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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter Social Security numbers on this form as it may be made public. By law, the IRS cannot redact the information on the form.**

▶ **Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013, or tax year beginning 01-01-2013 , and ending 12-31-2013

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

Room/suite

B Telephone number (see instructions)
(505) 438-0776

City or town, state or province, country, and ZIP or foreign postal code
SANTA FE, NM 875011833

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ 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 ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 26,999,029

J Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

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)	355,100			
	2 Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	508	508		
	4 Dividends and interest from securities	837,872	837,872		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	779,916			
	b Gross sales price for all assets on line 6a 1,987,743				
	7 Capital gain net income (from Part IV, line 2)		779,916		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	6,448	0		
	12 **Total.** Add lines 1 through 11	1,979,844	1,618,296		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	115,567	28,892		86,675
	14 Other employee salaries and wages	195,569	48,892		146,677
	15 Pension plans, employee benefits	46,659	11,665		34,994
	16a Legal fees (attach schedule)	665	333		332
	b Accounting fees (attach schedule)	52,096	26,048		26,048
	c Other professional fees (attach schedule)	234,106	0		234,106
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	49,573	32,405		17,168
	19 Depreciation (attach schedule) and depletion	27,265	6,816		
	20 Occupancy	15,979	3,995		11,984
	21 Travel, conferences, and meetings	95,675	23,919		71,756
	22 Printing and publications	650	0		650
	23 Other expenses (attach schedule)	200,648	101,183		99,465
	24 **Total operating and administrative expenses.** Add lines 13 through 23	1,034,452	284,148		729,855
	25 Contributions, gifts, grants paid	366,600			366,600
	26 **Total expenses and disbursements.** Add lines 24 and 25	1,401,052	284,148		1,096,455
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	578,792			
	b **Net investment income** (if negative, enter -0-)		1,334,148		
	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	365,014	555,560	555,560
	2	Savings and temporary cash investments	1,472,409	1,823,263	1,823,263
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶	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 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	2,493	2,509	2,509
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	22,386,224	23,788,933	23,788,933
	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 ▶ 1,125,238			
		Less accumulated depreciation (attach schedule) ▶ 296,571	838,639	828,667	828,667
	15	Other assets (describe ▶)	44	97	97
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	25,080,623	26,999,029	26,999,029
Liabilities	17	Accounts payable and accrued expenses	49,606	97,558	
	18	Grants payable	125,000	126,100	
	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 ▶)	0	4,826	
	23	**Total liabilities** (add lines 17 through 22)	174,606	228,484	
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	755,223	719,432	
	25	Temporarily restricted	20,650,794	22,551,113	
	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)	24,906,017	26,770,545	
	31	**Total liabilities and net assets/fund balances** (see page 17 of the instructions)	25,080,623	26,999,029	

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	24,906,017
2	Enter amount from Part I, line 27a	2	578,792
3	Other increases not included in line 2 (itemize) ▶	3	1,285,736
4	Add lines 1, 2, and 3	4	26,770,545
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	26,770,545

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			
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	1,987,743		1,207,827	779,916
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	(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	
a				779,916
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	779,916
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))
2012	993,783	23,154,527	0 042920
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

2	**Total** of line 1, column (d)	2	0 352108
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 070422
4	Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	4	23,432,099
5	Multiply line 4 by line 3	5	1,650,135
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	13,341
7	Add lines 5 and 6	7	1,663,476
8	Enter qualifying distributions from Part XII, line 4	8	1,096,455

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 VI Excise 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	26,683
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	26,683
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	26,683
6	Credits/Payments		
a	2013 estimated tax payments and 2012 overpayment credited to 2013 — 6a: 21,858		
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	21,858
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	4,825
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid.** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2014 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
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?	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)?	1b		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 2013 or the taxable year beginning in 2013 (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

16	At any time during calendar year 2013, 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?		Yes	No
		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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here . . . . . ▶ ☐			
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 2013?	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? ☐ 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 2013 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? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.)*	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 2013?	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
NONE				

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 A RESOURCE FOR INFORMATION RELATED TO THE HEALTHY PEOPLE, HEALTHY PLACES INITIATIVE IN NEW MEXICO THERE IS MUCH WORK BEING DONE BOTH LOCALLY AND NATIONALLY THAT ALIGNS WITH OUR WORK, AND THAT WE WISH TO SHARE WITH THOSE PARTICIPATING IN THE HEALTHY PEOPLE, HEALTHY PLACES INITIATIVE THE KINDS OF INFORMATION THAT YOU WILL FIND HERE ARE EVENTS, OPPORTUNITIES, EXAMPLES, AND IDEAS RELATED TO THE INITIATIVE HEALTHY PEOPLE, HEALTHY PLACES IS ABOUT COMMUNITIES COMING TOGETHER TO PROMOTE HEALTH AND EQUITY THROUGH BUILT	12,000
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	268,802
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	11,905
4 THE FOUNDATION IS PARTNERING WAS AWARDED A GRANT FROM THE CONVERGENCE PARTNERSHIP OF TIDES FOUNDATION TO PROMOTE HEALTH EQUITY IN NM THROUGH BUILT ENVIRONMENT AND FOOD ACCESS POLICY INITIATIVE IS PART OF A NATIONAL AND LOCAL FOUNDERS' COLLABORATIVE	95,714

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	21,852,855
b	Average of monthly cash balances	1b	1,936,078
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	23,788,933
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	23,788,933
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	356,834
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	23,432,099
6	**Minimum investment return.** Enter 5% of line 5	6	1,171,605

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	1,171,605
2a	Tax on investment income for 2013 from Part VI, line 5	2a	26,683		
b	Income tax for 2013 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	26,683
3	Distributable amount before adjustments Subtract line 2c from line 1			3	1,144,922
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	1,144,922
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	1,144,922

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	1,096,455
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	1,096,455
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	1,096,455

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 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				1,144,922
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2013				
a From 2008 1,495,080				
b From 2009 895,555				
c From 2010				
d From 2011 190,299				
e From 2012				
f **Total** of lines 3a through e	2,580,934			
4 Qualifying distributions for 2013 from Part XII, line 4 ▶ $ 1,096,455				
a Applied to 2012, 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 2013 distributable amount				1,096,455
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2013	48,467			48,467
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,532,467			
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 2012 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014				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 2008 not applied on line 5 or line 7 (see instructions)	1,446,613			
9 **Excess distributions carryover to 2014.** Subtract lines 7 and 8 from line 6a	1,085,854			
10 Analysis of line 9				
a Excess from 2009 895,555				
b Excess from 2010				
c Excess from 2011 190,299				
d Excess from 2012				
e Excess from 2013				

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 2013, 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2013	(b) 2012	(c) 2011	(d) 2010	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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 address 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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	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
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				258,550
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				126,100

Part XVI-A Analysis of Income-Producing Activities

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	508	
4 Dividends and interest from securities			14	837,872	
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		779,916
9 Net income or (loss) from special events					4,709
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a OTHER INCOME			01		1,739
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		838,380	786,364
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)				13	1,624,744

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
9	GRANTEE RECOGNITION EVENT

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
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?			
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

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

****** | 2014-05-13 | ******

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

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
FARLEY VENER				P00162894

Firm's name ▶	HINKLE LANDERS PC	Firm's EIN ▶	85-0232815
Firm's address ▶	2500 9TH STREET NW ALBUQUERQUE, NM 87102	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
ERIN BOUQUIN MD 144 PARK AVE SANTA FE,NM 87501	PRESIDENT 1 00	0	0	0
LOUIS J LUNA 144 PARK AVE SANTA FE,NM 87501	VICE PRESIDENT 1 00	0	0	0
STEVE GABER 144 PARK AVE SANTA FE,NM 87501	TREASURER 1 00	0	0	0
ALFREDO VIGIL 144 PARK AVE SANTA FE,NM 87501	SECRETARY 1 00	0	0	0
MARCIE CHAVEZ 144 PARK AVE SANTA FE,NM 87501	TRUSTEE 1 00	0	0	0
JANE BATSON 144 PARK AVE SANTA FE,NM 87501	TRUSTEE 1 00	0	0	0
VALERIE ROMERO-LEGGOTT 144 PARK AVE SANTA FE,NM 87501	TRUSTEE 1 00	0	0	0
SHERRICK ROANHORSE 144 PARK AVE SANTA FE,NM 87501	TRUSTEE 1 00	0	0	0
TWILA RUTTER 144 PARK AVE SANTA FE,NM 87501	TRUSTEE 1 00	0	0	0
JIM SUMMERS 144 PARK AVE SANTA FE,NM 87501	TRUSTEE 1 00	0	0	0
RICK TYNER 144 PARK AVE SANTA FE,NM 87501	TRUSTEE 1 00	0	0	0
ARDENA OROSCO 144 PARK AVE SANTA FE,NM 87501	TRUSTEE 1 00	0	0	0
LAUREL IRON CLOUD 144 PARK AVE SANTA FE,NM 87501	TRUSTEE 1 00	0	0	0
BENNY SHENDO 144 PARK AVE SANTA FE,NM 87501	TRUSTEE 1 00	0	0	0
JAMES SUMMERS 144 PARK AVE SANTA FE,NM 87501	TRUSTEE 1 00	0	0	0
DOLORES ROYBAL 144 PARK AVE SANTA FE,NM 87501	EXECUTIVE DIRECTOR 40 00	115,567	11,797	0

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
BOYS AND GIRLS CLUB OF 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 CONNECTION 418 CERRILLOS RD STE 27 SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	13,250
FAMILY STRENGTHS NETWORK (FSN) 1990 DIAMOND DRIVE LOS ALAMOS,NM 87544		509(A)(1)	HEALTHCARE	3,250
FAMILY YMCA THE 1450 IRIS STREET LOS ALAMOS,NM 87544		509(A)(1)	HEALTHCARE	10,000
INTERFAITH LEAP PO BOX 3220 FAIRVIEW,NM 87533		509(A)(1)	HEALTHCARE	7,500
LAS CUMBRES COMMUNITY SERVICES 404 HUNTER STREET ESPANOLA,NM 87532		509(A)(1)	HEALTHCARE	13,500
LOS ALAMOS LIONS CLUB PO BOX 199 TAOS,NM 875710199		509(A)(1)	HEALTHCARE	6,000
NEW MEXICO SUICIDE INTERVENTION PROJECT PO BOX 6004 SANTA FE,NM 87502		509(A)(1)	HEALTHCARE	5,000
SELF HELP 2390 NORTH ROAD LOS ALAMOS,NM 87544		509(A)(1)	HEALTHCARE	8,000
COLONIAS DEVELOPMENT COUNCIL 1050 MONTE VISTA AVE LAS CRUCES,NM 88001		509(A)(1)	HEALTHCARE	7,000
EMBRACE INC PO BOX 4425 ROSWELL,NM 88202		509(A)(1)	HEALTHCARE	5,000
EVE'S FUND FOR NATIVE AMERICAN HEALTH INITIATIVES PO BOX 73 DALTON,MA 01227		509(A)(1)	HEALTHCARE	5,422
MESILLA VALLEY COMMUNITY OF HOPE 999 W AMADOR AVENUE LAS CRUCES,NM 88005		509(A)(1)	HEALTHCARE	4,078
MORA VALLEY COMMUNITY HEALTH SERVICES PO BOX 209 MORA,NM 87732		509(A)(1)	HEALTHCARE	5,000
Total . . . . . ▶ **3a**				258,550

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
NEW MEXICO ASIAN FAMILY CENTER 128 QUINCY ALBUQUERQUE,NM 87108		509(A)(1)	HEALTHCARE	4,000
NEW MEXICO DIRECT CAREGIVERS COALITION PO BOX 26433 ALBUQUERQUE,NM 87125		509(A)(1)	HEALTHCARE	3,750
NOTAH BEGAY III FOUNDATION INC 290 PRAIRIE STAR ROAD SANTA ANA PUEBLO,NM 870040606		509(A)(1)	HEALTHCARE	3,750
UNIVERSITY OF NEW MEXICO KUNM FM 899 700 LOMAS BLVD NE STE 108 ALBUQUERQUE,NM 87131		509(A)(1)	HEALTHCARE	5,000
EL VALLE WOMEN'S COLLABORATIVE PO BOX 304 RIBERA,NM 87560		509(A)(1)	HEALTHCARE	5,000
HEALTH SECURITY FOR NEW MEXICO CAMPAIGN PO BOX 2606 CORRALES,NM 87048		509(A)(1)	HEALTHCARE	10,000
HISPANICS IN PHILANTHROPY 414 13TH STREET SUITE 200 OAKLAND,CA 94612		509(A)(1)	HEALTHCARE	13,500
LA FAMILIA MEDICAL CENTER 1035 ALTO STREET SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	5,000
NACIMIENTO COMMUNITY FOUNDATION PO BOX 880 CUBA,NM 870130880		509(A)(1)	HEALTHCARE	5,000
NATIONAL CENTER FOR FRONTIER COMMUNITIES 902 SANTA RITA STREET SILVER CITY,NM 88061		509(A)(1)	HEALTHCARE	8,000
NATIONAL INDIAN YOUTH LEADERSHIP DEVELOPMENT PROJECT INC PO BOX 2140 GALLUP,NM 873052140		509(A)(1)	HEALTHCARE	5,000
NEW MEXICO ALLIANCE OF HEALTH COUNCILS PO BOX 5851 SANTA FE,NM 87502		509(A)(1)	HEALTHCARE	10,000
NEW MEXICO CENTER ON LAW AND POVERTY 924 PARK AVENUE SW SUITE C ALBUQUERQUE,NM 87102		509(A)(1)	HEALTHCARE	5,000
NEW MEXICO IMMIGRANT LAW CENTER PO BOX 7040 ALBUQUERQUE,NM 871947040		509(A)(1)	HEALTHCARE	3,000
NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVE SW SUITE 195 ALBUQUERQUE,NM 87102		509(A)(1)	HEALTHCARE	5,000
Total . . . . . ▶ **3a**				258,550

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
SANCTUARY ZONE 903 N 5TH ST BLDG B SUITE 3 ESTANCIA,NM 87016		509(A)(1)	HEALTHCARE	5,000
SHARE NEW MEXICO PO BOX 1827 SANTA FE,NM 87504		509(A)(1)	HEALTHCARE	5,000
SOUTHWEST WOMEN'S LAW CENTER 1410 COAL AVENUE SW ALBUQUERQUE,NM 87104		509(A)(1)	HEALTHCARE	5,000
TRANSGENDER RESOURCE CENTER OF NEW MEXICO 5308 ROSEMONT AVE NE ALBUQUERQUE,NM 87107		509(A)(1)	HEALTHCARE	5,000
UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE DEPARTMENT OF INTERNAL MEDICINE MSC09 5220 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE,NM 87131		509(A)(1)	HEALTHCARE	10,000
VILLA THERESE CATHOLIC CLINIC 219 CATHEDRAL PLACE SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	2,500
WESTERN NEW MEXICO UNIVERSITY FOUNDATION PO BOX 1158 SILVER CITY,NM 88062		509(A)(1)	HEALTHCARE	2,500
AMIGOS BRAVOS INC PO BOX 238 TAOS,NM 875710238		509(A)(1)	HEALTHCARE	2,000
NEW MEXICO FARMER'S MARKETING ASSOCIATION 731 MONTEZ PLACE SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	2,000
OSO VISTA RANCH PO BOX 430 PINE HILL,NM 87537		509(A)(1)	HEALTHCARE	2,000
VALLE ENCANTADO 1910 LENA ROAD SW ALBUQUERQUE,NM 87105		509(A)(1)	HEALTHCARE	2,000
VOLUNTEER CENTER OF GRANT COUNTY THE 501 EAST 13TH STREET SILVER CITY,NM 88062		509(A)(1)	HEALTHCARE	2,000
ST VINCENT HOSPITAL FOUNDATION (C) 455 ST MICHAES DRIVE SANTA FE,NM 87505		509(A)(1)	HEALTHCARE	5,000
NM ACEQUIA ASSOCIATION (C) 805 EARLY STREET BUILDING B SUITE 204 ALBUQUERQUE,NM 87505		509(A)(1)	HEALTHCARE	1,000
NM HEALTH RESOURCES (C) 300 SAN MATEO NE SUITE 905 ALBUQUERQUE,NM 87108		509(A)(1)	HEALTHCARE	300
Total . . . . . ▶ **3a**				258,550

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
MANY MOTHERS (C) PO BOX 27298 SANTA FE,NM 87502		509(A)(1)	HEALTHCARE	500
LGBT FOUNDERS FORUM (C) 116 EAST 16TH STREET FLOOR 7 NEW YORK,NY 10003		509(A)(1)	HEALTHCARE	1,000
FRIENDSHIP CLUB (C) 1915 ROSINA SANTA FE,NM 87507		509(A)(1)	HEALTHCARE	1,500
GCAP (C) 500 WALTER ST NE ALBUQUERQUE,NM 87102		509(A)(1)	HEALTHCARE	1,000
NEW MEXICO FIRST (C) PO BOX 56549 ALBUQUERQUE,NM 87187		509(A)(1)	HEALTHCARE	1,000
NETWORK FOR GOOD (C) 1140 CONNECTICUT AVENUE NW SUITE 700 WASHINGTON,DC 20036		509(A)(1)	HEALTHCARE	1,100
HEROIN AWARENESS COMMITTEE (C) PO BOX 56632 ALBUQUERQUE,NM 87187		509(A)(1)	HEALTHCARE	250
ESPANOLA HS STUDENT COUNCIL (C) 903 W BOND STREET ESPANOLA,NM 87532		509(A)(1)	HEALTHCARE	1,600
NMPHA FORUM (C) PO BOX 26433 ALBUQUERQUE,NM 87125		509(A)(1)	HEALTHCARE	1,000
NM VOICES FOR CHILDREN (C) 625 SILVER AVE SW SUITE 195 ALBUQUERQUE,NM 87102		509(A)(1)	HEALTHCARE	1,500
HISPANICS IN PHILANTHROPY (C) 414 13TH STREET SUITE 200 OAKLAND,CA 946122603		509(A)(1)	HEALTHCARE	300
Total . . . . . ▶ **3a**				258,550

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491133008414

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 33 1/3% 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 for 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 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 its Form 990PF, Part I, line 2, 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
	See Additional Data Table	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Name of organization
CON ALMA HEALTH FOUNDATION INC

Employer identification number
85-0484396

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

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 *exclusively* 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

(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

Additional Data

Software ID:
Software Version:
EIN: 85-0484396
Name: CON ALMA HEALTH FOUNDATION INC

Form 990 Schedule B, 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	WK KELLOGG FOUNDATION ONE MICHIGAN AVE EAST BATTLE CREEK, MI 49017	$ 200,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
2	SIMON CHARITABLE FOUNDATION 524 DON GASPAR AVE SANTA FE, NM 87505	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
3	CONVERGENCE PARTNERSHIP OF TIDES FO PO BOX 29903 SAN FRANCISCO, CA 941290198	$ 90,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
4	CENTURY BANK C 498 N GUADALUPE ST SANTA FE, NM 87501	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
5	SANTA FE COMMUNITY FOUNDATION PO BOX 1827 SANTA FE, NM 87504	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
6	MCCUNE CHARITABLE FOUNDATION 345 EAST ALAMEDA STREET SANTA FE, NM 87501	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
7	NOTAH BEGAY III FOUNDATION 290 PRAIRIE STAR ROAD SANTA ANA PUEBLO, NM 87004	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
8	NEW MEXICO COMMUNITY FOUNDATION 502 W CORDOVA ROAD STE 1 SANTA FE, NM 87505	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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TY 2013 Accounting Fees Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	52,096	26,048		26,048

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

TY 2013 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	34,490		0 %	5,238	0		
BUILDING	2005-04-01	886,988	196,948		0 %	22,027	0		
LAND	2004-04-26	119,000			0 %	0	0		

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TY 2013 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:

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TY 2013 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
	23,788,933	23,788,933

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TY 2013 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	296,593	811,374	

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TY 2013 Legal Fees Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	665	333		332

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TY 2013 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	44	97	97

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TY 2013 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	819	0		819
BANK CHARGES	255	0		255
CONTRACT LABOR	599	0		599
CONTRIBUTIONS	20,500	0		20,500
DUES & SUBSCRIPTIONS	12,158	3,040		9,118
EQUIPMENT & SOFTWARE	12,840	3,210		9,630
EQUIPMENT MAINT/RENTAL	22,549	5,637		16,912
INSURANCE	8,845	2,211		6,634
INVESTMENT FEES	77,822	77,822		0
MEALS	16,612	4,153		12,459
OFFICE EXPENSE	12,852	3,213		9,639
POSTAGE & DELIVERY	1,152	288		864
SECURITY	6,434	1,609		4,825
WEBSITE	0	0		0
SPECIAL EVENT COSTS	4,965	0		4,965
PUBLIC RELATIONS	2,246	0		2,246

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TY 2013 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	1,739		1,739
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	4,709		4,709

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TY 2013 Other Increases Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Description	Amount
UNREALIZED GAINS	1,285,736

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TY 2013 Other Liabilities Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Description	Beginning of Year - Book Value	End of Year - Book Value
EXCISE TAXES PAYABLE	0	4,825
ROUNDING	0	1

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TY 2013 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
	234,106	0		234,106

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TY 2013 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	22,890	5,722		17,168
EXCISE TAXES	26,683	26,683		0
FOREIGN TAXES	0	0		0