization releve any payment from or engage in a</li></ul>			07		x
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # "Yes," complete Schedule L, Part IV D Id the organization receive more than \$25,000 in noncash contributions? # "Yes," complete Schedule M D Id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M D Id the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # Yes," complete Schedule N, Part II D Id the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I U U Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 D Id the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 D Id the organization site(h) (13)? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 D Id the organization complet Schedule O and provide explanations on Schedule O repart V, line 2 D Id the organization complete Schedule O and provide explanations on Schedule O repart V, line 2 D Id the organization complete Schedule O and provide explanations on Schedule O repart V, lines 1 D Id the organization complete Schedule O and provide explanations on Schedule O repart V, line 1 D Id the organization complete Schedule O and provide explanations on Schedule O repart V, line 1 D Id the organization complete Schedule O and provide explanations on Schedule O repart V, line 1 D Id the organization c	20		21		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #       28a       X         b A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #       28b       X         28b       X       28b       X         28c       X       28b       X         29c       X       28b       X         29c       X       28b       X         29c       X       28c       X         20       Did the organization receive ontributions of rt, historical treasures, or qualified conservation contributions of rt, historical treasures, or qualified conservation controlled not y anization sec	20				
"Yes," complete Schedule L, Part IV       28a       X         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       35a       X         35a       Did the organization. Nue a controlled entity within the meaning of section 512(b)(13)?       35a       X         34       Was the organization. Eld the organization make any transfers to an exempt non-charitable related organization?       36       X	а				
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         36       Section 501c(b)(13)? If "Yes," complete Schedule R, Part V, line 2       37       X	a		28a		x
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       ************************************	h				
"Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       30       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization realted to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       35a       X         35a       Did the organization. Store accounce any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       36       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O       36       X         37       Did the organization complete Schedule O			200		
29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization sective contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         32       Did the organization section soll, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       35a       X         35a       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization an and that is treated as a p	•		28c		х
30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule	29				
contributions? // f "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? // f "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // f "Yes," complete Schedule N, Part I       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // f "Yes," complete Schedule N, Part I       32       X         34       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // f "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? // f "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 11b and 19?       37       X         38       Did the org					
31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         35       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule 0 and provide explanations on Schedule 0 for Part VI, lines 11b and 19?       38       X         38       X       X       X       X       X         39       Did the organization complete Schedule 0 and provide explanations on Schedule 0 for Part VI, lines 11b and 19?       36       X			30		х
32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         33       Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         34       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X         35       Did the organization complete Schedule O       38       X         36       If "Yes," complete Schedule O       38       X         37       Did the organization complete	31				
Schedule N, Part II       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Did the organization. Dia data controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Y Note: All Form 990 filers are required to complete Schedule O       38       X         Yes No         1a Enter the number reported in box 3 of Form 1096. Enter -0 if not applicable       1a       1a       0       1b </td <td>32</td> <td></td> <td></td> <td></td> <td></td>	32				
33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization nave a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         Yes is No         1a       1a       0         1b       0         1b       0			32		х
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       JX       35a       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI lines 11b and 19?       37       X         38       Did the organization complete Schedule O       Or Part VI, lines 11b and 19?       38       X         Yes the function complete Schedule O       Schedule O for Part VI, lines 11b and 19?         Xet: All Form 990 filers are required to complete Schedule O         Yes in the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0       1b       0         b if the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	33				
34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O       O       37       X         39       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         90       The organization complete Schedule O       Statements Regarding Other IRS Filings and Tax Compliance       X         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0       1b       0         1a       Enter the			33		Х
Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36i       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37i       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38i       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       X       X       X         1a       O       1b       O       1b       0       1b       0       1c       Yes       No         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0       1b       0       1c       0       1c       0       1c       0       1c       0       1c       0       1c       1c       0	34				
b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			34	Х	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         9       Note: All Form 990 filers are required to complete Schedule O       38       X         9       Statements Regarding Other IRS Filings and Tax Compliance       X         Check if Schedule O contains a response or note to any line in this Part V       X         1a       Did       Did       Did         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       0       1b       0         b       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       Ves       No	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         9art V       Statements Regarding Other IRS Filings and Tax Compliance       X       X         Check if Schedule O contains a response or note to any line in this Part V       X       X         1a       0       1b       0       1b       0         b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1b       0       1b       0	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       38       X       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       X       X         Check if Schedule O contains a response or note to any line in this Part V       X       X         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0       1b       0         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0       1b       0       1b       0       1b       0       1c       1c <td< td=""><td></td><td></td><td>35b</td><td></td><td>L</td></td<>			35b		L
<ul> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i></li></ul>	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>			36		X
38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         1a       O         b       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	37				
Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       X         Check if Schedule O contains a response or note to any line in this Part V       X         Ia       Ia       0       Ia         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Ia       0       Ib       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       Ia       0       Ia			37		X
Check if Schedule O contains a response or note to any line in this Part V       X         1a       Yes       No         b       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       Image: Complex comp	38				
Check if Schedule O contains a response or note to any line in this Part V       X         1a       Yes       No         b       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       Image: Complex comp	Dar	Note: All Form 990 filers are required to complete Schedule O	38	Х	Ĺ
Yes       No         1a       0         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1a       0	rai				v
1a       0         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable         b       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Uneck it Schedule U contains a response or note to any line in this Part V			
b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4 -			Yes	NO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	C	(gambling) winnings to prize winners?	1c		
332004 12-21-23 Form <b>990</b> (2023)	332004			990	(2023)

6

2023.05000 THE TELLURIDE MEDICAL CEN 901745\_1

Form 990						FOUNDATION	
Part V	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)						

			Yes	No
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
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)?	<u>4a</u>		X
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).	_		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b		5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<u> </u>
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<b> </b>	<u> </u>
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 10a 10b 10b10b 10b 10b10b 10b10b 10b10b10			
ы 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Gross income from members or shareholders			
h	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	┞───┦	├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u>_</u>		v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
	If "Yes," complete Form 6069.			
332005	5 12-21-23	Form	990	(2023)

7

13381113 146892 901745

Form 990	(2023)
----------	--------

133

#### THE TELLURIDE MEDICAL CENTER FOUNDATION

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

Section A. Governing Body and Management

26-3556757 Page 6

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7	'		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point c	one or			
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockhol	ders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1 <b>1</b> a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient wi	th a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-	T (section 501(c)(3)	s only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	d finano	cial	
	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 boo ROBBI HUDSON $-970-369-2354$	ks and	records			
	PO BOX 1229, TELLURIDE, CO 81435					
				Form	990	(202
32006	6 12-21-23 <b>8</b>			FULL	550	(2023
1 1		יד סז		יאיסי	00	1 7
11	13         146892         901745         2023.05000         THE TELLU	JRII	DE MEDICAL	CEN	90	1

Form 990 (2023)	THE TELL	URIDE MEDICA	L CENTER	FOUNDATION	26-3556757	Page 7				
Part VII Compensa	tion of Officers,	Directors, Trustee	s, Key Emplo	oyees, Highest Co	mpensated					
Employees, and Independent Contractors										
Check if Scheo	dule O contains a resp	oonse or note to any lin	e in this Part VII							
Section A. Officers, Dire	ctors, Trustees, Key	/ Employees, and High	est Compensat	ed Employees						

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	heck   ss per	more rson i	than o s both pr/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
<pre>(1) KATHRYN WADLEY EXECUTIVE DIRECTOR (THROUGH 9/30/23)</pre>	40.00	-		x				0.	89,058.	7,342.
(2) KATHERINE SINGER EXECUTIVE DIRECTOR	40.00	-		x				0.	53,231.	375.
(3) CLIFFORD HANSEN PRESIDENT	1.00	x		x				0.	0.	0.
(4) JANE SHIVERS SECRETARY (THROUGH 5/31/23)	0.25	x		x				0.	0.	0.
(5) DR. DIANA KOELLIKER TREASURER	1.00	x		x				0.	0.	0.
(6) KRISTINA ANDERSON BOARD MEMBER (THROUGH 1/31/23)	0.25	x						0.	0.	0.
(7) JENA ATLASS BOARD MEMBER	0.25	x						0.	0.	0.
(8) LYNNE BECK	0.25									
BOARD MEMBER (THROUGH 3/31/23) (9) BANKS BROWN	0.00	X						0.	0.	0.
BOARD MEMBER (10) MIKE HESS	0.00	X						0.	0.	0.
BOARD MEMBER (11) PAUL REICH	0.00	X						0.	0.	0.
BOARD MEMBER (THROUGH 6/30/23) (12) SISSY SAILORS	0.00	X						0.	0.	0.
BOARD MEMBER (13) JASON SLOSBERG	0.00	X						0.	0.	0.
BOARD MEMBER	0.00	x						0.	0.	0.
		-								
332007 12-21-23										Form <b>990</b> (2023)

332007 12-21-23

Form 990 (2023)

#### 13381113 146892 901745

2023.05000 THE TELLURIDE MEDICAL CEN 901745\_1

9

	N/11								R FOUNDATION		56757	Pa	age <b>8</b>
Part	Part VII         Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)           (A)         (B)         (C)         (D)         (E)											(	
	(A) Name and title	Average hours per week	box, offic	not cl , unles	Posi heck r ss per	ition more son is	I than o s both r/trus	n an	Reportable compensation from	Reportable compensatio from related	n a	(F) stimate mount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	C/ f org ar	npensa from the ganizat nd relat anizatie	e ion ed
С	Subtotal Total from continuation sheets to Part VI	I, Section A							0.	142,28	0.	. 0.	
2	Total (add lines 1b and 1c)											<i>,,,</i>	0
	compensation from the organization											Yes	No
I	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	uch individual	, 				·····				3		X
;	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	dule	e J f	or such individual	-	4		x
	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." corr										5		Х
	on B. Independent Contractors Complete this table for your five highest co	mpensated ind	ana	ndor		ontra		re th	at received more than <sup>\$</sup>	100 000 of comp	onsation fr	om	
	the organization. Report compensation for	•							the organization's tax y	, ,			
	(A) Name and business								(B) Description of s	ervices	( Compe	<b>C)</b> ensatio	n
	ACCORDANT PHILANTHROPY, 102 TEAL NEST COURT, PONTE VEDRA BEACH, FL 32082-4332 CONSULTING										10	9,4	88.
	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nitec	to t	thos 1	se lis	ted	above) who received mo	ore than		000 /	

			2023) THE TELLURIDE	E MEDICAL	CENTER FOU	UNDATION	26-3556	757 Page <b>9</b>
Pa	rt V	111						
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	[] (D)
					(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Ś	1	2	Federated campaigns 1a					30010113 012 014
ant	•		Membership dues 1b					
n G			Fundraising events 1c	27,900.				
lifts ar A			Related organizations 1d	•				
s, G milå			Government grants (contributions)					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and	070 774				
0 trib		~	similar amounts not included above <b>1f 1</b> Noncash contributions included in lines 1a-1f <b>1g</b> \$	<u>,072,774.</u>				
Don		-	Total. Add lines 1a-1f		1,100,674.			
0.0				Business Code				
Ð	2	а						
Program Service Revenue	-	b						
Ser		с						
am eve		d						
- Bo		е						
Ł		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter	est, and				
			other similar amounts)		52,261.			52,261.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
	-			(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss)       6c         Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
	'	a	assets other than inventory <b>7a</b>	() 0				
		b	Less: cost or other basis					
ē		~	and sales expenses					
venue		с	Gain or (loss)					
			Net gain or (loss)					
Other Re			Gross income from fundraising events (not including \$ 27,900. of					
Ŭ			contributions reported on line 1c). See					
				13,622.				
		b	Less: direct expenses					
			Net income or (loss) from fundraising events		4,464.			4,464.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	a				
		b	Less: direct expenses 91	<b>b</b>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold10					
		С	Net income or (loss) from sales of inventory					
sn		~		Business Code				
Jeol Ue	11							
ellaneo		b						
Miscellaneous Revenue		с С	All other revenue					
Σ			Total. Add lines 11a-11d					
	12	<u> </u>	Total revenue. See instructions		1,157,399.	0.	0.	56,725.
33200		21-:				•	•	Form <b>990</b> (2023)

	Check if Schedule O contains a respons		his Part IX	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,150.	3,150.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	137,713.	13,772.	82,628.	41,31
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	4,030.		4,030.	
d	Lobbying	29,500.		29,500.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	109,488.			109,488
12	Advertising and promotion	10.550	10.000		
13	Office expenses	10,662.	10,090.	572.	0 64
14	Information technology	9,713.			9,71
15	Royalties	0 1 0 0	0 (10	100	
16	Occupancy	9,100.	8,612.	488.	
17	Travel	40.	40.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount list line 24e expenses on Sederule 0.				
~	amount, list line 24e expenses on Schedule 0.) BOOKS & SUBSCRIPTIONS	5,779.	5,779.		
	DONOR CULTIVATION	4,291.	5,1130		4,29
D C		2,661.	2,661.		7,49
d d		2,347.	2,347.		
	All other expenses	7,074.	7,068.		
е 25	Total functional expenses. Add lines 1 through 24e	335,548.	53,519.	117,218.	164,81
25 26	Joint costs. Complete this line only if the organization	555,540+		<u> </u>	101,01
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2023) THE TELLURIDE MEDICAL CENTER FOUNDATION 26-3556757 Page 10 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).

13381113 146892 901745

TELLURIDE MEDICAL CENTER FOUNDATION

26-3556757 Page 11

		Check if Schedule O contains a response or not	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		385,598.	1	221,461.
	2	Savings and temporary cash investments		1,454,975.	2	1,624,236.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described	l in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ř	9			6,247.	9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		29,680.	15	25,680. 1,871,377.
	16	Total assets. Add lines 1 through 15 (must equa		1,876,500.	16	1,871,377.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
S	22	Loans and other payables to any current or form	er officer, director,			
litie		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e persons		22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, page	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		44,562.		52,029.
	26	Total liabilities. Add lines 17 through 25		44,562.	26	52,029.
		Organizations that follow FASB ASC 958, che	ck here X			
ces		and complete lines 27, 28, 32, and 33.		1 = 60 006		
lan	27	Net assets without donor restrictions		1,769,236.	27	1,547,150.
Ba	28			62,702.	28	272,198.
pun		Organizations that do not follow FASB ASC 9	58, check here			
ŗ		and complete lines 29 through 33.				
ls o	29	Capital stock or trust principal, or current funds			29	
Sei	30	Paid-in or capital surplus, or land, building, or eq			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	come, or other funds	1 001 000	31	1 010 040
Ne	32			1,831,938.	32	1,819,348.
	33	Total liabilities and net assets/fund balances		1,876,500.	33	1,871,377.

Form **990** (2023)

#### Form 990 (2 Part X

2023)	THE	
Balance	Sheet	

Form	1990 (2023) THE TELLURIDE MEDICAL CENTER FOUNDATION	26-	-3556757	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,157		
2	Total expenses (must equal Part IX, column (A), line 25)	2			48.
3	Revenue less expenses. Subtract line 2 from line 1	3	821		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,831	L,9:	38.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-834	1,4	<u>41.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,819	<del>), 3</del> ,	<u>48.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	∋ O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule C			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2023)

SCHED (Form 990 Department of Internal Revenue	<b>0)</b> the Treasury	Co	Public Cha omplete if the organ 494 At Go to www.irs.gov/l	OMB No. 1545-0047					
Name of t	he organizati	on	-					Employer	identification number
	-	THE	TELLURIDE I	MEDICAL CENTE	ER FOI	INDATI	ON	2	6-3556757
Part I	Reason			(All organizations must c					
				For lines 1 through 12, cl					
<u> </u>	A church, cor								
	-								
	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)								
	•	•		njunction with a hospital				(iii) Entor	the hospital's name
		-	ation operated in cor	ijunction with a nospital	uescribeu	III SECIIO	A)(1)(U)(U)(U)		the hospital s hame,
	city, and state	-	ar the herefit of a col		or on or ot		verenentel	ait daaariba	ud in
5				lege or university owned	or operation	ed by a go	vernmentaru	nit describe	
•			Complete Part II.)				<i>.</i> .		
			•	nental unit described in			. ,		
				ntial part of its support fr	om a gove	ernmental	unit or from tr	ie general p	oublic described in
	•		omplete Part II.)						
	-			1)(A)(vi). (Complete Part	-				
				in section 170(b)(1)(A)(i					
		or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	university:								
	-		•	than 33 1/3% of its supp				-	•
				t to certain exceptions; a					
				(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
	An organizati	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	)9(a)(4).		
12 X	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section !	509(a)(2).	See section &	5 <b>09(a)(3).</b> C	Check the box on
	lines 12a thro	ugh 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
a X	<b>Type I.</b> A si	upporting orga	anization operated, s	upervised, or controlled I	oy its supp	ported orga	anization(s), ty	pically by	giving
	the support	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
	organizatio	n. You must o	complete Part IV, Se	ections A and B.					
b 🗌	] <b>Type II.</b> A s	supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring
	control or n	nanagement o	of the supporting orga	anization vested in the sa	ime perso	ns that co	ntrol or manag	ge the supp	ported
	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
с	] Type III fur	nctionally inte	grated. A supporting	g organization operated i	n connect	ion with, a	and functional	ly integrate	d with,
	its supporte	ed organizatio	n(s) (see instructions)	). You must complete F	Part IV, Se	ctions A,	D, and E.		
d 🗌	] Type III no	n-functionally	integrated. A supp	orting organization operation	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
	that is not f	unctionally int	egrated. The organiz	ation generally must sati	sfy a distri	ibution rec	uirement and	an attentiv	veness
	requiremen	t (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
e X	Check this	box if the orga	anization received a v	written determination from	n the IRS	that it is a	Туре I, Туре	II, Type III	
				nally integrated supportir					
f Ente									1
			n about the supporte						
	) Name of supp	<u> </u>	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
TELLUE	RIDE HO	SPITAL							
DISTRI			84-0738052	6	х		3	,150.	0.
				-					
						1	1		1

Total

0.

3,150.

#### THE TELLURIDE MEDICAL CENTER FOUNDATION 26-3556757 Page 2 Schedule A (Form 990) 2023 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization'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.									
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources $\dots$									
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 instructi	ons)			12				
13	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)				
	organization, check this box and stop	o here								
Sec	ction C. Computation of Publi	c Support Pe	rcentage							
	Public support percentage for 2023 (I		•			14	%			
	Public support percentage from 2022					15	%			
<b>1</b> 6a	33 1/3% support test - 2023. If the o				e 14 is 33 1/3% or n	nore, check this bo	x and			
	stop here. The organization qualifies		-							
b	33 1/3% support test - 2022. If the o	•			d line 15 is 33 1/3%	6 or more, check th	is box			
	and <b>stop here.</b> The organization qual		•							
17a	10% -facts-and-circumstances test	-	-							
	and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets th									
40	organization meets the facts-and-circu		•	-						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	oa, 160, 17a, or 17	D, CHECK THIS DOX a					
						Schedule A	(Form 990) 2023			

Part II

#### Schedule A (Form 990) 2023 THE TELLURIDE MEDICAL CENTER FOUNDATION 26-3556757 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section 5	i01(c)(3) organi	zation.
	check this box and stop here	-			•		
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022			.,,		16	%
	ction D. Computation of Invest					1.01	,,,
	Investment income percentage for 20		•	ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
130	more than 33 1/3%, check this box ar						
F	33 1/3% support tests - 2022. If the						
L.	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23	T did not check a	50X OF INC 14, 19				

17

13381113 146892 901745

<sup>2023.05000</sup> THE TELLURIDE MEDICAL CEN 901745\_1

Schedule A (Form 990) 2023

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

332024 12-21-23

Schedule A (Form 990) 2023

Yes No

Х

1

18

#### Schedule A (Form 990) 2023 THE TELLURIDE MEDICAL CENTER FOUNDATION 26-3556757 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
			165	
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described on line 11a above?	11b		X
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		X
Sec	ction B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>			
			Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations			

000						
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)? 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).
Sect	tion 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1 Check	the box next to the me	thod that the organization	on used to satisfy the	Integral Part Test duri	ng the vear (see instructions).
---------	------------------------	----------------------------	------------------------	-------------------------	---------------------------------

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization support	ed a governmental enti	y. Describe in Part VI h	ow you supported a	governmental entity	(see instruction <u>s).</u>
---	--	--------------------------	------------------------	--------------------------	--------------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

Yes No 2a ... 2b ... 3a ... 3b ...

Schedule A (Form 990) 2023

Yes No

332025 12-21-23

19 2023.05000 THE TELLURIDE MEDICAL CEN 901745\_1

Sche	dule A (Form 990) 2023 THE TELLURIDE MEDICAL CE			26-3556757 Page 6				
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations					
1	I 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.							
Sect	ion 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						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
C	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	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 0.015 of line 3 (for greater amount,							
	see instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting o	rganization (see				

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A (Form 990) 2023
----------------------------

#### THE TELLURIDE MEDICAL CENTER FOUNDATION 26-3556757 Page 7

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	•
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	1		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2	2	
3	Administrative expenses paid to accomplish exempt purpose	s <b>3</b>		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )	5	i
6	Other distributions (describe in Part VI). See instructions.		6	i
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	; [
9	Distributable amount for 2023 from Section C, line 6		9	)
10	Line 8 amount divided by line 9 amount		10	)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
C	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

	TELLURIDE MEDICAL CENTER FOUNDATION 26-3556757 Page
Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a	Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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, Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)	
PART IV, LINE 2	
THE SUPPORTED ORGANIZATI	ION IS A POLITICAL SUBDIVISION OF THE STATE OF
COLORADO, AND AS SUCH, I	IS NOT REQUIRED TO OBTAIN RECOGNITION OF ITS
PUBLIC CHARITY STATUS.	
332028 12-21-23	Schedule A (Form 990) 20 2 2

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

(	
Department of the Treasury	
Internal Revenue Service	

Schedule B

(Form 990)

Name of the organization

Organization type (check one):

Τł

In Independent of the second s	HE T	TELLURIDE	MEDICAL	CENTER	FOUNDATIO
--	------	-----------	---------	--------	-----------

26-3556757

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023) Name of organization

323452 12-26-23

13381113 146892 901745

THE TELLURIDE MEDICAL CENTER FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 200,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 125,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 50,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 46,108. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

Name of organization

#### THE TELLURIDE MEDICAL CENTER FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 35,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 8 X Person Payroll 30,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 23,837. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 12,500. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

13381113 146892 901745

Page **2** 

Employer identification number

Name of organization

#### THE TELLURIDE MEDICAL CENTER FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 14 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 18 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

13381113 146892 901745

Employer identification number

THE TELLURIDE MEDICAL CENTER FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 20 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 X Person Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 24 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

13381113 146892 901745

Page **2** 

Employer identification number

Name of organization

THE TELLURIDE MEDICAL CENTER FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,112.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

13381113 146892 901745

Page **2** 

Employer identification number

Name of organization

THE TELLURIDE MEDICAL CENTER FOUNDATION

		20	5550151
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

#### 323452 12-26-23

13381113 146892 901745

Employer identification number

THE TELLURIDE MEDICAL CENTER FOUNDATION

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

26-3556757

323452 12-26-23

13381113 146892 901745

Name of organization

# THE TELLURIDE MEDICAL CENTER FOUNDATION

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	· · · · · · · · · · · · · · · · · · ·	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

13381113 146892 901745

323452 12-26-23

Employer identification number

THE TELLURIDE MEDICAL CENTER FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

-

13381113 146892 901745

Employer identification number

323453 12-26-23

# THE TELLURIDE MEDICAL CENTER FOUNDATION Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Employer identification number

26-3556757

rartii	Noncasi i roperty (see instructions). Ose duplicate copies of Part in i	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	

Name of organization

Schedule B (Form 990) (2023)

33

<sup>2023.05000</sup> THE TELLURIDE MEDICAL CEN 901745\_1

Schedule E	B (Form 990) (2023)		Page <b>4</b>
Name of o	rganization		Employer identification number
THE TH	ELLURIDE MEDICAL CENTER	FOUNDATION	26-3556757
Part III		ons to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ť
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			•
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
ŀ		e) Transfer of git	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			[
-			
		(e) Transfer of git	ť
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		e) Transfer of git	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[	
323454 12-26	5-23		Schedule B (Form 990) (2023)

13381113 146892 901745

34 2023.05000 THE TELLURIDE MEDICAL CEN 901745\_1

SCHEDULE C	SC	HE	DU	LE	С
------------	----	----	----	----	---

Department of the Treasury

Internal Revenue Service

(Form 990)

# **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.

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:

Nan	ne of orga	nization			En	nplo	yer identification number
			LURIDE MEDICAL CEN				26-3556757
Pa	art I-A	Complete if the org	anization is exempt under	section 501(c) or	r is a section 527	orga	anization.
3	Political Voluntee	campaign activity expendit r hours for political campai				\$_	
Pa	art I-B		anization is exempt under				
1		,	incurred by the organization under				
2			incurred by organization managers			_	
3			n 4955 tax, did it file Form 4720 for				
							Yes No
		describe in Part IV.	anization is exempt under		woont costion FOI		2)
Pa			•		-	. , .	-
1			d by the filing organization for section	•		\$_	
2		00	ization's funds contributed to other	0			
						\$_	
3			. Add lines 1 and 2. Enter here and				
						\$_	
4			1120-POL for this year?				
5			nployer identification number (EIN)		-		
		, ,	tion listed, enter the amount paid fi				•
			omptly and directly delivered to a s		, ,	rate	segregated fund or a
	political	. ,	additional space is needed, provide				
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter -	;	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

2023 Open to Public Inspection

Schedule C (Form 990) 2023 T Part II-A Complete if the orga						3556757 Page 2
section 501(h)).	πεαιισΠ	13 6761				
	on helonge	to an affi	liated aroun (and list in	Part IV each affiliated	aroup member's pam	e address FIN
expenses, and share	-		• • •	IT all IV each annialeu	group member s nam	e, address, Lin,
		, ,	nd "limited control" pro	wisions apply		
Limits	on Lobbyi	ing Expe	•		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influe	ence public	opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influe	-					
c Total lobbying expenditures (add line	•		, , , , , ,			
d Other exempt purpose expenditures						
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) or (			bying nontaxable am			
not over \$500,000,			the amount on line 1e.			
over \$500,000 but not over \$1,000,0	000.		0 plus 15% of the exc	ess over \$500.000.		
over \$1,000,000 but not over \$1,500			0 plus 10% of the exc			
over \$1,500,000 but not over \$17,00			0 plus 5% of the exce			
over \$17,000,000,		\$1,000,	•	. , ,		
g Grassroots nontaxable amount (ente	er 25% of lir					
<b>h</b> Subtract line 1g from line 1a. If zero		··· ··				
i Subtract line 1f from line 1c. If zero c		• •				
j If there is an amount other than zero	,					
reporting section 4911 tax for this ye	•		, C			Yes No
······································			eraging Period Under			
(Some organizations that	nt made a s	section 5		have to complete all o	of the five columns b	elow.
	Lobbyi	ng Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 20	20	<b>(b)</b> 2021	( <b>c)</b> 2022	<b>(d)</b> 2023	<b>(e)</b> Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
<b>d</b> Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2023

332042 11-06-23

# THE TELLURIDE MEDICAL CENTER FOUNDATION 26-3556757 Page 3

# 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		(a)		(I	(b)	
	lobbying activity.	Yes	No	Amo	ount	
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:					
а	Volunteers?		х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
	Media advertisements?		X			
	Mailings to members, legislators, or the public?		Х			
	Publications, or published or broadcast statements?		Х			
	Grants to other organizations for lobbying purposes?		Х			
	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
	Other activities?	X		29	9,500.	
i	Total. Add lines 1c through 1i				9,500.	
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х			
	If "Yes," enter the amount of any tax incurred under section 4912					
	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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5), o	or sec	tion		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				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 politic expenses for which the section 527(f) tax was paid).	cal				
а	Current year		2a			
b	Carryover from last year		2b			
	Total		2c			
3			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par	t IV Supplemental Information					
Provi	de 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, li	nes 1 a	nd 2 (see		
instru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.					
PAF	T II-B, LINE 1, LOBBYING ACTIVITIES:					

#### SUPPORT FOR BALLOT MEASURE TO INCREASE THE TELLURIDE HOSPITAL

#### DISTRICT'S MILL LEVY

Schedule C (Form 990) 2023

332043 11-06-23

SCHEDU	JLE D
--------	-------

Department of the Treasury

Internal Revenue Service

(Form 9	90)
---------	-----

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



\_

. . .

Part II       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yse' or Form 900, Part IV, line d.       (a) Donor advised funds       (b) Funds and other accounts         1       Total number at and of year       (a) Donor advised funds       (b) Funds and other accounts         2       Aggregate value of carintbolino to (during year)       (a) Donor advised funds       (b) Funds and other accounts         3       Aggregate value of carintbolino to (during year)       (a) Donor advised funds       (b) Funds and other accounts         4       Aggregate value of grants from (during year)       (c) Part III       (c) Part IIII       (c) Part IIII       (c) Part IIII       (c) Part IIII       (c) Part Part IIII       (c) Part Part IIII       (c) Part Part IIII       (c) Part Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	nam	e of the organization THE TELLURIDE MEDI	CAL CENTER H	FOUNDATION	26-3556757
organization answered "Yes" on Form 930, Part IV, line 6.       (a) Donor advised funds       (b) Funds and other accounts         1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         2       Aggregate value of contributions to (Juming year)       (a)       (b) Funds and other accounts         3       Aggregate value of ants from all donors and door advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization is exclusive legal control?       Yes       No         5       Did the organization is property, subject to the organization is exclusive legal control?       Yes       No         Purpose(s) of conservation easements held by the organization is exclusive legal control?       Preservation of a historically important land area       Protection of natural habitat       Protection of natitathabitation structure       Protece	Pa				
1       Total number at end of year					
2 Aggregate value of contributions to (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermiselble private benefit? 6 Did the organization inform all grantese, donors, and donor advisor, or for any other purpose conferring impermiselble private benefit? 7 Part II Conservation Easements. Complete if the organization answered "Yea" on Form 980, Part IV, line 7. 7 Part II Conservation easements held by the organization in clucation or elucation or a lost of a listotically important land area 7 Preservation of a lost public use (for example, recreation or education) 7 Preservation of a certified historic structure 7 Preservation of open space 7 Complete lines 2 at mough 2 (If the organization held a qualified conservation contribution in the form of a conservation easements 7 Total number of conservation easements 7 A Number of conservation easements included on line 2 a guide after July 25, 2006, and not 7 on a historic structure listed in the National Register 7 Amount of expensements included on line 2 da expliced after July 25, 2006, and not 7 on a historic structure listed in the National Register 8 Does the organization have a written policy regarding the periodic montoring, inspection, handling of 7 Vea Not 9 in Part XII, describe how the organization resonation easement is located 9 Does the organization have a written policy regarding the periodic montoring, inspection, handling of 9 Does the organization have a written policy regarding the periodic montoring, inspection, handling of 9 Does the organization have a written policy regarding the periodic montoring, inspection, handling of 9 Does the organization have a written policy regarding the periodic montoring insp			(a) Donor advi	ised funds	(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermiselble private benefit? 6 Did the organization inform all grantese, donors, and donor advisor, or for any other purpose conferring impermiselble private benefit? 7 Part II Conservation Easements. Complete if the organization answered "Yea" on Form 980, Part IV, line 7. 7 Part II Conservation easements held by the organization in clucation or elucation or a lost of a listotically important land area 7 Preservation of a lost public use (for example, recreation or education) 7 Preservation of a certified historic structure 7 Preservation of open space 7 Complete lines 2 at mough 2 (If the organization held a qualified conservation contribution in the form of a conservation easements 7 Total number of conservation easements 7 A Number of conservation easements included on line 2 a guide after July 25, 2006, and not 7 on a historic structure listed in the National Register 7 Amount of expensements included on line 2 da expliced after July 25, 2006, and not 7 on a historic structure listed in the National Register 8 Does the organization have a written policy regarding the periodic montoring, inspection, handling of 7 Vea Not 9 in Part XII, describe how the organization resonation easement is located 9 Does the organization have a written policy regarding the periodic montoring, inspection, handling of 9 Does the organization have a written policy regarding the periodic montoring, inspection, handling of 9 Does the organization have a written policy regarding the periodic montoring, inspection, handling of 9 Does the organization have a written policy regarding the periodic montoring insp	1	Total number at end of vear			
3         Aggregate value of grants from (during year)	-				
Aggregate value at end of year     Det the organization inform all donors advisors in writing that the assets held in donor advised funds     are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds     are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only     for charitable purposes and to for the benefit of the donor of one advisor, or for any other purpose conferring     mepmissible pixels benefit?     Preservation Easements. Complete if the organization answered 'Yee' on Form 990, Part IV, line 7.     Purpose(s) of conservation easements held by the organization (check all that apply).     Preservation of load for public use (for example, recreation or education) if or a conservation of a bistorically important land area     Preservation of open space     Complete lines 22 at rough 2 of the organization held a qualified conservation contribution in the form of a conservation easement on the last     day of the tax year.     Total number of conservation easements     Call acreage restricted by conservation easements     to a cartified historic structure included on line 2a     Number of conservation easements included on line 2a extinguished, or terminated by the organization during the tax     year     Anount of expenses inclured to inservation easements included on line 2a extinguished, or terminated by the organization during the year     Anount of expenses inclured on line 2d adjuing of violations, and enforcing conservation easements during the periodic montoring, inspection, handling of violations, and enforcing conservation easements during the year     Anount of expenses inclured in line 2d adjues easiefly the requirements of section 170(h)(4)(B)(i)     and section 170(h)(4)(B)(i)?     Number of conservation easements included to the organization in the revenue and expense statement and balance sheet works     of art, historical treasures, or other similar assets held fo	-				
5         Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?         D do the organization inform all grantees, donors, and donor advisor, or for any other purpose conferring impermissible private benefit?         No           Particle of conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.         No           1         Purpose(j) do conservation easements held by the organization answered 'Yes' on Form 990, Part IV, line 7.           1         Purpose(j) do conservation easements held by the organization (check all that apply).           2         Proservation of and for public use (for example, recreation or education)           2         Preservation of a distoric structure           3         Number of conservation easements           4         Total answerd 'Yes' on Form 940, Part IV, line 7.           3         Number of conservation easements           4         Total answerd 'Yes' on Form 940, Part IV, line 7.           4         Total answerd 'Yes' on Form 940, Part IV, line 7.           5         Total answerd 'Yes' on Form 940, Part IV, line 7.           4         Total answerd 'Yes' on Form 940, Part IV, line 7.           2         Complete intervalue assets held to the granization held a qualified conservation conservation easements in the last           4         Total answer					
are the organization's property, subject to the organization's exclusive legal control?       Wes       No         6       Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charlable purposes and not tor the benefit of the organization nawcerd 'Yes' on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements. Complete if the organization (check all that apply).       Preservation of land for public use (for example, recreation or education)       Preservation of a historically important land area         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on the last day of the tax year.       Held at the End of the Tax Year'         3       Total number of conservation easements.       2b       2c         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements included on line 2a       2c         4       Number of conservation easements.       2b       2c         3       Number of conservation easements included on line 2a exity 25, 2006, and not       2d         3       Number of states where property subject to conservation easement is located				held in donor advis	sed funds
G     Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confering impermissible private benefit?     Partial Conservation Easements the buy the organization answered "Yes" on Form 980, Part IV, line 7.     Purposely of conservation easements held by the organization draw tapply.     Preservation of a land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat     Preservation of a natural habitat     Preservation of a certified historic structure     Preservation of a certified historic structure     Reservation of a certified historic structure     Nomber of conservation easements in held a qualified conservation contribution in the form of a conservation easements on the last     day of the tay year.     a Total number of conservation easements included on line 2 acquired after July 25, 2006, and not     on a historic structure listed in the National Register     Number of conservation easements included on line 2 acquired after July 25, 2006, and not     on a historic structure listed in the National Register     Number of conservation easements included on line 2 acquired after July 25, 2006, and not     on a historic structure listed in the National Register     Number of conservation easements included on line 2 acquired after July 25, 2006, and not     or a historic structure listed in monitoring, inspecting, handling of violations, and enforcing conservation easements funding the year     Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements and halance sheet works of art, historical resources of Yes' on Form 990, Part VI, line 8.     Her organization heetered					
to charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private beam effect.       Yes       No         Part II       Conservation Easements. Complete if the organization nawwerd "Yes" on Form 980, Part IV, line 7.       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of and for public use (for example, recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of a conservation easements on a certified historic structure       Held at the End of the Tax Year         a       Total number of conservation easements       Za       Held at the End of the Tax Year         b       Total acreage restricted by conservation easements       Za       Za         d       Number of conservation easements included on line 2a acquired after July 25, 2006, and not on a historic structure listed in the National Register       Za         3       Number of ostenervation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       Yes       No         4       Number of states where property subject to conservation easements in located       Za       No         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         7       Amount of expenses incurred in monitoring, inspectin	6				
Impermissible private benefit?       Yes       No.         Part II       Conservation Easements. Complete if the organization answered "Yest" on Form 980, Part IV, line 7.       No.         Perservation of land for public use (for example, recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of a certified historic structure       Preservation of a conservation easement held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements is cluded on line 2a and a conservation easements is cluded on line 2a and a conservation easements is cluded on line 2a and a conservation easements included on line 2a cap is the intervation easements included on line 2a cap and the analysis of conservation easements included on line 2a cap and a conservation easements included on line 2a cap and a conservation easements included on line 2a cap and a conservation easements included on line 2a cap and a conservation easements is located       Za         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.       Yes       No         4       Number of states where property subject to conservation easements is located       Yes       No         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year					
Part III       Conservation Easements. Complete if the organization answered 'Ves' on Form 990, Part IV, line 7.         1       Purpose(8) of conservation easements held by the organization (check all that apply).       Preservation of a historically important land area         2       Protection of natural habitat       Preservation of a certified historic structure         3       Preservation of open space       2         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.       2a         4       Total number of conservation easements       2a         2       A truthe of conservation easements included on line 2a called a qualified conservation easements included on line 2a called area       2a         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       2d         3       Number of states where property subject to conservation easements in toda?       2d       2d         4       Number of states where property subject to conservation easements in toda?       year (memory of year year)       year (memory of year year)         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements thods?       No         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and				• • •	
1       Purpose(a) of conservation easements held by the organization (check all that apply).       Preservation of a historically important land area         2       Preservation of land for public use (for example, recreation or education)       Preservation of a historically important land area         2       Preservation of and thor public use (for example, recreation or education)       Preservation of a certified historic structure         2       Preservation of open space       Preservation of conservation easements       Itel at the End of the Tax Year         3       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       2a         4       Number of conservation easements       2a       2c         3       Number of conservation easements included on line 2a acquired after July 25, 2006, and not       2d       2d         3       Number of states where property subject to conservation easement is located	Pa				
Protection of natural habitat Preservation of a certified historic structure Preservation of a certified historic structure Preservation of a conservation easements Total arcage restricted by conservation easements Total number of conservation easements Total arcage restricted by conservation easements Total arcage restricted by conservation easements Total arcage restricted by conservation easements Total number of conservation easements Total arcage restricted by conservation easements Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Yer Yer Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements. Part NII, describe how the organization reports conservation easements in the revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization reports conservation easements. Dis In Part XII, describe how the organization reports conservation easements in the revenue stateme	1				
Preservation of open space		Preservation of land for public use (for example, recrea	ation or education)	Preservation of	of a historically important land area
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   1 Total number of conservation easements   b Total acreage restricted by conservation easements   c Number of conservation easements in cluded on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register   2 2d   2 2d   2 2d   2 2d      3 Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register   3 Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register   4 Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year   6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements and balance sheet, and include, if applicable, the text of the footnote to the organization '26(k)(ii)?   9 In Part XIII, describe how the organization reports conservation easements. <b>Port III Organization aselement Organization alected</b> , as p		Protection of natural habitat		Preservation of	of a certified historic structure
day of the tax year.       Held at the End of the Tax Year.         a Total number of conservation easements       2a         b Total accessor received by conservation easements included on line 2a and the excessor received on line 2a and the excessor received on line 2a and the excessor received on a historic structure listed in the National Register       2a         c Number of conservation easements included on line 2a caquired after July 25, 2006, and not on a historic structure listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       2d         4 Number of states where property subject to conservation easement is located		Preservation of open space			
a Total number of conservation easements       2a         b Total acreage restricted by conservation easements       2b         c Number of conservation easements included on line 2a acquired after July 25, 2006, and not on a historic structure listed in the National Register       2c         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	2	Complete lines 2a through 2d if the organization held a quality	fied conservation contr	ribution in the form	of a conservation easement on the last
b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements on a certified historic structure included on line 2a       2c         d       Number of conservation easements included on line 2c acquired after July 25, 2006, and not       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax         year		day of the tax year.			Held at the End of the Tax Year
c       Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements included on line 2c acquired after July 25, 2006, and not on historic structure listed in the National Register       2d         3       Number of conservation easements included on line 2c acquired after July 25, 2006, and not on historic structure listed in the National Register       2d         4       Number of conservation easements included on line 2c acquired after July 25, 2006, and not on biotring the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         5       Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         8       Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)       Yes       No         9       In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet works of art, historical treasures, or other similar assets.       Complete if the organization answered "Yes" on Form 990, Part IV	а	Total number of conservation easements			
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	b	Total acreage restricted by conservation easements			
on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       year         4       Number of states where property subject to conservation easement is located	с	Number of conservation easements on a certified historic str	ucture included on line	2a	2c
<ul> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</li></ul>	d	Number of conservation easements included on line 2c acqu	iired after July 25, 2006	6, and not	
<ul> <li>year</li> <li>Number of states where property subject to conservation easement is located</li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.</li> <li>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.</li> <li>If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial assets for financial gain, provide the followin</li></ul>		on a historic structure listed in the National Register			2d
<ul> <li>Number of states where property subject to conservation easement is located</li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part IIII Organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>In If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or resea</li></ul>	3	Number of conservation easements modified, transferred, rel	leased, extinguished, o	r terminated by the	e organization during the tax
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>9 In Part XII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization is accounting for conservation easements.</li> <li>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.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publi</li></ul>		year			
<ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Yes No</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>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.</li> <li>In If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheranc</li></ul>	4	Number of states where property subject to conservation eas	sement is located		
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii)</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>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.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.</li> <li>c) If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.</li> <li>f) Revenue included on Form 990, Part X</li> <li>g) Revenue included on Form 990, Part X</li> <l< th=""><th>5</th><th>Does the organization have a written policy regarding the per</th><th>riodic monitoring, inspe</th><th>ection, handling of</th><th></th></l<></ul>	5	Does the organization have a written policy regarding the per	riodic monitoring, inspe	ection, handling of	
<ul> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? Yes No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>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.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.</li> <li>c If the organization neceived on Form 990, Part X</li> <li>f the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the follo</li></ul>					
<ul> <li>8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?</li></ul>	6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and enforcing con	servation easements during the year
<ul> <li>8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?</li></ul>					
<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>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.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>4</li> </ul>	7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	enforcing conserva	ation easements during the year
<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>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.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>4</li> </ul>	-				
<ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>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.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.</li> <li>(i) Revenue included on Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li></ul>	8	•	, ,	,	
<ul> <li>balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>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.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.</li> <li>(i) Revenue included on Form 990, Part XIII, line 1</li></ul>	•				
organization's accounting for conservation easements.         Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.         (i)       Revenue included on Form 990, Part VIII, line 1         (ii)       Assets included in Form 990, Part X         2       If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:         a       Revenue included on Form 990, Part VIII, line 1	9			•	
Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.         b       If the organization elected on Form 990, Part VIII, line 1         (i)       Revenue included on Form 990, Part X         2       If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:         a       Revenue included on Form 990, Part VIII, line 1			note to the organization	r's financial statem	ients that describes the
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.         (i)       Revenue included on Form 990, Part VIII, line 1         (ii)       Assets included in Form 990, Part X         2       If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:         a       Revenue included on Form 990, Part VIII, line 1	Pa		f Art. Historical Tr	reasures, or O	ther Similar Assets.
<ul> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>(iii) Assets included on Form 990, Part VIII, line 1</li> <li>(iii) Assets required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul>			-		
<ul> <li>of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul>	1a			evenue statement :	and balance sheet works
<ul> <li>service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul>	iu		•		
<ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>					•
<ul> <li>art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>	b				
<ul> <li>provide the following amounts relating to these items.</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul>		-	· -		
<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1\$</li></ul>		· · · · · · · · · · · · · · · · · · ·			
<ul> <li>(ii) Assets included in Form 990, Part X\$</li></ul>					\$
<ul> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li></ul>					
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	2				
a Revenue included on Form 990, Part VIII, line 1					
	а		-		\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

13381113 146892 901745

38

2023.05000 THE TELLURIDE MEDICAL CEN 901745\_1

		LURIDE MED						<u>26-35</u>			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	asures, or	Other S	imila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that n	nake signi	ficant u	use of its			
	collection items (check all that apply).										
а	Public exhibition	(	1 🗌	Loan or exc	hange progran	n					
b	Scholarly research	(									
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ev further th	e organization	's exempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit o			-	-						
-	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			o ga instanto							
1a	Is the organization an agent, trustee, custodi		diary for	contribution	s or other asse	ets not inc	luded				
iu	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII									L	
D		and complete the lo	nowing t	abie.					Amour	t	
~	Reginning balance						1c		,		
с С	Beginning balance										
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						<b>1</b> f				
	Did the organization include an amount on Fe						· · · · · ·	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if		-								
I ai		(a) Current year			(c) Two years		Throo	vears back	(a) Equ	r voore	back
		(a) Current year	(0) -	rior year	(C) TWO years	Dack (U)	Thee y	Cars Dack	(e) Fou	i years	Dauk
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g	g, column (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organization	ation tha	t are held ar	d administere	d for the					
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ient									
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	/, line 11a. S	ee Form 990, I	Part X, line	e 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Accu	umulate	ed	(d) Boc	k valu	e
		basis (investi		• •	(other)	• •	ciation		( )		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		V line 1		(D))						0.
Tota	a Alia inico ra triougir re. (Columni (u) MUSI e	<u>iqual FUIII 990, Part</u>	<u>, iiiie 10</u>	oc, column	( <i>D)</i> /			Schedule	D /Forr	n 000)	

Schedule D (Form 990) 2023

332052 09-28-23

	Complete if the organization answered "Yes"	on Form 990, Part IV, line	-	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financ	ial derivatives			
2) Closely	y held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) much acut Farma 000 Dart V line 10 act (D))			
	(b) must equal Form 990, Part X, line 12, col. (B))			
	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	1-of-vear market value
(1)				
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>-</sup> Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(5) (6)				
(6) (7) (8)				
(6) (7) (8) (9)				
(6) (7) (8) (9) Fotal. <sub>(Coli</sub>	umn (b) must equal Form 990, Part X, line 15, co			
(6) (7) (8) (9) Fotal. <sub>(Coli</sub>	Other Liabilities Complete if the organization answered "Yes"			
(6) (7) (8) (9) Fotal. (Coli Part X	Other Liabilities Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
(6) (7) (8) (9) Fotal. (Coli Part X Part X 1. (1) Fe	Other Liabilities     Complete if the organization answered "Yes"     (a) Description of liability     deral income taxes			(b) Book value
(6) (7) (8) (9) Fotal. (Col) Part X 1. (1) Fe (2) DT	Other Liabilities Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
(6) (7) (8) (9) Fotal. (Coli Part X Part X (Coli	Other Liabilities     Complete if the organization answered "Yes"     (a) Description of liability     deral income taxes			(b) Book value
(6) (7) (8) (9) Fotal. (Coli Part X Part X (1) Fe (2) DT (3) (4)	Other Liabilities     Complete if the organization answered "Yes"     (a) Description of liability     deral income taxes			(b) Book value
(6) (7) (8) (9) Fotal. (Coll Part X Part X (1) Fe (2) DT (3) (4) (5)	Other Liabilities     Complete if the organization answered "Yes"     (a) Description of liability     deral income taxes			(b) Book value
(6) (7) (8) (9) Fotal. (Col) Part X Part X (1) Fe (2) DT (3) (3) (4) (5) (6)	Other Liabilities     Complete if the organization answered "Yes"     (a) Description of liability     deral income taxes			(b) Book value
(6) (7) (8) (9) Fotal. (Col) Part X Part X (Col)	Other Liabilities     Complete if the organization answered "Yes"     (a) Description of liability     deral income taxes			(b) Book value
(6) (7) (8) (9) Fotal. (Col) Part X Part X (Col)	Other Liabilities     Complete if the organization answered "Yes"     (a) Description of liability     deral income taxes			(b) Book value
(6) (7) (8) (9) Fotal. (Coli (	Other Liabilities     Complete if the organization answered "Yes"     (a) Description of liability     deral income taxes	on Form 990, Part IV, line '	11e or 11f. See Form 990, Part X, line 25	

THE TELLURIDE MEDICAL CENTER FOUNDATION

26-3556757 Page 3

332053 09-28-23

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 THE TELLURIDE MEDICAL CENTE	R FOUNDATION	26-355675	57 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	r Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5	
Pa	t 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.

332054 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivities	0	DMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, or if the	•	2023	
Department of the Treasury		Attach to Form 990 c						Open to Public	
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and t	ne latest information			Inspection	
Name of the organizatior		LURIDE MEDICAL CEN	TER	FO	JNDATION	26-3		ntification number 757	
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.									
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a 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?</li> <li>Yes No</li> </ul>									
b If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursus organization.	ant to	agreei	ments under which th	ie fundraiser i	is to be	9	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	fundr have c	ustody itrol of	(iv) Gross receipts from activity	(v) Amount to (or retaine fundraise listed in co	ed by) er	<b>(vi)</b> Amount paid to (or retained by) organization	
			Yes	No	-				
Total				<u></u>					
3 List all states in whitor licensing.	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt f	rom re	gistration	

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

#### THE TELLURIDE MEDICAL CENTER FOUNDATION 26-3556757 Page 2

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.

2       Less: Contributions       26,700.       1,200.       27,900         3       Gross income (line 1 minus line 2)       13,622.       13,622         4       Cash prizes			of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receip	ts greater than \$5,000.
PLAY FOR       BAND ALDS & NONE       (add col. (a) through, add col. (a) through, col. (a) through, col. (a) through, col. (b)         I Gross receipts       40, 322.       1, 200.       41, 522         2 Less: Contributions       26, 700.       1, 200.       27, 900         3 Gross income (line 1 minus line 2)       13, 622.       13, 622.       13, 622         4 Cash prizes						(c) Other events	(d) Total events
i         Gross receipts         (out fig)           i         Gross receipts         40,322.         1,200.         41,522           2         Less: Contributions         26,700.         1,200.         27,900           3         Gross income (line 1 minus line 2)         13,622.         13,622         13,622           4         Cash prizes						NONE	(add col. (a) through
2       Less: Contributions       26,700.       1,200.       27,900         3       Gross income (line 1 minus line 2)       13,622.       13,622         4       Cash prizes	e			(event type)		(total number)	Col. (C))
3 Gross income (line 1 minus line 2)       13,622.       13,622.         4 Cash prizes	Revenue	1	Gross receipts	40,322.	1,200.		41,522.
Cash prizes     Cash priz		2	Less: Contributions	26,700.	1,200.		27,900.
5       Noncash prizes       2,666.       2,666.         6       Rent/facility costs       2,666.       2,666.         7       Food and beverages		3	Gross income (line 1 minus line 2)	13,622.			13,622.
g       Rent/facility costs       2,666.       2,666.         7       Food and beverages		4	Cash prizes				
8       Entertainment       151.       6,341.       6,492         9       Other direct expenses summary. Add lines 4 through 9 in column (d)       9,158       4,464         1       Net income summary. Subtract line 10 from line 3, column (d)       9,158       4,464         art III       Garning. Complete if the organization answered "Yes" on Form 990. Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c)         1       Gross revenue	S	5	Noncash prizes				
8       Entertainment       151.       6,341.       6,492         9       Other direct expenses summary. Add lines 4 through 9 in column (d)       9,158       4,464         1       Net income summary. Subtract line 10 from line 3, column (d)       9,158       4,464         art III       Garning. Complete if the organization answered "Yes" on Form 990. Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c)         1       Gross revenue	xpense	6	Rent/facility costs	2,666.			2,666.
8       Entertainment       151.       6,341.       6,492         9       Other direct expenses summary. Add lines 4 through 9 in column (d)       9,158       4,464         1       Net income summary. Subtract line 10 from line 3, column (d)       9,158       4,464         art III       Garning. Complete if the organization answered "Yes" on Form 990. Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c)         1       Gross revenue	Direct E	7	Food and beverages				
9       Other direct expenses       151.       6,341.       6,492.         10       Direct expense summary. Add lines 4 through 9 in column (d)       9,158       4,464         11       Net income summary. Subtract line 10 from line 3, column (d)       4,464         11       Garning. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming (add col. (a) through col. (c)         1       Gross revenue       1       Gross revenue       1       Gross revenue       1         2       Cash prizes       1       1       Gross revenue       1       Gross revenue       1         3       Noncash prizes       1       1       State the state stat	-	8	Entertainment				
10       Direct expense summary. Add lines 4 through 9 in column (d)       9,158         11       Net income summary. Subtract line 10 from line 3, column (d)       4,464         artIII       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than       (d) Total gaming (add col. (a) through col. (c)         artIII       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than       (d) Total gaming (add col. (a) through col. (c)         artIIII       Gams revenue       (a) Bingo       (b) Pult tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c)         artIIII       Gams revenue       (a) Bingo       (b) Pult tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c)         artIIII       Gams revenue       (a) Bingo       (b) Pult tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c)         artIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		9			6,341.		6,492.
11 Net income summary. Subtract line 10 from line 3, column (d)       4,464         art III       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than         \$15,000 on Form 990-EZ, line 6a.       (a) Bingo         (a) Bingo       (b) Pull tabs/instant         bingo/progressive bingo       (c) Other gaming         (a) Bingo       (b) Pull tabs/instant         bingo/progressive bingo       (c) Other gaming         (a) Bingo       (b) Pull tabs/instant         (c) Other gaming       (d) Total gaming (add col. (a) through col. (c)         2 Cash prizes       (a) Bingo         3 Noncash prizes       (a) Enter tabor         4 Rent/facility costs       (a) Yes         5 Other direct expenses       (b) Yes         6 Volunteer labor       No         7 Direct expense summary. Add lines 2 through 5 in column (d)       (c) The organization icensed to conduct gaming activities:         a Is the organization licensed to conduct gaming activities in each of these states?       Yes         (a) If "No," explain:       Yes         (a) Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?       Yes		10	Direct expense summary. Add lines 4 through	9 in column (d)			9,158.
\$15,000 on Form 990-EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c)         1       Gross revenue		11	Net income summary. Subtract line 10 from li				4,464.
(a) Bingo       bingo/progressive bingo       (c) Other gaming       col. (a) through col. (c)         1       Gross revenue	'a	rt I		answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
1       Gross revenue	/enue			(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
3 Noncash prizes	Чe	1	Gross revenue				
5 Other direct expenses       Yes%       Yes%         6 Volunteer labor       No       No         7 Direct expense summary. Add lines 2 through 5 in column (d)       No         8 Net gaming income summary. Subtract line 7 from line 1, column (d)       Yes         9 Enter the state(s) in which the organization conducts gaming activities:       Yes         1 Is the organization licensed to conduct gaming activities in each of these states?       Yes         9 Enter any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?       Yes         9 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?       Yes	ses	2	Cash prizes				
5 Other direct expenses       Yes%       Yes%         6 Volunteer labor       No       No         7 Direct expense summary. Add lines 2 through 5 in column (d)       No         8 Net gaming income summary. Subtract line 7 from line 1, column (d)       Yes         9 Enter the state(s) in which the organization conducts gaming activities:       Yes         1 Is the organization licensed to conduct gaming activities in each of these states?       Yes         9 Enter any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?       Yes         9 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?       Yes	Expens	3	Noncash prizes				
6       Volunteer labor       No       Yes       %       Yes       %         7       Direct expense summary. Add lines 2 through 5 in column (d)       No       No       No         8       Net gaming income summary. Subtract line 7 from line 1, column (d)       Yes       Yes       No         9       Enter the state(s) in which the organization conducts gaming activities:	Direct	4	Rent/facility costs				
6       Volunteer labor       No       No         7       Direct expense summary. Add lines 2 through 5 in column (d)		5	Other direct expenses				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)         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?         b If "No," explain:         were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?         b If "Yes," explain:		6	Volunteer labor				
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?		7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
a Is the organization licensed to conduct gaming activities in each of these states?   b If "No," explain:   Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes Yes No Ves No Ves No b If "Yes," explain:		8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
a Is the organization licensed to conduct gaming activities in each of these states?   b If "No," explain:   Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes Yes No Ves No Ves No b If "Yes," explain:	9	Fnt	ter the state(s) in which the organization condu	icts damind activities:			
Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes Yes Note that the subscription is gaming licenses revoked, suspended, or terminated during the tax year? Yes Yes Note that the subscription is gaming licenses revoked, suspended, or terminated during the tax year? Yes Yes Note that the subscription is gaming licenses revoked, suspended, or terminated during the tax year? Yes	а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these	states?		
<b>b</b> If "Yes," explain:	Ø	IT "	No, explain:				
							. Yes No
						<b>-</b> .	

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	THE	TELLURIDE	MEDICAL	CENTER	FOUNDATION	26-3	3556757	Page 3
11	Does the organization conduct ga							Yes	No
12	Is the organization a grantor, ben	eficiary o	r trustee of a trust, o	or a member of a	a partnership c	or other entity formed			
	to administer charitable gaming?							Yes	No
	Indicate the percentage of gamin							1 1	
	The organization's facility							13a	%
	An outside facility							13b	%
14	Enter the name and address of th	ne person	who prepares the c	organization's ga	iming/special e	events books and recor	ds:		
	Nama								
	Name								
	Address								
	, idal 000								
15a	Does the organization have a con	tract with	n a third party from	whom the organ	ization receive	s gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gam	ning rever	nue received by the	organization	\$	and the ar	nount		
	of gaming revenue retained by the		-						
С	If "Yes," enter name and address	of the th	ird party:						
	Name								
	Address								
	Address								
16	Gaming manager information:								
10	Carning manager mornation.								
	Name								
	Gaming manager compensation	\$							
	Description of services provided								
	Director/officer		iployee		ent contractor				
			ipioyee						
17	Mandatory distributions:								
	Is the organization required under	r state lav	v to make charitable	e distributions fr	om the gaming	proceeds to			
	retain the state gaming license?							Yes	No No
b	Enter the amount of distributions								
_	organization's own exempt activit								
Pa	rt IV Supplemental Infor						); and Par	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicat	ole. Also provide any	y additional infor	mation. See ir	structions.			
33200	33 09-13-23						Sched	ule G (Form	990) 2023
00208	50 - 50- 10-20			44			Joneu		2007 2020

Schedule G	(Form 990)	THE	TELLURIDE	MEDICAL	CENTER	FOUNDATION	26-3556757	Page 4
Part IV	(Form 990) Supplemental	Information	(continued)					
							Schedule G (F	orm 990)

332084 04-01-23

SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

THE TELLURIDE MEDICAL CENTER FOUNDATION

Employer identification number 26-3556757

FORM 990, PART V, LINE 2B

THE EXECUTIVE DIRECTOR RECEIVES COMPENSATION FROM A RELATED

ORGANIZATION. THE FILING ORGANIZATION THEN REIMBURSES THE RELATED

ORGANIZATION FOR ITS PORTION OF THE SALARIES AND PAYROLL EXPENSES.

ACCORDINGLY, ALTHOUGH THE FILING ORGANIZATION DOES NOT ISSUE FORMS W-2

IT DOES REPORT THE REIMBURSED SALARIES AND RELATED PAYROLL EXPENSES ON

PART IX, STATEMENT OF FUNCTIONAL EXPENSES. FORM 990,

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

THE BOARD OF DIRECTORS OF TELLURIDE HOSPITAL DISTRICT, THE SUPPORTED

SELECTS THE BOARD OF DIRECTORS FOR THE FOUNDATION. ORGANIZATION,

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

THE TAX RETURN WILL BE REVIEWED FOR ACCURACY BY THE FINANCIAL DIRECTOR OF

TELLURIDE HOSPITAL DISTRICT AND THE FOUNDATION EXECUTIVE DIRECTOR. A COPY

IS PROVIDED TO THE GOVERNING BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS MUST DISCLOSE TO THE BEST OF THEIR KNOWLEDGE ALL POTENTIAL CONFLICTS OF INTEREST AS SOON AS THEY BECOME AWARE OF THEM AND ALWAYS BEFORE ANY ACTIONS INVOLVING THE POTENTIAL CONFLICT ARE TAKEN. THEY MUST WRITTEN STATEMENT DISCLOSING ALL THE MATERIAL FACTS TO THE SUBMIT A SIGNED, AUDIT COMMITTEE. ALL BOARD MEMBERS MUST FILE AN ANNUAL DISCLOSURE STATEMENT.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

2023.05000 THE TELLURIDE MEDICAL CEN 901745\_1

Schedule O (Form 990) 2023 Name of the organization THE TELLURIDE MEDICAL CENTER FOUNDATION	Page 2 Employer identification number 26-3556757
FORM 990, PART VI, SECTION B, LINE 15A:	20 3330737
THE EXECUTIVE DIRECTOR'S COMPENSATION WAS INITIALLY DETERM	INED BY POLLING
AN INDEPENDENT CONSULTANT IN THE HEALTHCARE FOUNDATION ARE	A. SUBSEQUENTLY,
WAGE SURVEY HAVE BEEN COMPLETED THAT SUBSTANTIATE THIS AMO	UNT. THE
COMPENSATION IS REVIEWED ANNUALLY FOR BUDGET PURPOSES. THE	LAST FORMAL
REVIEW WAS CONDUCTED IN 2022.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAIL	ABLE BY REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	109,488.
TOTAL EXPENSES	109,488.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	109,488.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CONSOLIDATED ENTRY TO RECONCILE RELATED PARTY PAYABLE	
ACCOUNT	-834,441.

SCHEDULE	R
(Farma 000)	

#### (Form 990)

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 26 - 3556757

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### THE TELLURIDE MEDICAL CENTER FOUNDATION

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
TELLURIDE HOSPITAL DISTRICT - 84-0738052							
500 W PACIFIC AVE							
TELLURIDE, CO 81435	MEDICAL SERVICES	COLORADO			N/A		х
	-						
	-						
	-						

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

Schedule R (Form 990) 2023

#### Schedule R (Form 990) 2023 THE TELLURIDE MEDICAL CENTER FOUNDATION

26-3556757 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income			coportionate code V-UBI amount in box 20 of Schedule		General of managing partner?		Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	1											
	4											
	4											

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) ition o)(13) rolled ity?
		country)						Yes	No

#### THE TELLURIDE MEDICAL CENTER FOUNDATION Schedule R (Form 990) 2023

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

Not	e: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
ο	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х

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. Т Т

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

#### Schedule R (Form 990) 2023 THE TELLURIDE MEDICAL CENTER FOUNDATION

#### 26-3556757 Page 4

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	6	e)	(f)	(g)	(۲	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne	e all ers sec.				opor-	Code V-UBI	Genera	Percentage
of entity	, ,	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501( org	c)(3) Is.?	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	m? ownership
		country)	sections 512-514)	Yes				Yes	No	(Form 1065)	Yes	10
								$\vdash$				
					+						++	

Schedule R (Form 990) 2023

Schedule R	(Form 990	) 2023
------------	-----------	--------

### Part VII Supplemental Information

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

Schedule R (Form 990) 2023

332165 09-28-23

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY