

Return of Private Foundation

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

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2021

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2021 or tax year beginning , and ending

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 505-438-0776
City or town, state or province, country, and ZIP or foreign postal code SANTA FE, NM 87501-1833		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 33,283,264.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(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	2,766,000.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	348.	348.		STATEMENT 1
	4 Dividends and interest from securities	1,212,148.	1,212,148.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	461,173.			
	b Gross sales price for all assets on line 6a	3,411,771.			
	7 Capital gain net income (from Part IV, line 2)		461,173.		
	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)					
11 Other income	312.	312.		STATEMENT 3	
12 Total. Add lines 1 through 11	4,439,981.	1,673,981.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	84,343.	21,086.		63,257.
	14 Other employee salaries and wages	402,085.	100,521.		301,564.
	15 Pension plans, employee benefits	31,261.	7,815.		23,446.
	16a Legal fees STMT 4	325.	163.		162.
	b Accounting fees STMT 5	47,058.	23,529.		23,529.
	c Other professional fees STMT 6	421,042.	0.		421,042.
	17 Interest				
	18 Taxes STMT 7	56,653.	9,213.		27,639.
	19 Depreciation and depletion	25,120.	6,280.		
	20 Occupancy	34,485.	4,888.		29,597.
	21 Travel, conferences, and meetings	836.	84.		752.
	22 Printing and publications	1,541.	0.		1,541.
	23 Other expenses STMT 8	194,691.	75,835.		118,856.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,299,440.	249,414.		1,011,385.
	25 Contributions, gifts, grants paid	2,073,300.			1,435,000.
26 Total expenses and disbursements. Add lines 24 and 25	3,372,740.	249,414.		2,446,385.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	1,067,241.				
b Net investment income (if negative, enter -0-)		1,424,567.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	325,422.	145,155.	145,155.
	2 Savings and temporary cash investments	1,221,013.	1,669,788.	1,669,788.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	7,183.	7,467.	7,467.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 9 26,469,325.	30,841,781.	30,841,781.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis	1,083,035.			
Less: accumulated depreciation	STMT 10 463,962.	644,193.	619,073.	
15 Other assets (describe)	STATEMENT 11 1,710.	0.	0.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	28,668,846.	33,283,264.	33,283,264.	
Liabilities	17 Accounts payable and accrued expenses	60,631.	62,215.	
	18 Grants payable	249,000.	870,800.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)	STATEMENT 12 66,434.	66,053.	
23 Total liabilities (add lines 17 through 22)	376,065.	999,068.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here			<input checked="" type="checkbox"/>
	and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	530,353.	480,350.	
	25 Net assets with donor restrictions	27,762,428.	31,803,846.	
	Foundations that do not follow FASB ASC 958, check here			<input type="checkbox"/>
	and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
27 Paid-in or capital surplus, or land, bldg., and equipment fund				
28 Retained earnings, accumulated income, endowment, or other funds				
29 Total net assets or fund balances	28,292,781.	32,284,196.		
30 Total liabilities and net assets/fund balances	28,668,846.	33,283,264.		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	28,292,781.
2 Enter amount from Part I, line 27a	2	1,067,241.
3 Other increases not included in line 2 (itemize)	3	UNREALIZED GAINS 2,924,174.
4 Add lines 1, 2, and 3	4	32,284,196.
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 29	6	32,284,196.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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.)
1a PUBLICLY TRADED SECURITIES			01/01/21	12/31/21
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 3,411,771.		2,950,598.	461,173.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			461,173.	
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	461,173.	
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	N/A	

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	19,801.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	19,801.
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	19,801.
6 Credits/Payments:			
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	6,880.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	12,921.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	19,801.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.	
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed	9	0.	
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 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VI-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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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.		X
c Did the foundation file Form 1120-POL for this year?		X
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?		X
If "Yes," attach a detailed description of the activities.		
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by General Instruction T.		
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?	X	
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 XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>NM</u>		
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	X	
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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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		X
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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address ▶ <u>WWW.CONALMA.ORG</u>		
14 The books are in care of ▶ <u>CANDACE HINTENACH</u> Telephone no. ▶ <u>505-994-8939</u> Located at ▶ <u>3912 ST. ANDREWS DR. SE, RIO RANCHO, NM</u> ZIP+4 ▶ <u>87124</u>		
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 N/A		
16 At any time during calendar year 2021, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

Part VI-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?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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)?		
(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.)	1a(5)	X
	1a(6)	X
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	N/A
c Organizations relying on a current notice regarding disaster assistance, check here		<input type="checkbox"/>
d 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 2021?	1d	X
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 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a	X
If "Yes," list the years ▶ _____, _____, _____, _____		
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	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2021 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2021?	4b	X

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
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	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d 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? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

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

1 List all officers, directors, trustees, and 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
SEE STATEMENT 13		84,343.	4,547.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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
DOLORES E ROYBAL 144 PARK AVE., SANTA FE, NM 87501	EX DIRECTOR 40.00	122,775.	8,604.	0.
AMY DONAFRIO 144 PARK AVE., SANTA FE, NM 87501	ASSISTANT DIRECTOR 40.00	87,298.	25,764.	0.
NELSY DOMINGUEZ 144 PARK AVE., SANTA FE, NM 87501	STAFF 40.00	74,809.	24,769.	0.
DIONYSIOS MCCUTCHEON 144 PARK AVE., SANTA FE, NM 87501	STAFF 40.00	50,460.	14,986.	0.

Total number of other employees paid over \$50,000 0

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

Total number of others receiving over \$50,000 for professional services 0

Part VIII-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity, Expenses. Rows 1-3 contain 'SEE STATEMENT 14', 'SEE STATEMENT 15', and 'SEE STATEMENT 16' with corresponding expense amounts.

Part VIII-B Summary of Program-Related Investments

Table with 2 columns: Description of investment, Amount. Row 1 contains 'N/A'.

Total. Add lines 1 through 3 0.

Part IX 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	29,397,675.
b	Average of monthly cash balances	1b	570,807.
c	Fair market value of all other assets (see instructions)	1c	630,586.
d	Total (add lines 1a, b, and c)	1d	30,599,068.
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	30,599,068.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	458,986.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	30,140,082.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	1,507,004.

Part X 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 IX, line 6	1	1,507,004.
2a	Tax on investment income for 2021 from Part V, line 5	2a	19,801.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	19,801.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,487,203.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,487,203.
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 XII, line 1	7	1,487,203.

Part XI 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	2,446,385.
b	Program-related investments - total from Part VIII-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 XII, line 4	4	2,446,385.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				1,487,203.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020	268,283.			
f Total of lines 3a through e	268,283.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$	2,446,385.			
a Applied to 2020, 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) **	1,213,797.			
d Applied to 2021 distributable amount				1,232,588.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	254,615.			254,615.
6 Enter the net total of each column as indicated below:	1,227,465.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
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 2020. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				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)	1,213,797.			
8 Excess distributions carryover from 2016 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	13,668.			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021	13,668.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, 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 IX, 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 XIV Supplementary Information (Complete this part only if the foundation 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).)

NONE

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.

NONE

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., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:
CON ALMA HEALTH-GRANT MAKING COMMIT, 505-438-0776
114 PARK AVE., SANTA FE, NM 87501

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 HEALTH NEEDS OF NEW MEXICANS.

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
1008 OTERO 229 GROSVENOR CT ALAMOGORDO , NM 88310		501(C)(3)	HEALTHCARE	500.
ALBUQUERQUE CENTER FOR PEACE AND JUSTICE 202 HARVARD DR SE ALBUQUERQUE , NM 87106		501(C)(3)	HEALTHCARE	10,000.
ALBUQUERQUE COMMUNITY FOUNDATION 624 TIJERAS AVE NW ALBUQUERQUE , NM 87102		501(C)(3)	HEALTHCARE	10,000.
ALTA MIRA SPECIALIZED FAMILY SERVICES 1605 CARLISLE BLVD NE ALBUQUERQUE , NM 87110		501(C)(3)	HEALTHCARE	10,000.
ASIAN AMERICAN ASSOCIATION OF NEW MEXICO PO BOX 8994 ALBUQUERQUE , NM 87198		501(C)(3)	HEALTHCARE	10,000.
Total	SEE CONTINUATION SHEET(S)			1,335,000.
b Approved for future payment				
CAVERN CITY CHILD ADVOCACY CENTER PO BOX 1441 CARLSBAD , NM 88221		501(C)(3)	HEALTHCARE	10,000.
CHAINBREAKER COLLECTIVE 1500 5TH ST SUITE 12 SANTA FE , NM 87505		501(C)(3)	HEALTHCARE	25,000.
CHILD COUNSELING CENTER AND PLAY THERAPY INSTITUE OF NM 1400 MACLOVIA ST SUITE 1 SANTA FE , NM 87505		501(C)(3)	HEALTHCARE	7,500.
Total	SEE CONTINUATION SHEET(S)			738,300.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
ASIAN AMERICAN ASSOCIATION OF NEW MEXICO PO BOX 8994 ALBUQUERQUE, NM 87198		501(C)(3)	HEALTHCARE	7,500.
ASSET FUNDERS NETWORK 2045 W GRAND AVE CHICAGO, IL 60612-1577		501(C)(3)	HEALTHCARE	5,000.
BATTERED FAMILIES SERVICES 207 SOUTH STRONG DRIVE GALLUP, NM 87301		501(C)(3)	HEALTHCARE	25,000.
BERNALILLO COUNTY COMMUNITY HEALTH COUNCIL PO BOX 8157 ALBUQUERQUE, NM 87198		501(C)(3)	HEALTHCARE	7,500.
BIG BROTHERS BIG SISTERS MOUNTAIN REGION 1229 S ST FRANCIS DR #C SANTA FE, NM 87505		501(C)(3)	HEALTHCARE	500.
BLACK HEALTH NEW MEXICO PO BOX 4362 SANTA FE, NM 87502		501(C)(3)	HEALTHCARE	5,500.
B'NAI SHALOM HAVURAH 810 DILLON ST TAOS, NM 87571		501(C)(3)	HEALTHCARE	10,000.
BOYS AND GIRLS CLUB OF SANTA FE/DEL NORTE PO BOX 29805 SANTA FE, NM 87592		501(C)(3)	HEALTHCARE	25,000.
BOYS AND GIRLS CLUB OF SANTA FE/DEL NORTE PO BOX 29805 SANTA FE, NM 87592		501(C)(3)	HEALTHCARE	500.
CASA OF LEA COUNTY 505 LINAM ST HOBBS, NM 88240		501(C)(3)	HEALTHCARE	500.
Total from continuation sheets				1,294,500.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
CAVERN CITY CHILD ADVOCACY CENTER PO BOX 1441 CARLSBAD, NM 88221		501(C)(3)	HEALTHCARE	25,000.
CAVERN CITY CHILD ADVOCACY CENTER PO BOX 1441 CARLSBAD, NM 88221		501(C)(3)	HEALTHCARE	500.
CENTER FOR CIVIC POLICY 625 SILVER AVENUE SW, SUITE 320 ALBUQUERQUE, NM 87102		501(C)(3)	HEALTHCARE	5,500.
CENTRO SAVILA 1317 ISLETA BLVD SW ALBUQUERQUE, NM 87102		501(C)(3)	HEALTHCARE	35,000.
CHAINBREAKER COLLECTIVE 1500 5TH ST SUITE 12 SANTA FE, NM 87505		501(C)(3)	HEALTHCARE	45,000.
CHILD COUNSELING CENTER AND PLAY THERAPY INSTITUTE OF NM 1400 MACLOVIA ST SUITE 1 SANTA FE, NM 87505		501(C)(3)	HEALTHCARE	500.
COLORES UNITED PO BOX 1499 DEMING, NM 88031-1499		501(C)(3)	HEALTHCARE	10,000.
COMPOSTELA COMMUNITY AND FAMILY CULTURAL INSTITUTE PO BOX 807 ARROYO SECO, NM 87514		501(C)(3)	HEALTHCARE	5,500.
CONCERNED CITIZENS FOR NUCLEAR SAFETY PO BOX 31147 SANTA FE, NM 87505		501(C)(3)	HEALTHCARE	100.
CONSTELLATION CONSULTING, LLC 6280 MONTGOMERY BLVD NE, SUITE D ALBUQUERQUE, NM 87109			HEALTHCARE	1,500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
DONA ANA COMMUNITIES UNITED 151 S WALNUT ST LAS CRUCES, NM 88011		501(C)(3)	HEALTHCARE	500.
EL CALVARIO UNITED METHODIST CHURCH PO BOX 2842 LAS CRUCES, NM 88004-2842		501(C)(3)	HEALTHCARE	10,000.
EL CALVARIO UNITED METHODIST CHURCH PO BOX 2842 LAS CRUCES, NM 88004-2842		501(C)(3)	HEALTHCARE	25,000.
EMBRACE PO BOX 4425 ROSEWELL, NM 87125		501(C)(3)	HEALTHCARE	5,000.
ENCUENTRO 714 4TH ST SW ALBUQUERQUE, NM 87102		501(C)(3)	HEALTHCARE	1,000.
ENCUENTRO 714 4TH ST SW ALBUQUERQUE, NM 87102		501(C)(3)	HEALTHCARE	3,500.
ENLACE COMUNITARIO 2425 ALAMO DRIVE SE ALBUQUERQUE, NM 87106		501(C)(3)	HEALTHCARE	10,000.
FAMILY STRENGTHS NETWORK 1990 DIAMOND DRIVE LOS ALAMOS, NM 87544		501(C)(3)	HEALTHCARE	5,000.
FAMILY STRENGTHS NETWORK 3540 ORANGE STREET LOS ALAMOS, NM 87544		501(C)(3)	HEALTHCARE	5,000.
FAMILY STRENGTHS NETWORK 3540 ORANGE STREET LOS ALAMOS, NM 87544		501(C)(3)	HEALTHCARE	500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
FAMILY YMCA, THE 1450 IRIS STREET LOS ALAMOS, NM 87544		501(C)(3)	HEALTHCARE	11,000.
FAMILY YMCA, THE 1450 IRIS STREET LOS ALAMOS, NM 87544		501(C)(3)	HEALTHCARE	500.
FARM TO TABLE 518 OLD SANTA FE TRAIL, SUITE 1 BOX 171 SANTA FE, NM 87501		501(C)(3)	HEALTHCARE	10,000.
FILENE RESEARCH INSTITUTE 1010 EAST WASHINGTON AVE MADISON, WI 53703		501(C)(3)	HEALTHCARE	12,000.
FRIENDSHIP CLUB 1316 APACHE AVENUE SANTA FE, NM 87505		501(C)(3)	HEALTHCARE	10,000.
HEALTH ACTION NEW MEXICO 3700 OSUNA RD NE SUITE 504 ALBUQUERQUE, NM 87109		501(C)(3)	HEALTHCARE	10,000.
HEALTH ACTION NEW MEXICO 3700 OSUNA RD NE SUITE 504 ALBUQUERQUE, NM 87109		501(C)(3)	HEALTHCARE	25,000.
HEALTH EQUITY ALLIANCE FOR LGBTQ NEW MEXICO 12405 TOWNER AVE NE ALBUQUERQUE, NM 87112		501(C)(3)	HEALTHCARE	25,000.
HEALTH EQUITY ALLIANCE FOR LGBTQ NEW MEXICO 12405 TOWNER AVE NE ALBUQUERQUE, NM 87112		501(C)(3)	HEALTHCARE	500.
HEALTH SECURITY FOR NEW MEXICANS CAMPAIGN PO BOX 2606 CORRALES, NM 87048		501(C)(3)	HEALTHCARE	500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
IGBO UNION OF NEW MEXICO, INC. 941 BUENA VISTA DR. SE, APT G 206 ALBUQUERQUE, NM 87106		501(C)(3)	HEALTHCARE	25,000.
INDIAN COUNTY GRASSROOTS SUPPORT 913 N. ORCHARD AVE. FARMINGTON, NM 87401		501(C)(3)	HEALTHCARE	5,000.
INDIAN COUNTY GRASSROOTS SUPPORT 913 N. ORCHARD AVE. FARMINGTON, NM 87401		501(C)(3)	HEALTHCARE	100.
INDIGENOUS LIFEWAYS PO BOX 259 2418 HISTORIC US HIGHWAY 66 GALLUP, NM 87301		501(C)(3)	HEALTHCARE	3,750.
INDIGENOUS LIFEWAYS PO BOX 259 2418 HISTORIC US HIGHWAY 66 GALLUP, NM 87301		501(C)(3)	HEALTHCARE	3,750.
INSIDE OUT 919 N RIVERSIDE DR EL PRADO, NM 87529		501(C)(3)	HEALTHCARE	5,500.
INSIDE OUT 919 N RIVERSIDE DR ESPANOLA, NM 87532		501(C)(3)	HEALTHCARE	500.
INSIDE OUT 919 N RIVERSIDE DR ESPANOLA, NM 87532		501(C)(3)	HEALTHCARE	5,500.
JUSTICE ACCESS SUPPORT AND SOLUTIONS FOR HEALTH (JAZZ) 1608 ISLETA BOULEVARD SW ALBUQUERQUE, NM 87105		501(C)(3)	HEALTHCARE	25,000.
LA FAMILIA MEDICAL CENTER 1035 ALTO STREET SANTA FE, NM 87501		501(C)(3)	HEALTHCARE	25,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
LA PLAZA DE ENCUENTRO GATHERING PLACE 714 4TH ST SW ALBUQUERQUE, NM 87102		501(C)(3)	HEALTHCARE	500.
LA SEMILLA PO BOX 2579 ANTHONY, NM 88021		501(C)(3)	HEALTHCARE	500.
LA SEMILLA PO BOX 2579 ANTHONY, NM 88021		501(C)(3)	HEALTHCARE	100.
LAS CUMBRES COMMUNITY SERVICES 102 N. CORONADO AVE ESPANOLA, NM 87532		501(C)(3)	HEALTHCARE	10,000.
LAS CUMBRES COMMUNITY SERVICES 102 N. CORONADO AVE ESPANOLA, NM 87532		501(C)(3)	HEALTHCARE	500.
LAS CUMBRES COMMUNITY SERVICES 404 HUNTER ST. ESPANOLA, NM 87532		501(C)(3)	HEALTHCARE	15,000.
LOS ALAMOS COMMUNITY FOUNDATION 1200 TRINITY DRIVE LOS ALAMOS, NM 87544		501(C)(3)	HEALTHCARE	7,500.
LOS ALAMOS FAMILY COUNCIL 1505 15TH STREET, SUITE C LOS ALAMOS, NM 87544		501(C)(3)	HEALTHCARE	15,000.
LOS ALAMOS FAMILY COUNCIL 1505 15TH STREET, SUITE C LOS ALAMOS, NM 87544		501(C)(3)	HEALTHCARE	500.
LOS ALAMOS JUVENILE JUSTICE ADVISOR PO BOX 4716 LOS ALAMOS, NM 87544		501(C)(3)	HEALTHCARE	5,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
LOS ALAMOS JUVENILE JUSTICE ADVISOR PO BOX 4716 LOS ALAMOS, NM 87544		501(C)(3)	HEALTHCARE	5,000.
LOS ALAMOS JUVENILE JUSTICE ADVISOR PO BOX 4716 LOS ALAMOS, NM 87547		501(C)(3)	HEALTHCARE	500.
LOS ALAMOS MAKERS 3540 ORANGE STREET LOS ALAMOS, NM 87544		501(C)(3)	HEALTHCARE	3,750.
LOS ALAMOS MAKERS 3540 ORANGE STREET LOS ALAMOS, NM 87544		501(C)(3)	HEALTHCARE	3,750.
MANDY'S FARM 346 CLARK RD SW ALBUQUERQUE, NM 87105		501(C)(3)	HEALTHCARE	1,000.
MANDY'S FARM PO BOX 9346 ALBUQUERQUE, NM 87119		501(C)(3)	HEALTHCARE	500.
MANY MOTHERS PO BOX 23222 SANTA FE, NM 87501-3222		501(C)(3)	HEALTHCARE	18,000.
MAS COMUNIDAD PO BOX 237 PENASCO, NM 87553		501(C)(3)	HEALTHCARE	15,000.
MCCURDY MINISTRIES 362A S MCCURDY ROAD ESPANOLA, NM 87532		501(C)(3)	HEALTHCARE	15,000.
MESA TO MESA PO BOX 1008 ESPANOLA, NM 87532		501(C)(3)	HEALTHCARE	10,500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
MESA TO MESA PO BOX 1008 ESPANOLA, NM 87532		501(C)(3)	HEALTHCARE	500.
MESILLA VALLEY CASA INC 102 WYATT DRIVE LAS CRUCES, NM 88005		501(C)(3)	HEALTHCARE	16,000.
MORA VALLEY COMMUNITY HEALTH SERVICES, INC. PO BOX 209 MORA, NM 87732-0209		501(C)(3)	HEALTHCARE	25,000.
NACA INSPIRED SCHOOL NETWORK PO BOX 40334 ALBUQUERQUE, NM 87196		501(C)(3)	HEALTHCARE	7,500.
NACA INSPIRED SCHOOL NETWORK PO BOX 40334 ALBUQUERQUE, NM 87196		501(C)(3)	HEALTHCARE	500.
NAMI NEW MEXICO 3900 OSUNA RD NE ALBUQUERQUE, NM 87109		501(C)(3)	HEALTHCARE	5,500.
NASW-NM 4223 MONTGOMERY BLVD NE ALBUQUERQUE, NM 87109		501(C)(3)	HEALTHCARE	1,500.
NATIONAL LATINO BEHAVIORAL HEALTH ASSOCIATION PO BOX 1360 PENA BLANCA, NM 87041		501(C)(3)	HEALTHCARE	500.
NATIONAL LATINO HEALTH ASSOCIATION PO BOX 1360 PENA BLANCA, NM 87041		501(C)(3)	HEALTHCARE	10,000.
NEW MEXICO ALLIANCE OF HEALTH COUNCILS PO BOX 4641 SANTA FE, NM 87501-4641		501(C)(3)	HEALTHCARE	14,500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
NEW MEXICO ALLIANCE OF HEALTH COUNCILS PO BOX 4641 SANTA FE, NM 87502-4641		501(C)(3)	HEALTHCARE	10,000.
NEW MEXICO ASSOCIATION OF GRANTMAKERS PO BOX 9280 SANTA FE, NM 87504		501(C)(3)	HEALTHCARE	15,000.
NEW MEXICO ASSOCIATION OF GRANTMAKERS PO BOX 9280 SANTA FE, NM 87504		501(C)(3)	HEALTHCARE	25,000.
NEW MEXICO BLACK LEADERSHIP COUNCIL 1258 ORTIZ SE 304 ALBUQUERQUE, NM 87108		501(C)(3)	HEALTHCARE	5,000.
NEW MEXICO BLACK LEADERSHIP COUNCIL 1258 ORTIZ SE 304 ALBUQUERQUE, NM 87108		501(C)(3)	HEALTHCARE	25,000.
NEW MEXICO BLACK LEADERSHIP COUNCIL 1258 ORTIZ SE 304 ALBUQUERQUE, NM 87108		501(C)(3)	HEALTHCARE	500.
NEW MEXICO CAREGIVERS ASSOCIATION PO BOX 297 BERNALILLO, NM 87004		501(C)(3)	HEALTHCARE	5,500.
NEW MEXICO COALITION AGAINST DOMESTIC VIOLENCE 3909 JUAN TABO NE, SUITE 6 ALBUQUERQUE, NM 87111		501(C)(3)	HEALTHCARE	8,000.
NEW MEXICO COALITION TO END HOMELESSNESS P.O. BOX 865 SANTA FE, NM 87504		501(C)(3)	HEALTHCARE	10,000.
NEW MEXICO FOUNDATION 8 CALLE MEDICO SANTA FE, NM 87505		501(C)(3)	HEALTHCARE	20,500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
NEW MEXICO FOUNDATION 8 CALLE MEDICO SANTA FE, NM 87505		501(C)(3)	HEALTHCARE	1,500.
NEW MEXICO IMMIGRANT LAW CENTER PO BOX 7040 ALBUQUERQUE, NM 87194-7040		501(C)(3)	HEALTHCARE	25,000.
NEW MEXICO KIDS MATTER INC 2340 ALAMO AVE SE SUITE 112 ALBUQUERQUE, NM 87106		501(C)(3)	HEALTHCARE	500.
NEW MEXICO PERINATAL COLLABORATIVE PO BOX 6573 ALBUQUERQUE, NM 87197		501(C)(3)	HEALTHCARE	16,000.
NEW MEXICO STATE UNIVERSITY FOUNDATION 1305 N HORSESHOE DRIVE, DOVE HALL, RM 212 LAS CRUCES, NM 88003		501(C)(3)	HEALTHCARE	25,000.
NEW MEXICO STATE UNIVERSITY FOUNDATION 1305 N HORSESHOE DRIVE, DOVE HALL, RM 212 LAS CRUCES, NM 88003		501(C)(3)	HEALTHCARE	500.
NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVENUE SW, SUI ALBUQUERQUE, NM 87102		501(C)(3)	HEALTHCARE	15,000.
NLBA PO BOX 1360 PENA BLANCA, NM 87041-1360		501(C)(3)	HEALTHCARE	1,000.
NM COMMUNITY FOUNDATION 8 CALLE MEDICO SANTA FE, NM 87505		501(C)(3)	HEALTHCARE	7,500.
NM COMUNIDADES EN ACCION Y DE FE - CAFE 420 W GRIGGS LAS CRUCES, NM 88005		501(C)(3)	HEALTHCARE	10,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
NM OFFICE OF AFRICAN AMERICAN AFFAIRS 310 SAN PEDRO NE ALBUQUERQUE, NM 87108		501(C)(3)	HEALTHCARE	1,000.
NM PUBLIC HEALTH ASSOCIATION PO BOX 26433 ALBUQUERQUE, NM 87125		501(C)(3)	HEALTHCARE	7,500.
NM PUBLIC HEALTH ASSOCIATION PO BOX 26433 ALBUQUERQUE, NM 87125		501(C)(3)	HEALTHCARE	100.
NMCAN 625 SILVER AVENUE SW ALBUQUERQUE, NM 87102		501(C)(3)	HEALTHCARE	10,000.
NMPHA PO BOX 26433 ALBUQUERQUE, NM 87125		501(C)(3)	HEALTHCARE	2,500.
NMPHA PO BOX 26433 ALBUQUERQUE, NM 87125		501(C)(3)	HEALTHCARE	25,000.
NORTHERN YOUTH PROJECT PO BOX 1332 ABIQUIU, NM 87510		501(C)(3)	HEALTHCARE	10,000.
NWNM FIRST BORN PO BOX 1959 FARMINGTON, NM 87499		501(C)(3)	HEALTHCARE	16,000.
PEGASUS LEGAL SERVICE FOR CHILDREN 505 MARQUETTE AVE NW SUITE 1350 ALBUQUERQUE, NM 87102		501(C)(3)	HEALTHCARE	500.
RIO GRANDE COMMUNITY DEVELOPMENT CO 318 ISLETA SW ALBUQUERQUE, NM 87105		501(C)(3)	HEALTHCARE	26,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
RIO GRANDE COMMUNITY DEVELOPMENT CO 318 ISLETA SW ALBUQUERQUE, NM 87105		501(C)(3)	HEALTHCARE	25,000.
RIO GRANDE EDUCATION COLLABORATIVE 6260 RIVERSIDE PLAZA LANE NW SUITE A ALBUQUERQUE, NM 87120-1707		501(C)(3)	HEALTHCARE	7,500.
ROADRUNNER FOOD BANK 5840 OFFICE BLVD, NE ALBUQUERQUE, NM 87109		501(C)(3)	HEALTHCARE	8,500.
SAMARITAN HOUSE PO BOX 1687 LAS VEGAS, NM 87701		501(C)(3)	HEALTHCARE	15,000.
SANTA FE COMMUNITY COLLEGE FOUNDATION 6401 RICHARDS AVENUE SANTA FE, NM 87508		501(C)(3)	HEALTHCARE	5,000.
SANTA FE DREAMERS PROJECT PO BOX 8009 SANTA FE, NM 87504		501(C)(3)	HEALTHCARE	10,000.
SANTA FE RECOVERY CENTER 5312 JAGUAR DRIVE SANTA FE, NM 87507		501(C)(3)	HEALTHCARE	15,000.
SANTA FE RECOVERY CENTER 5312 JAGUAR DRIVE SANTA FE, NM 87507		501(C)(3)	HEALTHCARE	500.
SCOTT'S HOUSE 634 GARCIA ST, APT 25 SANTA FE, NM 87505		501(C)(3)	HEALTHCARE	5,000.
SELF HELP 2390 NORTH RD LOS ALAMOS, NM 87544		501(C)(3)	HEALTHCARE	10,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
SOUTHWEST WOMANS LAW CENTER 128 QUINCY ST NE ALBUQUERQUE, NM 87108		501(C)(3)	HEALTHCARE	500.
ST. LUKES HEALTH CARE CLINIC ABA AMADOR HEALTH CENTER 999 WEST AMADOR, SUITE A LAS CRUCES, NM 88005		501(C)(3)	HEALTHCARE	25,000.
SUCCESS INSTITUTE OF AMERICA 3459 MORGAN MEADOWS DR NE RIO RANCHO, NM 87144		501(C)(3)	HEALTHCARE	10,000.
THE HUMAN BODY SHOP 1804 CARLISLE BOULEVARD NE ALBUQUERQUE, NM 87110		501(C)(3)	HEALTHCARE	25,000.
THINK NEW MEXICO 1227 PASEO DE PERALTA SANTA FE, NM 87501		501(C)(3)	HEALTHCARE	500.
TRIBAL ADAPTIVE ORGANIZATION 1718 MARIPOSA DRIVE DURANGO, CO 81301		501(C)(3)	HEALTHCARE	7,500.
TRIBAL ADAPTIVE ORGANIZATION 1718 MARIPOSA DRIVE DURANGO, CO 81301		501(C)(3)	HEALTHCARE	500.
UNITED VOICES FOR NEWCOMER RIGHTS 1207 MONROE CT NE ALBUQUERQUE, NM 87110		501(C)(3)	HEALTHCARE	500.
UNITED WAY OF EDDY COUNTY PO BOX EE CARLSBAD, NM 88221-7523		501(C)(3)	HEALTHCARE	20,000.
UNIVERSITY OF NEW MEXICO FOUNDATION 700 LOMAS BLVD ALBUQUERQUE, NM 87102		501(C)(3)	HEALTHCARE	25,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
UNIVERSITY OF NEW MEXICO INSTITUTE FOR SOCIAL RESEARCH 1 UNIV OF NM 1915 LA LOMAS NE ALBUQUERQUE, NM 87106		501(C)(3)	HEALTHCARE	500.
VISIONES COLABORATIVAS PO BOX 708 MORA, NM 87732		501(C)(3)	HEALTHCARE	10,000.
WESTERN NEW MEXICO UNIVERSITY FOUNDATION PO BOX 1158 SILVER CITY, NM 88062		501(C)(3)	HEALTHCARE	1,000.
WESTERN NEW MEXICO UNIVERSITY FOUNDATION PO BOX 1158 SILVER CITY, NM 88662		501(C)(3)	HEALTHCARE	7,500.
WORLD RENEW 1700 28TH ST SE GRAND RAPIDS, MI 49508		501(C)(3)	HEALTHCARE	100.
YOUNG MENS CHRISTIAN ASSOCIATION OF EL PASO 810 WYOMING EL PASO, TX 79902		501(C)(3)	HEALTHCARE	25,000.
YOUTH HEARTLINE PO BOX 1664 TAOS, NM 87571		501(C)(3)	HEALTHCARE	5,000.
YOUTHWORKS 1000 CORDOVA PL #415 SANTA FE, NM 87505		501(C)(3)	HEALTHCARE	10,000.
ZUNI YOUTH ENRICHMENT PROJECT PO BOX 447 ZUNI, NM 87327		501(C)(3)	HEALTHCARE	500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
DONA ANA COMMUNITIES UNITED 151 S WALNUT ST LAS CRUCES, NM 88001		501(C)(3)	HEALTHCARE	10,000.
ESPAÑOLA PUBLIC SCHOOLS 8 CALLE MEDICO SANTA FE, NM 87505		501(C)(3)	HEALTHCARE	50,000.
GENERATION JUSTICE 8 CALLE MEDICO SANTA FE, NM 87501		501(C)(3)	HEALTHCARE	49,400.
HEALTH ACTION NEW MEXICO 3700 OSUNA RD NE SUITE 504 ALBUQUERQUE, NM 87109		501(C)(3)	HEALTHCARE	50,000.
HEALTH SECURITY FOR NEW MEXICANS CAMPAIGN PO BOX 20606 CORRALES, NM 87048		501(C)(3)	HEALTHCARE	10,000.
LA PLAZA DE ENCUENTRO GATHERING PLACE 714 4TH ST SW ALBUQUERQUE, NM 87102		501(C)(3)	HEALTHCARE	10,000.
LA SEMILLA FOOD CENTER PO BOX 2579 ANTHONY, NM 88021		501(C)(3)	HEALTHCARE	10,000.
NACA INSPIRED SCHOOL NETWORK 2301 MOUNTAIN RD NE ALBUQUERQUE, NM 87106		501(C)(3)	HEALTHCARE	10,000.
NATIONAL INDIAN YOUTH LEADERSHIP DEVELOPMENT PROJECT, INC. 2501 SAN PEDRO NE, SUITE 116 ALBUQUERQUE, NM 87110		501(C)(3)	HEALTHCARE	25,000.
NEW MEXICO BLACK LEADERSHIP COUNCIL 1258 ORTIZ SE 304 ALBUQUERQUE, NM 87108		501(C)(3)	HEALTHCARE	10,000.
Total from continuation sheets				695,800.

Part XIV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

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
NEW MEXICO BLACK LEADERSHIP COUNCIL 1258 ORTIZ SE 304 ALBUQUERQUE, NM 87108		501(C)(3)	HEALTHCARE	50,000.
NEW MEXICO CENTER ON LAW AND POVERTY 924 PARK AVENUE SWSUITE C ALBUQUERQUE, NM 87102		501(C)(3)	HEALTHCARE	37,500.
NEW MEXICO IMMIGRANT LAW CENTER PO BOX 7040 ALBUQUERQUE, NM 87194-7040		501(C)(3)	HEALTHCARE	50,000.
NMCAN 625 SILVER AVENUE SW ALBUQUERQUE, NM 87102		501(C)(3)	HEALTHCARE	20,000.
PEGASUS LEGAL SERVICE FOR CHILDREN 3201 FOURTH STREET NW ALBUQUERQUE, NM 87107		501(C)(3)	HEALTHCARE	10,000.
RIO GRANDE ALCOHOLISM TREATMENT PROGRAM 2501 SAN PEDRO NE, SUITE 116 ALBUQUERQUE, NM 87110		501(C)(3)	HEALTHCARE	25,000.
SOMOS UN PUEBLO UNIDO 1804 ESPINACITAS ST. SANTA FE, NM 87505		501(C)(3)	HEALTHCARE	50,000.
SOUTHWEST WOMANS LAW CENTER 128 QUINCY ST NE ALBUQUERQUE, NM 87108		501(C)(3)	HEALTHCARE	10,000.
TAOS COUNTY ECONOMIC DEVELOPMENT CORPORATION 1021 SALAZAR ROAD TAOS, NM 87571		501(C)(3)	HEALTHCARE	32,600.
THE COUNSELING CENTER PO BOX 1886 ALAMOGORDO, NM 88311		501(C)(3)	HEALTHCARE	50,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

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
THINK NEW MEXICO 1227 PASEO DE PERALTA SANTA FE, NM 87501		501(C)(3)	HEALTHCARE	3,750.
TRIBAL ADAPTIVE ORGANIZATION 1718 MARIPOSA DRIVE DURANGO, CO 81301		501(C)(3)	HEALTHCARE	10,000.
TRUCHAS SERVICES CENTER, INC. PO BOX 330 TRUCHAS, NM 87578-0330		501(C)(3)	HEALTHCARE	10,000.
UNITED SOUTH BROADWAY CORPORATION 1500 WALTER STREET SOUTHEAST ALBUQUERQUE, NM 87102		501(C)(3)	HEALTHCARE	43,500.
UNITED VOICES FOR NEWCOMER RIGHTS UNIVERSITY OF NM ALBUQUERQUE, NM 87106		501(C)(3)	HEALTHCARE	10,000.
UNITED WAY OF EASTERN NEW MEXICO, INC. PO BOX 806 CLOVIS, NM 88102		501(C)(3)	HEALTHCARE	49,050.
Total from continuation sheets				

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

Name of organization CON ALMA HEALTH FOUNDATION, INC.	Employer identification number 85-0484396
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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	W.K. KELLOGG FOUNDATION ONE MICHIGAN AVENUE EAST BATTLE CREEK , MI 49017	\$ <u>2,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FAMILIES AND WORKERS FUND 1825 K STREET NW WASHINGTON , DC 20006	\$ <u>140,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CON ALMA HEALTH FOUNDATION, INC.	Employer identification number 85-0484396
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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 info. once.) ▶ \$ _____
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

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	348.	348.	
TOTAL TO PART I, LINE 3	348.	348.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDEND INCOME	1,212,148.	0.	1,212,148.	1,212,148.	
TO PART I, LINE 4	1,212,148.	0.	1,212,148.	1,212,148.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INVESTMENT INCOME	312.	312.	
TOTAL TO FORM 990-PF, PART I, LINE 11	312.	312.	

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	325.	163.		162.
TO FM 990-PF, PG 1, LN 16A	325.	163.		162.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	47,058.	23,529.		23,529.
TO FORM 990-PF, PG 1, LN 16B	47,058.	23,529.		23,529.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING	421,042.	0.		421,042.
TO FORM 990-PF, PG 1, LN 16C	421,042.	0.		421,042.

FORM 990-PF	TAXES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	19,801.	0.		0.
PAYROLL TAXES	36,852.	9,213.		27,639.
TO FORM 990-PF, PG 1, LN 18	56,653.	9,213.		27,639.

FORM 990-PF

OTHER EXPENSES

STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING	1,943.	0.		1,943.
BANK CHARGES	123.	0.		123.
CREDIT CARD FEES	79.	0.		79.
DUES & SUBSCRIPTIONS	17,691.	1,769.		15,922.
EQUIPMENT & SOFTWARE	8,818.	2,205.		6,613.
EQUIPMENT MAINT/RENTAL	6,064.	1,213.		4,851.
INSURANCE	67,910.	16,978.		50,932.
INVESTMENT EXPENSE	44,089.	44,089.		0.
MEALS	808.	81.		727.
OFFICE EXPENSE	29,923.	7,481.		22,442.
POSTAGE & DELIVERY	228.	57.		171.
SECURITY	4,604.	1,151.		3,453.
TELEPHONE	4,053.	811.		3,242.
WEBSITE	8,358.	0.		8,358.
TO FORM 990-PF, PG 1, LN 23	194,691.	75,835.		118,856.

FORM 990-PF

CORPORATE STOCK

STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SCHWAB - FUNDING ACCOUNTING	30,841,781.	30,841,781.
TOTAL TO FORM 990-PF, PART II, LINE 10B	30,841,781.	30,841,781.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE JET	532.	532.	0.
LAND	119,000.	0.	119,000.
FURNITURE	35,964.	35,964.	0.
APPLIANCES	1,927.	1,927.	0.
BUILDING	859,045.	368,950.	490,095.
MICROEDGE GIFTS PLUS	5,380.	5,380.	0.
WEBSITE OVERHAUL	9,798.	9,798.	0.
ROOF	27,943.	16,801.	11,142.
PHONE SYSTEM	7,566.	7,566.	0.
GIFTS ACCESS SOFTWARE	9,727.	9,727.	0.
2017 MACH, FURN & EQUIP ADDITIONS	6,153.	5,024.	1,129.
TOTAL TO FM 990-PF, PART II, LN 14	1,083,035.	461,669.	621,366.

FORM 990-PF OTHER ASSETS STATEMENT 11

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ACCRUED FEDERAL EXCISE TAX	1,710.	0.	0.
TO FORM 990-PF, PART II, LINE 15	1,710.	0.	0.

FORM 990-PF OTHER LIABILITIES STATEMENT 12

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
ACCRUED WAGES & BENEFITS	65,473.	26,530.
FSA - EMPLOYEE FUNDS	961.	1,301.
401K WITHHOLDING PAYABLE	0.	25,301.
EXCISE TAX PAYABLE	0.	12,921.
TOTAL TO FORM 990-PF, PART II, LINE 22	66,434.	66,053.

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DENISE HERRERA 144 PARK AVE. SANTA FE, NM 87501	EXECUTIVE DIRECTOR 40.00	84,343.	4,547.	0.
NATHAN PADILLA 144 PARK AVE. SANTA FE, NM 87501	VICE-PRESIDENT 1.00	0.	0.	0.
FRED SANDOVAL 144 PARK AVE. SANTA FE, NM 87501	TRUSTEE 1.00	0.	0.	0.
ROBIN BRULE 144 PARK AVE. SANTA FE, NM 87501	TRUSTEE 1.00	0.	0.	0.
TRISH RUIZ 144 PARK AVE. SANTA FE, NM 87501	PRESIDENT 1.00	0.	0.	0.
RENEE GOLDTOOTH-HALWOOD 144 PARK AVE. SANTA FE, NM 87501	SECRETARY 1.00	0.	0.	0.
REGIS PECOS 144 PARK AVE. SANTA FE, NE 87501	TRUSTEE 1.00	0.	0.	0.
LORRINA SEGOVIA 144 PARK AVE. SANTA FE, NM 87501	TRUSTEE 1.00	0.	0.	0.
TERRI TEWART 144 PARK AVE. SANTA FE, NE 87501	TRUSTEE 1.00	0.	0.	0.
ROBERT APODACA 144 PARK AVE. SANTA FE, NM 87501	TRUSTEE 1.00	0.	0.	0.

CON ALMA HEALTH FOUNDATION, INC.

85-0484396

RAINEY ENJADY
144 PARK AVE.
SANTA FE, NM 87501

TRUSTEE
1.00

0. 0. 0.

BARRY HERSKOWITZ
144 PARK AVE.
SANTA FE, NM 87501

TREASURER
1.00

0. 0. 0.

ALISHA PARADA
144 PARK AVE.
SANTA FE, NM 87501

TRUSTEE
1.00

0. 0. 0.

LORI MARTINEZ
144 PARK AVE.
SANTA FE, NM 87501

TRUSTEE
1.00

0. 0. 0.

GARY D WILLIAMS
144 PARK AVE.
SANTA FE, NM 87501

TRUSTEE
1.00

0. 0. 0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII

84,343. 4,547. 0.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 14

ACTIVITY ONE

THE FOUNDATION WAS AWARDED A \$2.5 MILLION GRANT FROM THE W.K KELLOGG FOUNDATION (WKKF) IN SUPPORT OF VACCINE ROLLOUT AND COMMUNITY REBUILD POST COVID-19 EFFORTS. CON ALMA HEALTH FOUNDATION RECEIVED THE WKKF FUNDING TO BUILD ON ITS COVID-19 RELIEF AND RECOVERY WORK TO ADVANCE HEALTH EQUITY FOR CHILDREN, FAMILIES, AND COMMUNITIES IN NM, REGARDLESS OF RACE OR INCOME, BY SUPPORTING: 1) THE PROMOTION OF A NM VACCINE ROLLOUT FOR EQUITABLE ALLOCATION, DISTRIBUTION, AND ACCESS IN PARTNERSHIP WITH OUR PHILANTHROPIC/COMMUNITY PARTNERS AND THE NMDOH COVID-19 VACCINE EQUITY PLAN. 2) A COMMUNITY REBUILD POST COVID-19 FOR COMMUNITIES TO ADDRESS THE DISPROPORTIONATE IMPACT COVID-19 HAS HAD ON VULNERABLE POPULATIONS IN NEW MEXICO.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 1

1,521,132.

ACTIVITY TWO

CON ALMA HEALTH FOUNDATION WAS AWARDED A \$1,000,000 GRANT FROM THE ROBERT WOOD JOHNSON (RWJF) AS PART OF ITS \$50 MILLION EFFORT TO PROVIDE HUMANITARIAN AID TO HELP SOME OF THE FAMILIES AND COMMUNITIES FEELING THE GREATEST STRAIN UNDER THE COVID-19 HEALTH EMERGENCY. USING A HEALTH EQUITY LENS, CON ALMA WILL AWARD GRANTS TO ADDRESS SHORT TERM NEEDS IN NEW MEXICO AS A RESULT OF COVID-19 AND WILL FOCUS ON LONG-TERM POLICY AND SYSTEMIC CHANGE STRATEGIES THAT ADDRESS HEALTH DISPARITIES AND ADVANCE HEALTH EQUITY AS PART OF AN EQUITABLE RECOVERY.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 2

139,715.

ACTIVITY THREE

CON ALMA HEALTH FOUNDATION WAS AWARDED A \$140,000 GRANT FROM THE FAMILIES AND WORKERS FUND, A COLLABORATIVE PHILANTHROPIC EFFORT TO SUPPORT AND EMPOWER WORKERS, FAMILIES, AND COMMUNITIES DEVASTATED BY THE HEALTH AND ECONOMIC CRISIS CAUSED BY COVID-19, VIA THE AMALGAMATED CHARITABLE FOUNDATIO, AN INDEPENDENT NONPROFIT PUBLIC CHARITY. THE PROJECT WILL PROVIDE DIRECT ASSISTANCE TO IMMIGRANTS, FAMILIES AND COMMUNITIES IMPACTED BY THE COVID-19 PANDEMIC AND CREATE AWARENESS ABOUT STRUCTURAL BARRIERS TO THEIR WELL-BEING.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 3

17,000.

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION
53.4942(A)-3(D)(2) TO TREAT
EXCESS QUALIFYING DISTRIBUTIONS
AS DISTRIBUTIONS OUT OF CORPUS

STATEMENT 17

UNDER IRC SECTION 4942(G)(3) AND REG. 53.4942(A)-3(C)(2)(IV), THE NONOPERATING PRIVATE FOUNDATION ELECTS TO TREAT AS A CURRENT DISTRIBUTION OUT OF CORPUS THE FOLLOWING UNUSED PRIOR TAX YEAR'S DISTRIBUTIONS THAT WERE TREATED AS CORPUS DISTRIBUTIONS IN SUCH PRIOR TAXABLE YEARS:
TAX YEAR 2021 AMOUNT \$1,213,797.

2022 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CON ALMA HEALTH FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	OFFICE JET	020103	SL	5.00	532.		532.	532.	0.
2	LAND	042604	L		119,000.		119,000.		0.
3	FURNITURE	012005	SL	7.00	35,964.		35,964.	35,964.	0.
4	APPLIANCES	022805	SL	7.00	1,927.		1,927.	1,927.	0.
5	BUILDING	040105	SL	39.00	859,045.		859,045.	368,950.	22,027.
6	MICROEDGE GIFTS PLUS	032610	SL	3.00	5,380.		5,380.	5,380.	0.
7	WEBSITE OVERHAUL	102810		60M	9,798.		9,798.	9,798.	0.
8	ROOF	101111	SL	39.00	27,943.		27,943.	16,801.	716.
9	PHONE SYSTEM	082513	SL	5.00	7,566.		7,566.	7,566.	0.
10	GIFTS ACCESS SOFTWARE	100713	SL	5.00	9,727.		9,727.	9,727.	0.
11	2017 MACH, FURN & EQUIP ADDITIONS	010117	200DB	5.00	6,153.		6,153.	5,024.	1,129.
	* TOTAL 990-PF PG 1 DEPR & AMORT				1083035.		1083035.	461,669.	23,872.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone