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Form

990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2012

Open to Public Inspection

For calendar year 2012, or tax year beginning 01-01-2012 , and ending 12-31-2012

Name of foundation CON ALMA HEALTH FOUNDATION INC		A Employer identification number 85-0484396	
Number and street (or P O box number if mail is not delivered to street address) 144 PARK AVE		B Telephone number (see instructions) (505) 438-0776	
City or town, state, and ZIP code SANTA FE, NM 875011833		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐ F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 25,080,623		J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	325,350			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	624	624		
	4 Dividends and interest from securities.	926,207	926,207		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	417,515			
	b Gross sales price for all assets on line 6a _____ 1,862,818				
	7 Capital gain net income (from Part IV , line 2)		417,515		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	9,398	0		
	12 Total. Add lines 1 through 11	1,679,094	1,344,346		
	13 Compensation of officers, directors, trustees, etc	113,839	28,460		85,379
	14 Other employee salaries and wages	218,760	54,690		164,779
	15 Pension plans, employee benefits	37,548	9,387		28,161
	16a Legal fees (attach schedule)	595	149		446
	b Accounting fees (attach schedule)	48,489	24,245		24,245
	c Other professional fees (attach schedule)	180,430	0		180,430
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	46,998	28,555		18,441
	19 Depreciation (attach schedule) and depletion	27,666	6,917		
	20 Occupancy	15,993	3,998		11,995
	21 Travel, conferences, and meetings	25,568	6,392		19,176
	22 Printing and publications	4,044	0		4,044
	23 Other expenses (attach schedule)	194,682	98,677		105,480
	24 Total operating and administrative expenses. Add lines 13 through 23	914,612	261,470		642,576
	25 Contributions, gifts, grants paid	335,103			351,207
	26 Total expenses and disbursements. Add lines 24 and 25	1,249,715	261,470		993,783
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	429,379			
	b Net investment income (if negative, enter -0-)		1,082,876		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	669,640	365,014	365,014
	2	Savings and temporary cash investments	1,456,779	1,472,409	1,472,409
	3	Accounts receivable ▶ 15,800			
		Less allowance for doubtful accounts ▶	24,107	15,800	15,800
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	2,550	2,493	2,493
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	20,136,964	22,386,224	22,386,224
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶				
12	Investments—mortgage loans				
13	Investments—other (attach schedule)				
14	Land, buildings, and equipment basis ▶ 1,107,967				
	Less accumulated depreciation (attach schedule) ▶ 269,328	866,306	838,639	838,639	
15	Other assets (describe ▶)	177	44	44	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	23,156,523	25,080,623	25,080,623	
Liabilities	17	Accounts payable and accrued expenses	63,981	49,606	
	18	Grants payable	141,104	125,000	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	205,085	174,606	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted	756,044	755,223	
	25	Temporarily restricted	18,695,394	20,650,794	
	26	Permanently restricted	3,500,000	3,500,000	
		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see page 17 of the instructions)	22,951,438	24,906,017	
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	23,156,523	25,080,623	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1 22,951,438
2	Enter amount from Part I, line 27a	2 429,379
3	Other increases not included in line 2 (itemize) ▶	3 1,525,200
4	Add lines 1, 2, and 3	4 24,906,017
5	Decreases not included in line 2 (itemize) ▶	5 0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 24,906,017

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED SECURITIES	P		
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,862,818		1,445,303	417,515
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			417,515
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	417,515
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2011	1,327,091	23,430,595	0 056639
2010	1,019,445	22,319,803	0 045674
2009	1,873,922	19,678,057	0 095229
2008	2,692,440	24,115,833	0 111646
2007	2,521,855	28,182,702	0 089482

2 Total of line 1, column (d).	2	0 398670
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 079734
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5.	4	23,154,527
5 Multiply line 4 by line 3.	5	1,846,203
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	10,829
7 Add lines 5 and 6.	7	1,857,032
8 Enter qualifying distributions from Part XII, line 4.	8	993,783

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1			
		Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b		1	21,658
c		All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0
3		Add lines 1 and 2.		3	21,658
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0
5		Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	21,658
6		Credits/Payments			
a		2012 estimated tax payments and 2011 overpayment credited to 2012	6a	22,410	
b		Exempt foreign organizations—tax withheld at source	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c		
d		Backup withholding erroneously withheld	6d		
7		Total credits and payments Add lines 6a through 6d.		7	22,410
8		Enter any penalty for underpayment of estimated tax Check here ☐ if Form 2220 is attached		8	125
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	627
11		Enter the amount of line 10 to be Credited to 2013 estimated tax 627	Refunded	11	0

Part VII-AStatements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes	No
		1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?			No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ 0 (2) On foundation managers \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NM			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶WWW CONALMA ORG				
14	The books are in care of ▶CANDACE HINTENACH Telephone no ▶(505) 994-8939 Located at ▶3912 ST ANDREWS DR SE RIO RANCHO NM ZIP +4 ▶87124			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶	15		0
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No
See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country ▶				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?. . . Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?.	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?. ☐ Yes ☒ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.</i>).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
(4)	Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions).	☐ Yes ☒ No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	5b		
	Organizations relying on a current notice regarding disaster assistance check here.	☒		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
AMY DONAFRIO	ASST DIRECTOR	63,489	6,720	0
144 PARK AVE	40 00			
SANTA FE,NM 87501				
Total number of other employees paid over \$50,000.				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. 		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 THE FOUNDATION IS PARTNERING WITH GRANTMAKERS IN HEALTH (GIH) FOR THE GIH STATE GRANT WRITING ASSISTANCE FUND, WHICH PROVIDES GRANTWRITERS TO THE STATE OF NM TO APPLY FOR FEDERAL FUNDS TO IMPLEMENT HEALTHCARE REFORM	29,735
2 WITH SUPPORT FROM THE W K KELLOGG FOUNDATION, THE FOUNDATION IS PLANNING A COMMUNITY ENGAGEMENT AND CAPACITY BUILDING STRATEGY IN BERNALILLO, DONA ANA, SAN JUAN AND MCKINLEY COUNTIES TO INFLUENCE HEALTH CARE REFORM IMPLEMENTATION	131,195
3 THE FOUNDATION RECEIVES SUPPORT FROM THE ROBERT WOOD JOHNSON FOUNDATION/NORTHWEST HEALTH FOUNDATION FOR THE PARTNERSHIP IN NURSING INITIATIVE (PIN6) DESIGNED TO INCREASE THE DIVERSITY OF THE NURSING WORKFORCE IN NM	68,063
4 THE FOUNDATION IS PARTNERING WITH GRANTMAKERS IN AGING ENGAGEMENT INITIATIVE TO PROMOTE AWARENESS OF, AND FUNDING IN, AGING ISSUES	43,499

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See page 24 of the instructions	
3	
Total. Add lines 1 through 3. 	0

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	21,536,063
b	Average of monthly cash balances.	1b	1,971,071
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	23,507,134
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	23,507,134
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	352,607
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	23,154,527
6	Minimum investment return. Enter 5% of line 5.	6	1,157,726

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	1,157,726
2a	Tax on investment income for 2012 from Part VI, line 5.	2a	21,658
b	Income tax for 2012 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	21,658
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	1,136,068
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,136,068
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	1,136,068

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	993,783
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	993,783
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	993,783
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				1,136,068
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2012				
a From 2007.	781,067			
b From 2008.	1,495,080			
c From 2009.	895,555			
d From 2010.	0			
e From 2011.	190,299			
f Total of lines 3a through e.	3,362,001			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 993,783				
a Applied to 2011, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2012 distributable amount.				993,783
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)	142,285			142,285
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,219,716			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions.		0		
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions.			0	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).	0			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions).	638,782			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a.	2,580,934			
10 Analysis of line 9				
a Excess from 2008.	1,495,080			
b Excess from 2009.	895,555			
c Excess from 2010.				
d Excess from 2011.	190,299			
e Excess from 2012.				

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2012	(b) 2011	(c) 2010	(d) 2009	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed.					
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number or e-mail of the person to whom applications should be addressed

CON ALMA HEALTH FOUNDATION INC - GR
144 PARK AVE
SANTA FE,NM 87501
(505) 438-0776

b

The form in which applications should be submitted and information and materials they should include

GRANT INFORMATION MAY BE OBTAINED AT WWW.CONALMA.ORG

c

Any submission deadlines

SEE WEBSITE FOR GRANT SCHEDULE

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

GRANTS ARE AWARDED TO QUALIFIED 501(C)3 ORGANIZATIONS SERVING THE HEALTHCARE NEEDS OF NEW MEXICANS

Form 990-PF (2012)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total				351,208
b <i>Approved for future payment</i> See Additional Data Table				
Total				125,000

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments. . . .					
3	Interest on savings and temporary cash investments			14	624	
4	Dividends and interest from securities. . . .			14	926,207	
5	Net rental income or (loss) from real estate					
a	Debt-financed property.					
b	Not debt-financed property.					
6	Net rental income or (loss) from personal property					
7	Other investment income.					
8	Gain or (loss) from sales of assets other than inventory			18	417,515	
9	Net income or (loss) from special events					-1,572
10	Gross profit or (loss) from sales of inventory. .					
11	Other revenue a OTHER INCOME _____			01	750	
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal Add columns (b), (d), and (e). .		0		1,345,096	-1,572
13	Total. Add line 12, columns (b), (d), and (e).			13		1,343,524

[illegible]

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

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

*****	2013-06-21	*****	May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No
Signature of officer or trustee	Date	Title	

May the IRS discuss this return with the preparer shown below (see instr)? ☒ **Yes** ☐ **No**

**Paid
Preparer
Use
Only**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ☒	PTIN P00162894
	FARLEY VENER	FARLEY VENER			
	Firm's name ☐	HINKLE LANDERS PC 2500 9TH STREET NW ALBUQUERQUE, NM 87102			Firm's EIN ☐ 85-0232815 Phone no (505) 883-8788

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ROBERT ARCHULETA	PRESIDENT 1 00	0	0	0
144 PARK AVE SANTA FE,NM 87501				
ERIN BOUQUIN MD	VICE PRES 1 00	0	0	0
144 PARK AVE SANTA FE,NM 87501				
STEVE GABER	TREASURER 1 00	0	0	0
144 PARK AVE SANTA FE,NM 87501				
LOUIS J LUNA	SECRETARY 1 00	0	0	0
144 PARK AVE SANTA FE,NM 87501				
GAYLE DINE CHACON MD	TRUSTEE 1 00	0	0	0
144 PARK AVE SANTA FE,NM 87501				
MARCIE CHAVEZ	TRUSTEE 1 00	0	0	0
144 PARK AVE SANTA FE,NM 87501				
PATRICIA COLLINS	TRUSTEE 1 00	0	0	0
144 PARK AVE SANTA FE,NM 87501				
JANE BATSON	TRUSTEE 1 00	0	0	0
144 PARK AVE SANTA FE,NM 87501				
SARA GARCIA	TRUSTEE 1 00	0	0	0
144 PARK AVE SANTA FE,NM 87501				
LAUREL IRON CLOUD	TRUSTEE 1 00	0	0	0
144 PARK AVE SANTA FE,NM 87501				
DAVID REEDE	TRUSTEE 1 00	0	0	0
144 PARK AVE SANTA FE,NM 87501				
BENNY SHENDO	TRUSTEE 1 00	0	0	0
144 PARK AVE SANTA FE,NM 87501				
JAMES SUMMERS	TRUSTEE 1 00	0	0	0
144 PARK AVE SANTA FE,NM 87501				
ALFREDO VIGIL	TRUSTEE 1 00	0	0	0
144 PARK AVE SANTA FE,NM 87501				
JUAN VIGIL	TRUSTEE 1 00	0	0	0
144 PARK AVE SANTA FE,NM 87501				
DOLORES ROYBAL	EXECUTIVE DIRECTOR 40 00	113,839	11,624	0
144 PARK AVE SANTA FE,NM 87501				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAMP CORAZONES PO BOX 23766 SANTA FE,NM 87505		509(A)(1)	HEALTHCARE	1,500
HISPANICS IN PHILANTHROPY 55 2ND ST SUITE 1500 SAN FRANCISCO,CA 94105		509(A)(1)	HEALTHCARE	10,000
NEW MEXICO INFORMATION COMMONS PROJECT 1428 VINCA TRAIL NE ALBUQUERQUE,NM 87112		509(A)(1)	HEALTHCARE	5,000
COMING HOME CONNECTION 418 CERRILLOS RD STE 27 SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	5,000
COMMUNITY FOUNDATION OF SOUTHERN NEW MEXICO 301 S CHURCH ST STE H LAS CRUCES,NM 880013568		509(A)(1)	HEALTHCARE	5,000
DRUG POLICY ALLIANCE 343 EAST ALAMEDA SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	5,000
NEW MEXICO HEALTH EQUITY WORKING GROUP 1312 BRYN MAWR NE ALBUQUERQUE,NM 87106		509(A)(1)	HEALTHCARE	5,000
NEW MEXICO PUBLIC HEALTH ASSOCIATION PO BOX 26433 ALBUQUERQUE,NM 87125		509(A)(1)	HEALTHCARE	5,000
RIO GRANDE ALOCHOLISM TREATMENT PROGRAM PO BOX 310 EMBUDO,NM 87531		509(A)(1)	HEALTHCARE	2,500
THINK NEW MEXICO 1227 PASEO DE PERALTA SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	5,000
VILLA THERESE CATHOLIC CLINIC 219 CATHEDRAL PLACE SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	5,000
GENDER IMPACTS POLICY 7506B OLD SANTA FE TRAIL SANTA FE,NM 87505		509(A)(1)	HEALTHCARE	5,000
INSIDE OUT 209B NORTH RIVERSIDE DRIVE ESPANOLA,NM 87532		509(A)(1)	HEALTHCARE	5,000
INTERFAITH LEAP PO BOX 3220 FAIRVIEW,NM 87533		509(A)(1)	HEALTHCARE	5,000
CENTER OF PROTECTIVE ENVIRONMENT 909 SOUTH FLORIDA AVE ALAMOGORDO,NM 88310		509(A)(1)	HEALTHCARE	10,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LAS CUMBRES COMMUNITY SERVICES 404 HUNTER STREET ESPANOLA,NM 87532		509(A)(1)	HEALTHCARE	10,000
EMBRACE INC PO BOX 4425 ROSWELL,NM 88202		509(A)(1)	HEALTHCARE	15,000
NEW MEXICO ALLIANCE OF HEALTH COUNCILS PO BOX 26433 ALBUQUERQUE,NM 87125		509(A)(1)	HEALTHCARE	15,000
FARM TO TABLE 618 B PASEO DE PERALTA SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	15,000
FIVE SANDOVAL INDIAN PUEBLOS INC 1043 HIGHWAY 313 BERNALILLO,NM 870046912		509(A)(1)	HEALTHCARE	7,500
MOVE THE MOUNTAIN LEADERSHIP CENTER INC 1908 TIERRA VIDA PLACE ALBUQUERQUE,NM 87107		509(A)(1)	HEALTHCARE	7,500
NATIONAL VETERANS WELLNESS & HEALING CENTER IN ANGEL FIRE 551 E WASHINGTON GRANTS,NM 87020		509(A)(1)	HEALTHCARE	5,000
NEW MEXICO ALLIANCE FOR CHILDREN PO BOX 1729 ALTO,NM 883121729		509(A)(1)	HEALTHCARE	10,000
AFRICAN AMERICAN HEALTH NETWORK PO BOX 606 BERNALILLO,NM 870040606		509(A)(1)	HEALTHCARE	15,000
SENIOR CITIZENS' LAW OFFICE 4317 LEAD AVENUE SE SUITE A ALBUQUERQUE,NM 87108		509(A)(1)	HEALTHCARE	10,000
CATRON COUNTY GRASSROOTS BEHAVIORIAL HEALTH GROUP PO BOX 813 RESERVE,NM 87830		509(A)(1)	HEALTHCARE	5,000
ALZHEIMER'S ASSOCIATION NM CHAPTER 9500 MONTGOMERY BLVD NE SUITE 121 ALBUQUERQUE,NM 87111		509(A)(1)	HEALTHCARE	15,600
AMIGOS DEL VALLE PO BOX 4057 FAIRVIEW,NM 87533		509(A)(1)	HEALTHCARE	11,700
BOYS AND GIRLS CLUB DEL NORTE PO BOX 972 CHIMAYO,NM 87522		509(A)(2) 170(B)(1)(	HEALTHCARE	11,700
CANCER SERVICES OF NEW MEXICO PO BOX 51735 ALBUQUERQUE,NM 871811735		509(A)(1)	HEALTHCARE	11,700

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ADAPTIVE SKI PROGRAM 1595 CAMINO LA CANADA SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	3,900
LA CLINICA DEL PUEBLO DEL RIO ARRIBA PO BOX 250 TIERRA AMARILLA,NM 87575		509(A)(1)	HEALTHCARE	8,229
FAMILY STRENGTHS NETWORK (FSN) 1990 DIAMOND DRIVE LOS ALAMOS,NM 87544		509(A)(1)	HEALTHCARE	4,805
LAS CUMBRES COMMUNITY SERVICES 404 HUNTER STREET ESPANOLA,NM 87532		509(A)(1)	HEALTHCARE	15,600
LOS ALAMOS FAMILY COUNCIL 1505 15TH STREET SUITE C LOS ALAMOS,NM 87544		509(A)(1)	HEALTHCARE	7,800
UNIVERSITY OF NEW MEXICO EMERGENCY SERVICES ACADEMY 700 LOMAS BLVD NE STE 108 ALBUQUERQUE,NM 87131		509(A)(1)	HEALTHCARE	15,474
LOS ALAMOS HEART COUNCIL INC PO BOX 749 LOS ALAMOS,NM 875440749		509(A)(1)	HEALTHCARE	15,600
NEW MEXICO SUICIDE INTERVENTION PROJECT PO BOX 6004 SANTA FE,NM 87502		509(A)(1)	HEALTHCARE	11,700
SELF HELP 2390 NORTH ROAD LOS ALAMOS,NM 87544		509(A)(1)	HEALTHCARE	15,600
TEWA WOMEN UNITED PO BOX 397 SANTA CRUZ,NM 87567		509(A)(1)	HEALTHCARE	7,800
Total  3a				351,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
b <i>Approved for future payment</i>				
BOYS AND GIRLS CLUB DEL NORTE PO BOX 972 CHIMAYO,NM 87522		509(A)(2) 170(B)(1)(	HEALTHCARE	7,500
CANCER SERVICES OF NEW MEXICO PO BOX 51735 ALBUQUERQUE,NM 871811735		509(A)(1)	HEALTHCARE	5,000
COMING HOME CONNECTION418 CERRILLOS RD STE 27 SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	5,750
FAMILY STRENGTHS NETWORK (FSN)1990 DIAMOND DRIVE LOS ALAMOS,NM 87544		509(A)(1)	HEALTHCARE	3,250
THE FAMILY YMCA1450 IRIS STREET LOS ALAMOS,NM 87544		509(A)(1)	HEALTHCARE	10,000
INTERFAITH LEAPPO BOX 3220 FAIRVIEW,NM 87533		509(A)(1)	HEALTHCARE	7,500
LAS CUMBRES COMMUNITY SERVICES404 HUNTER STREET ESPANOLA,NM 87532		509(A)(1)	HEALTHCARE	7,500
NEW MEXICO SUICIDE INTERVENTION PROJECTPO BOX 6004 SANTA FE,NM 87502		509(A)(1)	HEALTHCARE	5,000
LOS ALAMOS LIONS CLUBPO BOX 199 TAOS,NM 875710199		509(A)(1)	HEALTHCARE	6,000
SELF HELP2390 NORTH ROAD LOS ALAMOS,NM 87544		509(A)(1)	HEALTHCARE	5,000
COLONIAS DEVELOPMENT COUNCIL1050 MONTE VISTA AVE LAS CRUCES,NM 88001		509(A)(1)	HEALTHCARE	7,000
COMING HOME CONNECTION418 CERRILLOS RD STE 27 SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	7,500
EMBRACE INCPO BOX 4425 ROSWELL,NM 88202		509(A)(1)	HEALTHCARE	5,000
EVE'S FUND FOR NATIVE AMERICAN HEALTH INITIATIVESPO BOX 73 DALTON,MA 01227		509(A)(1)	HEALTHCARE	5,422
UNIVERSITY OF NEW MEXICO KUNM FM 899700 LOMAS BLVD NE STE 108 ALBUQUERQUE,NM 87131		509(A)(1)	HEALTHCARE	5,000
LAS CUMBRES COMMUNITY SERVICES404 HUNTER STREET ESPANOLA,NM 87107		509(A)(1)	HEALTHCARE	6,000
MESILLA VALLEY COMMUNITY OF HOPE999 WAMADOR AVENUE LAS CRUCES,NM 88005		509(A)(1)	HEALTHCARE	4,078
MORA VALLEY COMMUNITY HEALTH SERVICESPO BOX 209 MORA,NM 87732		509(A)(1)	HEALTHCARE	5,000
NEW MEXICO ASIAN FAMILY CENTER128 QUINCY ALBUQUERQUE,NM 87108		509(A)(1)	HEALTHCARE	4,000
NEW MEXICO DIRECT CAREGIVERS COALITIONPO BOX 26433 ALBUQUERQUE,NM 87125		509(A)(1)	HEALTHCARE	3,750
NOTAH BEGAY III FOUNDATION INC290 PRAIRIE STAR ROAD SANTA ANA PUEBLO,NM 870040606		509(A)(1)	HEALTHCARE	3,750
THE WELLNESS COALITION409 NORTH BULLARD SILVER CITY,NM 88061		509(A)(1)	HEALTHCARE	6,000
Total  3b				125,000

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2012

Name of the organization CON ALMA HEALTH FOUNDATION INC	Employer identification number 85-0484396
--	--

Organization type (check one)

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CON ALMA HEALTH FOUNDATION INC	Employer identification number 85-0484396
---	---

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE NW STE 1200 WASHINGTON, DC 20036	\$ 37,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
2	WK KELLOGG FOUNDATION ONE MICHIGAN AVE EAST BATTLE CREEK, MI 49017	\$ 200,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
3	CONVERGENCE PARTNERSHIP OF TIDES FO PO BOX 29198 SAN FRANCISCO, CA 941290198	\$ 25,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
4	NM BOARD OF NURSING NURSING EXCELLE 3200 CARLISLE NE SUITE 205 ALBUQUERQUE, NM 87110	\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
5	CENTURY BANK 498 N GUADALUPE ST SANTA FE, NM 87501	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
6	GRANTMAKERS IN AGING ENGAGEMENT INI 2001 JEFFERSON DAVIS HIGHWAY SUITE ARLINGTON, VA 22202	\$ 28,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Name of organization CON ALMA HEALTH FOUNDATION INC	Employer identification number 85-0484396
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Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(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 CON ALMA HEALTH FOUNDATION INC	Employer identification number 85-0484396
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Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc , contributions of \$1,000 or less for the year (Enter this information once See instructions) ▶ \$ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

TY 2012 Accounting Fees Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	48,489	24,245		24,245

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

TY 2012 Depreciation Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FURNITURE & FIXTURES	2005-02-28	37,890	37,890		0 %	0	0		
MACHINERY & EQUIPMENT	2010-10-28	64,089	30,714		0 %	3,776	0		
BUILDING	2005-04-01	886,988	173,058		0 %	23,890	0		
LAND	2004-04-26	119,000			0 %	0	0		

TY 2012 Distribution from Corpus Election

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Election: FOR THE TAXABLE YEAR ENDING DECEMBER 31, 2012 AS
DISTRIBUTIONS OUT OF CORPUS IN CONNECTION WITH THE "PASS
THROUGH" REQUIREMENTS IMPOSED UPON THE FOUNDATION
UNDER TREASURY REG. SECTION 53.4942(A)-3(C). THIS
REDUCTION IN CORPUS REPRESENTS DISTRIBUTIONS MADE TO
THE FOUNDATION DURING THE YEAR ENDED DECEMBER 31, 2012
BY THE FOLLOWING DONORS:

**TY 2012 Investments Corporate
Stock Schedule**

Name: CON ALMA HEALTH FOUNDATION INC
EIN: 85-0484396

Name of Stock	End of Year Book Value	End of Year Fair Market Value
	22,386,224	22,386,224

TY 2012 Land, Etc. Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
OTHER	1,107,967	269,328	838,639	

TY 2012 Legal Fees Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	595	149		446

TY 2012 Other Assets Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INTEREST RECEIVABLE	177	44	44

TY 2012 Other Expenses Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	992	0		992
BANK CHARGES	777	0		777
CONTRACT LABOR	1,798	0		11,356
CONTRIBUTIONS	21,000	0		21,000
DUES & SUBSCRIPTIONS	11,028	2,757		8,271
EQUIPMENT & SOFTWARE	16,524	4,131		12,393
EQUIPMENT MAINT/RENTAL	22,109	5,527		16,582
INSURANCE	8,467	2,117		6,350
INVESTMENT FEES	79,655	79,655		0
MEALS	5,069	634		4,351
OFFICE EXPENSE	11,690	2,923		8,768
POSTAGE & DELIVERY	2,051	513		1,538
SECURITY	1,680	420		1,260
WEBSITE	1,622	0		1,622
SPECIAL EVENT COSTS	10,220	0		10,220

TY 2012 Other Income Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	750		750
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	8,648		8,648

TY 2012 Other Increases Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Description	Amount
UNREALIZED GAINS	1,525,200

TY 2012 Other Professional Fees Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	180,430	0		180,430

TY 2012 Taxes Schedule**Name:** CON ALMA HEALTH FOUNDATION INC**EIN:** 85-0484396

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	24,452	6,113		18,339
EXCISE TAXES	22,410	22,410		0
FOREIGN TAXES	136	32		102