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

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

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)* ▶$ 25,269,812

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)	60,000			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	259	259		
	4	Dividends and interest from securities	810,326	810,326		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	764,612			
	b	Gross sales price for all assets on line 6a 6,412,532				
	7	Capital gain net income (from Part IV, line 2)		764,612		
	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)	7,546			
	12	**Total.** Add lines 1 through 11	1,642,743	1,575,197		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	126,118	31,529		94,589
	14	Other employee salaries and wages	219,984	54,996		164,988
	15	Pension plans, employee benefits	31,408	7,852		23,556
	16a	Legal fees (attach schedule)	704	352		352
	b	Accounting fees (attach schedule)	46,401	23,201		23,200
	c	Other professional fees (attach schedule)	164,317			163,106
	17	Interest	2			2
	18	Taxes (attach schedule) (see instructions)	41,550	6,874		20,621
	19	Depreciation (attach schedule) and depletion	27,349	7,205		
	20	Occupancy	34,597	8,649		25,948
	21	Travel, conferences, and meetings	32,041	7,828		23,483
	22	Printing and publications	1,469			1,033
	23	Other expenses (attach schedule)	171,008	59,184		96,480
	24	**Total operating and administrative expenses.** Add lines 13 through 23	896,948	207,670		637,358
	25	Contributions, gifts, grants paid	566,530			592,030
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,463,478	207,670		1,229,388
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	179,265			
	b	**Net investment income** (if negative, enter -0-)		1,367,527		
	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	490,668	416,485	416,485
	2	Savings and temporary cash investments	769,278	725,389	725,389
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable	141,668	86,423	86,423
	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	5,565	9,751	9,751
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	24,984,866	23,209,297	23,209,297
	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 ▶ 1,078,371			
		Less accumulated depreciation (attach schedule) ▶ 307,829	799,360	770,542	770,542
	15	Other assets (describe ▶)	97	51,925	51,925
	16	**Total assets**(to be completed by all filers—see the instructions Also, see page 1, item I)	27,191,502	25,269,812	25,269,812
Liabilities	17	Accounts payable and accrued expenses	22,972	39,191	
	18	Grants payable	275,500	250,000	
	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 ▶)	51,971	52,272	
	23	**Total liabilities**(add lines 17 through 22)	350,443	341,463	
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	635,234	595,694	
	25	Temporarily restricted	22,705,825	20,832,655	
	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 instructions)	26,841,059	24,928,349	
	31	**Total liabilities and net assets/fund balances**(see instructions)	27,191,502	25,269,812	

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	26,841,059
2	Enter amount from Part I, line 27a	2	179,265
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	27,020,324
5	Decreases not included in line 2 (itemize) ▶	5	2,091,975
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	24,928,349

Part IV Capital Gains and Losses for Tax on Investment Income

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

	(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a	6,412,532		5,647,920	764,612
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
	(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a				764,612
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	764,612
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	764,612

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 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))
2014	975,912	26,633,201	0 036643
2013	1,096,455	23,432,099	0 046793
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

2	**Total** of line 1, column (d)	2	0 228669
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 045734
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	25,898,969
5	Multiply line 4 by line 3	5	1,184,463
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	13,675
7	Add lines 5 and 6	7	1,198,138
8	Enter qualifying distributions from Part XII, line 4	8	1,229,388

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	13,675
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	
3	Add lines 1 and 2		3	13,675
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-		5	13,675
6	Credits/Payments			
a	2015 estimated tax payments and 2014 overpayment credited to 2015 — 6a: 65,600			
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	27,675
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	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	14,000
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ 14,000 **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 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 ▶ $ _____ **(2)** On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
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) ▶ _____			
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 2015 or the taxable year beginning in 2015 (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 2015, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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 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 2015?	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ 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 2015 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 2015).*	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 2015?	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 4945(d)(4)(A)? (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	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** 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	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation	Contributions to employee benefit plans and deferred **(d)** compensation	Expense account, **(e)** other allowances
SUSAN CANTOR 144 PARK AVE SANTA FE,NM 87507	ADMINISTRATO 40 00	56,906	3,586	
DENISE GONZALES 144 PARK AVE SANTA FE,NM 87507	PROGRAM DIRE 40 00	50,248	1,058	

Total number of other employees paid over $50,000 ▶ 2

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. ▶

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 WAS AWARDED A THREE (3) YEAR GRANT IN 2012 FROM THE TIDES FOUNDATION INNOVATION FUND FOR THE CONVERGENCE PARTNERSHIP THIS IS A COLLABORATION OF LOCAL AND NATIONAL FUNDERS WITH THE SHARED GOAL OF CHANGING POLICIES AND ENVIRONMENTS TO BETTER ACHIEVE THE VISION OF HEALTHY PEOPLE LIVING IN HEALTHY PLACES THE GOALS FOR THIS EFFORT ARE TO PROMOTE EQUITY AND HEALTH BY INCREASING EQUITABLE BUILT ENVIRONMENTS AND ACCESS TO HEALTHY FOOD WITH A FOCUS ON LOW-INCOME COMMUNITIES, RURAL COMMUNITIES, AND COMMUNITIES OF COLOR	99,808
2 THE FOUNDATION WAS AWARDED A TWO (2) YEAR GRANT IN 2014 FROM THE W K KELLOGG FOUNDATION TO SUPPORT EFFORTS TO REDUCE HEALTH DISPARITIES AND ADVANCE HEALTH EQUITY IN NEW MEXICO THE PROJECT WILL FOCUS ON THE TRACKING AND MONITORING OF THE AFFORDABLE CARE ACT AND OTHER ISSUES IN REGARDS TO HEALTH EQUITY FOR LOW-INCOME AND COMMUNITIES OF COLOR THE NEEDS OF THE PROJECT WILL BE ADDRESSED THROUGH A VARIETY OF STRATEGIES RELATED TO THE IMPLEMENTATION ACA	101,923
3	
4	

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 N/A	
2	
All other program-related investments See instructions **3**	
Total. Add lines 1 through 3 ▶	

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	24,334,648
b	Average of monthly cash balances		1b	1,173,771
c	Fair market value of all other assets (see instructions)		1c	784,951
d	**Total** (add lines 1a, b, and c)		1d	26,293,370
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e		
2	Acquisition indebtedness applicable to line 1 assets		2	
3	Subtract line 2 from line 1d		3	26,293,370
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	394,401
5	**Net value of noncharitable-use assets.**Subtract line 4 from line 3 Enter here and on Part V, line 4		5	25,898,969
6	**Minimum investment return.**Enter 5% of line 5		6	1,294,948

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	1,294,948
2a	Tax on investment income for 2015 from Part VI, line 5	2a	13,675		
b	Income tax for 2015 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	13,675
3	Distributable amount before adjustments Subtract line 2c from line 1			3	1,281,273
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	1,281,273
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount**as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	1,281,273

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	1,229,388
b	Program-related investments—total from Part IX-B	1b	
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	1,229,388
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	13,675
6	**Adjusted qualifying distributions.**Subtract line 5 from line 4	6	1,215,713

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				1,281,273
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011. 190,299				
c From 2012.				
d From 2013.				
e From 2014. 69,453				
f **Total** of lines 3a through e.	259,752			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ $ 1,229,388				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	115,998			
d Applied to 2015 distributable amount.				1,113,390
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015	167,883			167,883
(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	207,867			
b Prior years' undistributed income Subtract line 4b from line 2b.				
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.				
d Subtract line 6c from line 6b Taxable amount —see instructions.				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions.				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	115,998			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .				
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a.	91,869			
10 Analysis of line 9				
a Excess from 2011. . . .				
b Excess from 2012. . . .				
c Excess from 2013. . . .				
d Excess from 2014. . . .				
e Excess from 2015. . . . 91,869				

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 2015, 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) 2015	(b) 2014	(c) 2013	(d) 2012	
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-GRANT MAKING COMMIT
114 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 ORGANIZATION 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**				592,030
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				250,000

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	259	
4 Dividends and interest from securities. . .			14	810,326	
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	764,612	
9 Net income or (loss) from special events					-11,502
10 Gross profit or (loss) from sales of inventory . .					
11 Other revenue a OTHER INCOME			1	1,547	
b OTHER INCOME			1	1,249	
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .				1,577,993	-11,502
13 **Total.** Add line 12, columns (b), (d), and (e).				13	1,566,491

(See worksheet in line 13 instructions to verify calculations)

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) is based on all information of which preparer has any knowledge

******	2017-09-13	******
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
AMY CHERNE		2017-10-18		P01228517

Firm's name ▶ RPC CPAS CONSULTANTS LLP

Firm's EIN ▶ 85-0454285

Firm's address ▶ 2424 LOUISIANA BLVD NE STE 300 ALBUQUERQUE, NM 871104370

Phone no (505) 883-2727

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
BARRETT BREWER 144 PARK AVE SANTA FE,NM 87501	TRUSTEE 1 00	0	0	0
JUDITH COOPER 144 PARK AVE SANTA FE,NM 87501	TRUSTEE 1 00	0	0	0
YVETTE KAUFMAN-BELL 144 PARK AVE SANTA FE,NM 87501	OFFICER 1 00	0	0	0
LOUIS J LUNA 144 PARK AVE SANTA FE,NM 87501	VICE PRESIDE 1 00	0	0	0
ARDENA OROSCO 144 PARK AVE SANTA FE,NM 87501	TRUSTEE 1 00	0	0	0
ROBERT PHILLIPS 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
CARLOS ROMERO 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
DOLORES ROYBAL 144 PARK AVE SANTA FE,NM 87501	EXECUTIVE DI 40 00	126,118	12,406	126,118

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

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
TWILA RUTTER 144 PARK AVE SANTA FE,NM 87501	SECRETARY 1 00	0	0	0
BENNY SHENDO 144 PARK AVE SANTA FE,NM 87501	TRUSTEE 1 00	0	0	0
RICHARD TYNER 144 PARK AVE SANTA FE,NM 87501	TREASURER 1 00	0	0	0
ALFREDO VIGIL 144 PARK AVE SANTA FE,NM 87501	PRESIDENT 1 00	0	0	0
DEBORAH WALKER 144 PARK AVE SANTA FE,NM 87501	TRUSTEE 1 00	0	0	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*				
ALZHEIMER'S ASSOCIATION NEW MEXICO 9500 MONTGOMERY NE SUITE ALBUQUERQUE,NM 87111		509(A)(1)	HEALTHCARE	5,000
AMIGOS BRAVOS INC PO BOX 238 TAOS,NM 87571		509(A)(1)	HEALTHCARE	8,000
AMIGOS DEL VALLE PO BOX 4057 FAIRVIEW,NM 87533		509(A)(1)	HEALTHCARE	7,500
BOYS & GIRLS CLUBS OF SANTA FEDEL PO BOX 2403 SANTA FE,NM 87504		509(A)(1)	HEALTHCARE	6,000
CANCER FOUNDATION FOR NEW MEXICO 3005 SOUTH ST FRANCIS DR SANTA FE,NM 87505		509(A)(1)	HEALTHCARE	6,000
Total . . . . . ▶ **3a**				592,030

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*				
CANCER SERVICES OF NEW MEXICO PO BOX 51735 ALBUQUERQUE,NM 87181		501(C)(3)	HEALTHCARE	5,000
CAREGIVERS WORKFORCE DEVELOPMENT IN 10 PLACITAS TRAILS ROAD PLACITAS,NM 87043		501(C)(3)	HEALTHCARE	5,000
COMING HOME CONNECTION 418 CERRILLOS RD 27 SANTA FE,NM 87501		501(C)(3)	HEALTHCARE	5,000
COMING HOME CONNECTION 418 CERRILLOS RD 27 SANTA FE,NM 87501		501(C)(3)	HEALTHCARE	4,500
COMPASSIONATE TOUCH NETWORK 1000 CORDOVA PLACE 436 SANTA FE,NM 87505		501(C)(3)	HEALTHCARE	5,000
Total . . . . . ▶ **3a**				592,030

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*				
ECHO 1921 EAST MURRAY DRIVE FARMINGTON,NM 87401		501(C)(3)	HEALTHCARE	5,000
GENERATION JUSTICE 318 ISLETA BLVD SW ALBUQUERQUE,NM 87105		501(C)(3)	HEALTHCARE	5,000
HARTLEY HOUSE 900 MAIN STREET CLOVIS,NM 88101		501(C)(3)	HEALTHCARE	4,000
HEALTH ACTION NEW MEXICO 3700 OSUNA ROAD NE SUITE ALBUQUERQUE,NM 87109		501(C)(3)	HEALTHCARE	4,000
HEALTH ACTION NEW MEXICO 3700 OSUNA ROAD NE SUITE ALBUQUERQUE,NM 87109		501(C)(3)	HEALTHCARE	6,000
Total . . . . . ▶ **3a**				592,030

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*				
INSIDE OUT 919 N RIVERSIDE DRIVE S ESPANOLA,NM 87532		509(A)(1)	HEALTHCARE	6,000
JUSTICE ACCESS SUPPORT AND SOLUTION 1608 ISLETA BOULEVARD SW ALBUQUERQUE,NM 87105		501(C)(3)	HEALTHCARE	25,000
LA FAMILIA MEDICAL CENTER 1035 ALTO STREET SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	7,000
LAS CUMBRES COMMUNITY SERVICES 404 HUNTER ST ESPANOLA,NM 87532		509(A)(1)	HEALTHCARE	5,000
LIONS CLUB OF TAOS INC PO BOX 199 TAOS,NM 87571		501(C)(3)	HEALTHCARE	2,000
Total . . . . . ▶ **3a**				592,030

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*				
MCCURDY SCHOOL 261 S MCCURDY ROAD ESPANOLA,NM 87532		501(C)(3)	HEALTHCARE	5,000
NEW MEXICO ALLIANCE FOR SCHOOL-BASE 3301-R COORS BLVD NW SU ALBUQUERQUE,NM 87120		501(C)(3)	HEALTHCARE	25,000
NEW MEXICO CENTER ON LAW AND POVERT 924 PARK AVENUE SWSUITE C ALBUQUERQUE,NM 87102		501(C)(3)	HEALTHCARE	25,000
NEW MEXICO COMMUNITY HEALTH WORKER 1605-J JUAN TABO NEPO B ALBUQUERQUE,NM 87198		501(C)(3)	HEALTHCARE	25,000
NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVENUE SUITE ALBUQUERQUE,NM 87102		509(A)(1)	HEALTHCARE	8,000
Total . . . . . ▶ **3a**				592,030

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*				
PEGASUS LEGAL SERVICES FOR CHILDREN 3201 FOURTH ST NW ALBUQUERQUE,NM 87107		501(C)(3)	HEALTHCARE	5,000
SANTA FE PROJECT ACCESS PO BOX 32145 SANTA FE,NM 87594		509(A)(2)	HEALTHCARE	4,000
SELF HELP 2390 NORTH ROAD LOS ALAMOS,NM 87544		501(C)(3)	HEALTHCARE	6,000
SENIOR CITIZENS' LAW OFFICE 4317 LEAD AVENUE SE SUIT ALBUQUERQUE,NM 87108		509(A)(1)	HEALTHCARE	5,000
SOUTHWEST RESEARCH AND INFORMATION PO BOX 4524 ALBUQUERQUE,NM 87196		501(C)(3)	HEALTHCARE	4,000
Total . . . . . ▶ **3a**				592,030

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*				
THINK NEW MEXICO 1227 PASEO DE PERALTA SANTA FE,NM 87501		501(C)(3)	HEALTHCARE	6,000
VOLUNTEER CENTER OF GRANT COUNTY T PO BOX 416 SILVER CITY,NM 88062		509(A)(1)	HEALTHCARE	7,000
YOUNG WOMEN UNITED 309 GOLD AVE SW ALBUQUERQUE,NM 87102		501(C)(3)	HEALTHCARE	5,000
ZUNI YOUTH ENRICHMENT PROJECT PO BOX 447 ZUNI,NM 87327		509(A)(1)	HEALTHCARE	7,000
AMIGOS DEL VALLE PO BOX 4057 FAIRVIEW,NM 87533		509(A)(1)	HEALTHCARE	7,500
Total . . . . . ▶ **3a**				592,030

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*				
CANCER FOUNDATION FOR NEW MEXICO 3005 SOUTH ST FRANCIS DR SANTA FE,NM 87505		509(A)(1)	HEALTHCARE	5,000
CHAINBREAKER COLLECTIVE PO BOX 31666 SANTA FE,NM 87505		501(C)(3)	HEALTHCARE	5,000
COMING HOME CONNECTION 418 CERRILLOS RD 27 SANTA FE,NM 87501		501(C)(3)	HEALTHCARE	3,650
COMING HOME CONNECTION 418 CERRILLOS RD 27 SANTA FE,NM 87501		501(C)(3)	HEALTHCARE	4,500
COMMUNITY PARTNERSHIP FOR CHILDREN PO BOX 1543 SILVER CITY,NM 88062		501(C)(3)	HEALTHCARE	5,000
Total . . . . . ▶ **3a**				592,030

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*				
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DR STE 700 ARLINGTON,VA 22202		509(A)(1)	HEALTHCARE	2,380
ECHO 1921 EAST MURRAY DRIVE FARMINGTON,NM 87401		501(C)(3)	HEALTHCARE	5,000
EL VALLE WOMEN'S COLLABORATIVE PO BOX 411 RIBERA,NM 87560		501(C)(3)	HEALTHCARE	7,000
FAIR ALCOHOL TAXES PO BOX 617 CHAMA,NM 87520		501(C)(3)	HEALTHCARE	5,000
FAMILY LEARNING CENTER PO BOX 2123 ESPANOLA,NM 87532		501(C)(3)	HEALTHCARE	5,000
Total . . . . . ▶ **3a**				592,030

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*				
FAMILY YMCA THE 1450 IRIS STREET LOS ALAMOS,NM 87544		509(A)(1)	HEALTHCARE	7,500
FAMILY YMCA THE 1450 IRIS STREET LOS ALAMOS,NM 87544		509(A)(1)	HEALTHCARE	7,500
FIRST CHOICE COMMUNITY HEALTHCARE 2001 N CENTRO FAMILIAR S ALBUQUERQUE,NM 87105		501(C)(3)	HEALTHCARE	1,000
FOOD DEPOT 1222 A SILER ROAD SANTA FE,NM 87507		501(C)(3)	HEALTHCARE	5,000
HEALTH SECURITY FOR NEW MEXICANS CA PO BOX 4524 ALBUQUERQUE,NM 87196		501(C)(3)	HEALTHCARE	5,000
Total . . . . . ▶ **3a**				592,030

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*				
HISPANICS IN PHILANTHROPY 414 13TH STREET SUITE 200 OAKLAND,CA 94612		501(C)(3)	HEALTHCARE	10,000
LAS CUMBRES COMMUNITY SERVICES 404 HUNTER ST ESPANOLA,NM 87532		509(A)(1)	HEALTHCARE	5,000
LAS CUMBRES COMMUNITY SERVICES 404 HUNTER ST ESPANOLA,NM 87532		509(A)(1)	HEALTHCARE	10,000
LIFE LINK THE PO BOX 6094 SANTA FE,NM 87502		501(C)(3)	HEALTHCARE	5,000
LOS ALAMOS FAMILY COUNCIL 1505 15TH STREET SUITE C LOS ALAMOS,NM 87544		509(A)(1)	HEALTHCARE	5,000
Total . . . . . ▶ **3a**				592,030

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*				
MCCURDY SCHOOLS OF NORTHERN NEW MEX 362A S MCCURDY ROAD ESPANOLA,NM 87532		501(C)(3)	HEALTHCARE	6,000
NATIONAL CENTER FOR FRONTIER COMMUN 301 WEST COLLEGE STREET SILVER CITY,NM 88061		501(C)(3)	HEALTHCARE	1,000
NATIONAL CENTER FOR FRONTIER COMMUN 301 WEST COLLEGE STREET SILVER CITY,NM 88061		501(C)(3)	HEALTHCARE	5,000
NATIVE AMERICAN VOTERS ALLIANCE EDU 3415 CARLISLE NE ALBUQUERQUE,NM 87110		501(C)(3)	HEALTHCARE	5,000
NEW MEXICO ALLIANCE FOR SCHOOL-BASE 3301-R COORS BLVD NW SU ALBUQUERQUE,NM 87120		501(C)(3)	HEALTHCARE	25,000
Total . . . . . ▶ **3a**				592,030

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 CENTER ON LAW AND POVERT 924 PARK AVENUE SWSUITE C ALBUQUERQUE,NM 87102		501(C)(3)	HEALTHCARE	25,000
NEW MEXICO COMMUNITY FOUNDATION 502 WEST CORDOVA ROAD SU SANTA FE,NM 87505		509(A)(1)	HEALTHCARE	5,000
NEW MEXICO COMMUNITY HEALTH WORKER PO BOX 81433 ALBUQUERQUE,NM 87198		501(C)(3)	HEALTHCARE	25,000
NEW MEXICO FARMER'S MARKETING ASSOC 731 MONTEZ SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	1,000
NEW MEXICO FARMER'S MARKETING ASSOC 731 MONTEZ SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	5,000
Total . . . . . ▶ **3a**				592,030

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 FARMER'S MARKETING ASSOC 731 MONTEZ SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	5,000
NEW MEXICO FORUM FOR YOUTH IN COMMU 924 PARK AVENUE SW STE ALBUQUERQUE,NM 87102		509(A)(1)	HEALTHCARE	5,000
NEW MEXICO STATE UNIVERSITY FOUNDAT 1305 NORTH HORSESHOE DRD LAS CRUCES,NM 88003		509(A)(1)	HEALTHCARE	5,000
NEW MEXICO SUICIDE INTERVENTION PRO PO BOX 6004 SANTA FE,NM 87502		509(A)(1)	HEALTHCARE	4,000
NORTH CENTRAL COMMUNITY BASED SERVI PO BOX 617 CHAMA,NM 87520		501(C)(3)	HEALTHCARE	5,000
Total . . . . . ▶ **3a**				592,030

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*				
PROSPERITY WORKS 909 COPPER NW ALBUQUERQUE,NM 87102		501(C)(3)	HEALTHCARE	5,000
SAN JUAN COUNTY PARTNERSHIP 3535 E 30TH ST SUITE 239 FARMINGTON,NM 87402		509(A)(1)	HEALTHCARE	5,000
SANTA FE COMMUNITY FOUNDATION PO BOX 1827 SANTA FE,NM 87504		509(A)(1)	HEALTHCARE	1,000
SANTA FE PARTNERS IN EDUCATION PO BOX 23374 SANTA FE,NM 87502		509(A)(1)	HEALTHCARE	5,000
SENIOR CITIZENS' LAW OFFICE 4317 LEAD AVENUE SE SUIT ALBUQUERQUE,NM 87108		509(A)(1)	HEALTHCARE	5,000
Total . . . . . ▶ **3a**				592,030

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*				
SOMOS AMIGOS OF NORTHERN NEW MEXICO PO BOX 1008 ESPANOLA,NM 87532		509(A)(1)	HEALTHCARE	5,000
UNIVERSITY OF NEW MEXICO FOUNDATION TWO WOODWARD CENTER 700 ALBUQUERQUE,NM 87102		509(A)(1)	HEALTHCARE	7,500
VILLA THERESE CATHOLIC CLINIC 219 CATHEDRAL PLACE SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	7,500
VILLA THERESE CATHOLIC CLINIC 219 CATHEDRAL PLACE SANTA FE,NM 87501		509(A)(1)	HEALTHCARE	7,500
VISION FOR DIGNITY ACCESS AND ACC 1608 ISLETA BOULEVARD SW ALBUQUERQUE,NM 87105		509(A)(1)	HEALTHCARE	25,000
Total . . . . . ▶ **3a**				592,030

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*				
FAMILY YMCA THE 1450 IRIS STREET LOS ALAMOS,NM 87544		509(A)(1)	HEALTHCARE	7,500
LOS ALAMOS FAMILY COUNCIL 1505 15TH STREET SUITE C LOS ALAMOS,NM 87544		509(A)(1)	HEALTHCARE	5,000
Total . . . . . ▶ **3a**				592,030

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TY 2015 Accounting Fees Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT ACCOUNTING FEES	46,401	23,201		23,200

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

TY 2015 Amortization Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
WEBSITE OVERHAUL	2010-10-28	9,798	8,329	5 0000	1,469			9,798

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

TY 2015 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
DEPRECIATION						27,349			

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TY 2015 Distribution from Corpus Election

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Election: 2015 115,998

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TY 2015 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
SCHWAB - FUNDING ACCOUNTING	23,209,297	23,209,297

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TY 2015 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
BUILDING	959,371	307,829	651,542	651,542
EQUIPMENT				
LAND	119,000		119,000	119,000

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TY 2015 Legal Fees Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT LEGAL FEES	704	352		352

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TY 2015 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	97		
PREPAID TAXES		14,000	14,000
TAX REFUND		37,925	37,925

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TY 2015 Other Decreases Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Description	Amount
UNREALIZED LOSSES	2,091,975

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TY 2015 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
GRANTEE RECOGNITION EVENT				
OFFICE SUPPLIES	118			
MEALS	13,757			
EXPENSES				
ADVERTISING	4,332			4,332
BANK CHARGES	129			129
CONTRIBUTIONS	13,800			13,800
DUES & SUBSCRIPTIONS	8,997	2,249		6,748
EQUIPMENT & SOFTWARE	7,976	1,994		5,982
EQUIPMENT MAINT/RENTAL	5,280	1,320		3,960

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	43,241	10,810		32,431
INVESTMENT EXPENSE	33,420	33,420		
MEALS	23,339	5,835		17,504
MISCELLANEOUS	16	4		12
OFFICE EXPENSE	13,127	3,282		9,845
POSTAGE & DELIVERY	430	107		323
SECURITY	651	163		488
WEBSITE	926			926

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TY 2015 Other Income Schedule

Name: CON ALMA HEALTH FOUNDATION INC

EIN: 85-0484396

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GRANTEE RECOGNITION EVENT	4,750		
OTHER INCOME	1,547		
OTHER INCOME	1,249		

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TY 2015 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	10,045	
STATE WITHHOLDING	840	829
ACCRUED WAGES & BENEFITS	41,086	51,012
401 K WITHHOLDING PAYABLE		431

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TY 2015 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
CONSULTING	163,106			163,106
GRANTEE RECOGNITION EVENT	1,211			

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TY 2015 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	27,495	6,874		20,621
EXCISE TAX	14,055			

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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

2015

Name of the organization	Employer identification number
CON ALMA HEALTH FOUNDATION INC	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, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

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

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

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

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
1	CONVERGENCE PARTNERSHIP OF TIDES PO BOX 29903 SAN FRANCISCO, CA 941290198	$ 35,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

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., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. 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