PATTILLO, BROWN & HILL, L.L.P.
5310 HOMESTEAD RD NE, STE 100B
ALBUQUERQUE, NM 87110

CON ALMA HEALTH FOUNDATION
144 PARK AVENUE
SANTA FE, NM 87501

526340
04-01-25

FORM 990-PF

Tax Return Carryovers to 2026

NAME: CON ALMA HEALTH FOUNDATION ID Number: 85-0484396

Disallowing Form	Description	Originating Form	Entity/ Activity	St/ City	Amount
990-PF	EXCESS DISTRIBUTIONS	990-PF			1,791,183.

CON ALMA HEALTH FOUNDATION 85-0484396

Form **990-W**
(Worksheet)

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) FORM 990-PF

▶ **Keep for your records. Do not send to the Internal Revenue Service.**

2026

1	Unrelated business taxable income expected in the tax year	1	
2	**Tax on the amount on line 1**	2	
3	Alternative minimum tax for trusts	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits	5	
6	Subtract line 5 from line 4	6	
7	Other taxes	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels	9	
10a	Subtract line 9 from line 8. **Note:** If less than $500, the organization does not need to make estimated tax payments	10a	
b	Enter the tax shown on the 2025 return. **Caution:** If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	18,973.
c	**2026 Estimated Tax.** Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c ADJUSTED TO	10c	20,000.

			(a)	(b)	(c)	(d)
11	**Installment due dates**	11				12/15/26
12	**Installments.** Enter 25% of line 10c in columns **(a)** through **(d)**	12				20,000.
13	**2025 Overpayment**	13				
14	**Payment due** (Subtract line 13 from line 12)	14				20,000.

Form **990-W**

523801 04-01-25

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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

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

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

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
CON ALMA HEALTH FOUNDATION

Taxpayer identification number (TIN)
85-0484396

Number, street, and room or suite no. If a P.O. box, see instructions.
144 PARK AVENUE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
SANTA FE, NM 87501

Enter the Return Code for the return that this application is for (file a separate application for each return) 04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of THE FOUNDATION
144 PARK AVENUE - SANTA FE, NM 87501-1833

Telephone No. 505-438-0776 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 25 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	18,973.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	16,440.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	2,533.

EXTENDED TO NOVEMBER 16, 2026

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.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

For calendar year 2025 or tax year beginning , and ending

Name of foundation

CON ALMA HEALTH FOUNDATION

A Employer identification number

85-0484396

Number and street (or P.O. box number if mail is not delivered to street address)

144 PARK AVENUE

Room/suite

B Telephone number

505-438-0776

City or town: SANTA FE | State or province: NM | Country: | ZIP or foreign postal code: 87501

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) $ 36,315,695.

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).)

		(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	34,250.		N/A	
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	84,164.	84,164.		STATEMENT 1
	4 Dividends and interest from securities	1,051,304.	1,051,304.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	326,288.			
	b Gross sales price for all assets on line 6a 1,231,051.				
	7 Capital gain net income (from Part IV, line 2)		326,288.		
	8 Net short-term capital gain				
	9 Income modifications			101,157.	
	10a Gross sales less returns and allowances				
	b Less: Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income				
	12 **Total.** Add lines 1 through 11	1,496,006.	1,461,756.	101,157.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	134,670.	13,467.		90,682.
	14 Other employee salaries and wages	293,623.	14,268.		148,198.
	15 Pension plans, employee benefits	110,560.	1,457.		74,723.
	16a Legal fees STMT 3	3,230.	0.		0.
	b Accounting fees STMT 4	62,182.	20,520.		0.
	c Other professional fees STMT 5	55,597.	0.		33,957.
	17 Interest				
	18 Taxes STMT 6	16,974.	0.		0.
	19 Depreciation and depletion	23,889.	0.		
	20 Occupancy	19,288.	0.		13,683.
	21 Travel, conferences, and meetings	21,778.	218.		13,201.
	22 Printing and publications				
	23 Other expenses STMT 7	154,122.	46,855.		61,436.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	895,913.	96,785.		435,880.
	25 Contributions, gifts, grants paid	2,089,935.			1,514,935.
	26 **Total expenses and disbursements.** Add lines 24 and 25	2,985,848.	96,785.		1,950,815.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-1,489,842.			
	b **Net investment income** (if negative, enter -0-)		1,364,971.		
	c **Adjusted net income** (if negative, enter -0-)			101,157.	

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	201,141.	292,543.	292,543.
	2 Savings and temporary cash investments	1,870,590.	591,521.	591,521.
	3 Accounts receivable 20,000.			
	Less: allowance for doubtful accounts		20,000.	20,000.
	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	12,784.		
	10a Investments - U.S. and state government obligations STMT 9	1,400,329.	1,804,746.	1,804,746.
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
	Less: accumulated depreciation			
	12 Investments - mortgage loans			
	13 Investments - other STMT 10	29,535,942.	33,084,499.	33,084,499.
	14 Land, buildings, and equipment: basis 1,083,035.			
	Less: accumulated depreciation STMT 11 560,649.	546,274.	522,386.	522,386.
	15 Other assets (describe)			
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	33,567,060.	36,315,695.	36,315,695.
Liabilities	17 Accounts payable and accrued expenses	7,722.	17,833.	
	18 Grants payable	295,000.	870,000.	
	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)	54,472.	73,303.	
	23 **Total liabilities** (add lines 17 through 22)	357,194.	961,136.	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here** X **and complete lines 24, 25, 29, and 30.**			
	24 Net assets without donor restrictions	4,766,295.	4,868,257.	
	25 Net assets with donor restrictions	28,443,571.	30,486,302.	
	Foundations that do not follow FASB ASC 958, check here ☐ **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**	33,209,866.	35,354,559.	
	30 **Total liabilities and net assets/fund balances**	33,567,060.	36,315,695.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, line 29, column (a) (must agree with end-of-year figure reported on prior year's return)	1	33,209,866.
2	Enter amount from Part I, line 27a	2	-1,489,842.
3	Other increases not included on line 2 (itemize) SEE STATEMENT 8	3	3,634,535.
4	Add lines 1, 2, and 3	4	35,354,559.
5	Decreases not included on line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, line 29, column (b)	6	35,354,559.

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	ISHARES TRT IS 5-10 INV GR CR BD ETF			
b	VANGUARD 500 INDEX ADMIR AL			
c	VANGUARD 500 INDEX ADMIR AL			
d	DFA INTERNATIONAL SMALL CAP VALUE I			
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	540,043.		550,409.	-10,366.
b	579.		231.	348.
c	370,429.		147,734.	222,695.
d	320,000.		206,389.	113,611.
e				

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

	(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				-10,366.
b				348.
c				222,695.
d				113,611.
e				

2	Capital gain net income or (net capital loss) { If gain, also enter on Part I, line 7 / If (loss), enter -0- on Part I, line 7 }	2	326,288.
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- on 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 ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	18,973.
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, column (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	18,973.
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	18,973.
6	Credits/Payments:			
a	2025 estimated tax payments and 2024 overpayment credited to 2025	6a 16,440.		
b	Exempt foreign organizations - tax withheld at source	6b 0.		
c	Tax paid with application for extension of time to file (Form 8868)	6c 0.		
d	Backup withholding erroneously withheld	6d 0.		
7	Total credits and payments. Add lines 6a through 6d		7	16,440.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached		8	127.
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed**		9	2,660.
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 2026 estimated tax** _____ **Refunded**		11	
	For Refunded amount, also complete and attach Form 8050. See instructions.			

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?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	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		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? If "Yes," attach a detailed description of the activities.	2		X
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		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	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		X
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	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	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. NM			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G?* If "No," attach explanation	8b	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 2025 or the tax year beginning in 2025? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		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	11		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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address WWW.CONALMA.ORG

14 The books are in care of THE FOUNDATION Telephone no. 505-438-0776

Located at 144 PARK AVENUE, SANTA FE, NM ZIP+4 87501-1833

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

			Yes	No
16	At any time during calendar year 2025, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	16		X

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

		Yes	No
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	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)?	1a(5)		X
(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(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		X
c Organizations relying on a current notice regarding disaster assistance, check here ☐			
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 2025?	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 2025, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2025?	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.) N/A	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. _____, _____, _____, _____			
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 2025 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 2025.) N/A	3b		
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 2025?	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))?	5a(1)		X
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		X
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		X
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5a(4)		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?	5a(5)		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	5b		
c	Organizations relying on a current notice regarding disaster assistance, check here ☐			
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? N/A	5d		
	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?	6a		X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		X
	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?	7a		X
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A	7b		
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?	8		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		134,670.	5,800.	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
AMY DONAFRIO 144 PARK AVE, SANTA FE, NM 87501	ASSOCIATE DIRECTOR 40.00	133,638.	13,624.	0.
DIONYSIOS MCCUTCHEON 144 PARK AVE, SANTA FE, NM 87501	STAFF 40.00	73,484.	7,604.	0.
CECILE LABORE 144 PARK AVE, SANTA FE, NM 87501	STAFF 20.00	49,600.	4,484.	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."

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services		0

Part VIII-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 N/A	
2	
3	
4	

Part VIII-B **Summary of Program-Related Investments**

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	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	32,596,969.
b	Average of monthly cash balances	1b	2,093,829.
c	Fair market value of all other assets (see instructions)	1c	895,000.
d	**Total** (add lines 1a, 1b, and 1c)	1d	35,585,798.
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	35,585,798.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	533,787.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3	5	35,052,011.
6	**Minimum investment return.** Enter 5% (0.05) of line 5	6	1,752,601.

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	1,752,601.
2a	Tax on investment income for 2025 from Part V, line 5	2a	18,973.		
b	Income tax for 2025. (This does not include the tax from Part V.)	2b			
c	Add lines 2a and 2b			2c	18,973.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	1,733,628.
4	Recoveries of amounts treated as qualifying distributions			4	101,157.
5	Add lines 3 and 4			5	1,834,785.
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	1,834,785.

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, line 26, column (d)	1a	1,950,815.
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	1,950,815.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2024	(c) 2024	(d) 2025
1 Distributable amount for 2025 from Part X, line 7				1,834,785.
2 Undistributed income, if any, as of the end of 2025:				
a Enter amount for 2024 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2025:				
a From 2020				
b From 2021				
c From 2022	937,832.			
d From 2023	737,321.			
e From 2024				
f **Total** of lines 3a through 3e	1,675,153.			
4 Qualifying distributions for 2025 from Part XI, line 4: $ 1,950,815.				
a Applied to 2024, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2025 distributable amount				1,834,785.
e Remaining amount distributed out of corpus	116,030.			
5 Excess distributions carryover applied to 2025 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,791,183.			
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 2024. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2025. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2026				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)	0.			
8 Excess distributions carryover from 2020 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2026.** Subtract lines 7 and 8 from line 6a	1,791,183.			
10 Analysis of line 9:				
a Excess from 2021				
b Excess from 2022	937,832.			
c Excess from 2023	737,321.			
d Excess from 2024				
e Excess from 2025	116,030.			

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 2025, 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	Prior 3 years			
	(a) 2025	(b) 2024	(c) 2023	(d) 2022	(e) Total
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 on 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, 3b, or 3c 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 on 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, 2b, 2c, and 2d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 14

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

c Any submission deadlines:

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

Part XIV 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*				
ALBUQUERQUE COMMUNITY FOUNDATION 624 TIJERAS AVE NW ALBUQUERQUE, NM 87102	NONE	501(C)(3)	HEALTHCARE	13,000.
AMERICAN HEART ASSOCIATION 12345 N LAMAR BLVD STE 200 AUSTIN, TX 78753	NONE	501(C)(3)	HEALTHCARE	20,000.
ASSET FUNDERS 2045 W GRAND AVE STE B CHICAGO, IL 60612	NONE	501(C)(3)	HEALTHCARE	5,000.
BIG BROTHERS BIG SISTERS MOUNTAIN REGION 2501 YALE BLVD SE ALBUQUERQUE, NM 87106	NONE	501(C)(3)	HEALTHCARE	20,000.
BREATH OF MY HEART BIRTHPLACE 905 CALLE ARMADA ESPANOLA, NM 87532	NONE	501(C)(3)	HEALTHCARE	30,000.
Total SEE CONTINUATION SHEET(S)			**3a**	1,219,935.
b *Approved for future payment*				
CAVERN CITY CHILD ADVOCACY CENTER PO BOX 1441 CARLSBAD, NM 88221	NONE	501(C)(3)	HEALTHCARE	60,000.
COOKING WITH KIDS PO BOX 6113 SANTA FE, NM 87502	NONE	501(C)(3)	HEALTHCARE	20,000.
GALLUP COMMUNITY HEALTH 2111 COLLEGE DR. GALLUP, NM 87301	NONE	501(C)(3)	HEALTHCARE	30,000.
Total SEE CONTINUATION SHEET(S)			**3b**	870,000.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
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	84,164.	
4 Dividends and interest from securities			14	1,051,304.	
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	326,288.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a REFUNDS OF GRANTS PAID					
b IN PY			01	0.	0.
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		1,461,756.	0.
13 **Total.** Add line 12, columns (b), (d), and (e)					13 1,461,756.

(See worksheet in the line 13 instructions to verify calculations.)

Part XV-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 XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVI 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) (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)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

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
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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
N/A		

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.

Signature of officer or trustee | Date | DIRECTOR Title

May the IRS discuss this return with the preparer shown below? See instr. ☒ Yes ☐ No

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHELLE DUNLAP	MICHELLE DUNLAP	10/28/26		P01219593

Firm's name PATTILLO, BROWN & HILL, L.L.P. | Firm's EIN 74-1130599

Firm's address 5310 HOMESTEAD RD NE, STE 100B ALBUQUERQUE, NM 87110 | Phone no. 505-266-5904

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
CARLSBAD MAIN STREET 102 S CANYON ST. CARLSBAD, NM 88220	NONE	501(C)(3)	HEALTHCARE	500.
CAVERN CITY CHILD ADVOCACY CENTER PO BOX 1441 CARLSBAD, NM 88221	NONE	501(C)(3)	HEALTHCARE	60,000.
CENTRO SAVILA PO BOX 12455 ALBUQUERQUE, NM 87105	NONE	501(C)(3)	HEALTHCARE	30,000.
COMMUNITY ACTION AGENCY OF SOUTHERN NM 3880 FOOTHILLS RDE STE A LAS CRUCES, NM 88011	NONE	501(C)(3)	HEALTHCARE	15,000.
COMMUNITY DRUG COALITION OF LEA COUNTY 107 S DALMONT HOBBS, NM 88240	NONE	501(C)(3)	HEALTHCARE	30,000.
COMMUNITY FOUNDATION OF SOUTHERN NM 2640 EL PASEO RD LAS CRUCES, NM 88001	NONE	501(C)(3)	HEALTHCARE	40,000.
COOKING WITH KIDS PO BOX 6113 SANTA FE, NM 87502	NONE	501(C)(3)	HEALTHCARE	30,000.
EL VALLE COMMUNITY CENTER 11 LOS PUEBLOS RD VILLANUEVA, NM 87583	NONE	501(C)(3)	HEALTHCARE	30,000.
FREE FLOW NM, INC. 207 ALAMO DRIVE SANTA FE, NM 87501	NONE	501(C)(3)	HEALTHCARE	15,000.
HEALTH EQUITY ALLIANCE FOR LGBTQ NM PO BOX 9084 ALBUQUERQUE, NM 87119	NONE	501(C)(3)	HEALTHCARE	4,000.
Total from continuation sheets				1,131,935.

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
INSIDE OUT 908 N RIVERSIDE DR #6 ESPANOLA, NM 87532	NONE	501(C)(3)	HEALTHCARE	20,000.
LA CASA, INC. 800 S WALNUT ST LAS CRUCES, NM 88001	NONE	501(C)(3)	HEALTHCARE	25,000.
LA CLINICIA DEL PUEBLO DE RIO ARRIBA PO BOX 250 TEIRRA AMARILLA, NM 87575	NONE	501(C)(3)	HEALTHCARE	20,000.
LAKE CITY YOUTH CENTER INC. PO BOX 210 SANTA ROSA, NM 88435	NONE	501(C)(3)	HEALTHCARE	30,000.
LARSO 1101 BATHTUB ROW LOS ALAMOS, NM 87544	NONE	501(C)(3)	HEALTHCARE	20,000.
MEMORY CARE ALLIANCE 1541 S ST FRANCIS DR SANTA FE, NM 87505	NONE	501(C)(3)	HEALTHCARE	10,000.
NACA INSPIRED SCHOOLS NETWORK 924 PARK AVENUE SW ALBUQUERQUE, NM 87102	NONE	501(C)(3)	HEALTHCARE	30,000.
NATIONAL INDIAN YOUTH LEADERSHIP 8901 ADAMS STR NE SUITE C ALBUQUERQUE, NM 87113	NONE	501(C)(3)	HEALTHCARE	30,000.
NATIONAL LATINO BEHAVIORAL HEALTH ASSN. PO BOX 1360 PENA BLANCA, NM 87041	NONE	501(C)(3)	HEALTHCARE	7,500.
NETWORK FOR GOOD 655 15TH STREET NW SUITE 650 WASHINGTON, DC 20005	NONE	501(C)(3)	HEALTHCARE	185.
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 CENTER ON LAW AND POVERTY 301 EDITH BLVD. NE ALBUQUERQUE, NM 87102	NONE	501(C)(3)	HEALTHCARE	80,000.
NEW MEXICO DOULA ASSOCIATION 715 E IDAHO AVE LAS CRUCES, NM 88001	NONE	501(C)(3)	HEALTHCARE	50,000.
NEW MEXICO FOUNDATION 8 CALLE MEDICO SANTA FE, NM 87505	NONE	501(C)(3)	HEALTHCARE	21,000.
NEW MEXICO STATE UNIVERSITY FOUNDATION MSC 3590 NM STATE UNIV FOUNDATION LAS CRUCES, NM 88993	NONE	501(C)(3)	HEALTHCARE	30,000.
NGAGE NEW MEXICO 3880 FOOTHILLS RD SUITE A LAS CRUCES, NM 88011	NONE	501(C)(3)	HEALTHCARE	500.
NM ALLIANCE OF HEALTH COUNCILS 223 N GUADALUPE ST #832 SANTA FE, NM 87501	NONE	501(C)(3)	HEALTHCARE	19,000.
NMCAN 211 12TH ST NW ALBUQUERQUE, NM 87102	NONE	501(C)(3)	HEALTHCARE	30,000.
NMPHA 3705 ELLISON ROAD NW ALBUQUERQUE, NM 87114	NONE	501(C)(3)	HEALTHCARE	4,000.
NORTHERN NM RECREATION & OUTDOOR CONSERVANCY 181 PINE AVE BLDG C CHAMA, NM 87520	NONE	501(C)(3)	HEALTHCARE	1,000.
PARTNERSHIP FOR COMMUNITY ACTION 722 ISLETA BLVD SW ALBUQUERQUE, NM 87105	NONE	501(C)(3)	HEALTHCARE	30,000.
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
PRESBYTERIAN HEALTHCARE FOUNDATION PO BOX 26666 ALBUQUERQUE, NM 87125	NONE	501(C)(3)	HEALTHCARE	20,000.
PROACTION PO BOX 962505 EL PASO, TX 79996	NONE	501(C)(3)	HEALTHCARE	15,000.
PSRANM 2101 LOUISIANA BLVD NE ALBUQUERQUE, NM 87110	NONE	501(C)(3)	HEALTHCARE	1,000.
REZROADS RESCUE PO BOX 5003 SHIPROCK, NM 87420	NONE	501(C)(3)	HEALTHCARE	500.
ROADRUNNER FOOD BANK 5840 OFFICE BLVD NE ALBUQUERQUE, NM 87109	NONE	501(C)(3)	HEALTHCARE	2,000.
SCOTTS HOUSE 287 RODEO RD SANTA FE, NM 87505	NONE	501(C)(3)	HEALTHCARE	35,000.
SEVA FOUNDATION 1786 FIFTH STREET BERKELEY, CA 94710	NONE	501(C)(3)	HEALTHCARE	30,000.
SOUTHWEST RESEARCH & INFORMATION 502 W CORDOVA RD SANTA FE, NM 87505	NONE	501(C)(3)	HEALTHCARE	5,000.
SOUTHWEST WOMENS LAW CENTER 128 QUINCY ST NE ALBUQUERQUE, NM 87108	NONE	501(C)(3)	HEALTHCARE	10,000.
SUNRISE CLINICS 117 CAMINO DE VIDA SANTA ROSA, NM 88435	NONE	501(C)(3)	HEALTHCARE	30,000.
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
THE FAMILY YMCA 1450 IRIS ST LOS ALAMOS, NM 87544	NONE	501(C)(3)	HEALTHCARE	20,000.
THREE SISTERS KITCHEN 109 GOLD AVE SW ALBUQUERQUE, NM 87102	NONE	501(C)(3)	HEALTHCARE	40,000.
TIDES CENTER PO BOX 889385 LOS ANGELES, CA 90088	NONE	501(C)(3)	HEALTHCARE	30,000.
TRIBAL ADAPTIVE ORGANIZATION 4275 US-64 KIRTLAND, NM 87417	NONE	501(C)(3)	HEALTHCARE	30,000.
UNITED WAY OF CENTRAL NM 2340 ALAMO AVE SE ALBUQUERQUE, NM 87106	NONE	501(C)(3)	HEALTHCARE	10,000.
UNITED WAY OF EDDY COUNTY PO BOX EE CARLSBAD, NM 88221	NONE	501(C)(3)	HEALTHCARE	20,000.
UNITED WAY OF NORTHERN NM PO BOX 539 LOS ALAMOS, NM 87544	NONE	501(C)(3)	HEALTHCARE	20,000.
UNIVERSITY OF NM FOUNDATION 700 LOMAS BLVD NE ALBUQUERQUE, NM 87102	NONE	501(C)(3)	HEALTHCARE	750.
VISIONES COLABORATIVES PO BOX 708 MORA, NM 87732	NONE	501(C)(3)	HEALTHCARE	30,000.
WEST TEXAS COUNSELING & GUIDANCE 36 E TWOHIG AVE #600 SAN ANGELO, TX 76903	NONE	501(C)(3)	HEALTHCARE	30,000.
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
WOMEN MAKE MOVIES 132 ROMERO ST UNIT 10 SANTA FE, NM 87501	NONE	501(C)(3)	HEALTHCARE	10,000.
YOUTH WORKS 1000 CORDOVA PL SANTA FE, NM 87505	NONE	501(C)(3)	HEALTHCARE	30,000.
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
HEALTHY NATIVE COMMUNITIES PARTNERSHIP PO BOX 1019 SHIPROCK, NM 87420	NONE	501(C)(3)	HEALTHCARE	150,000.
MEMORY CARE ALLIANCE 1541 S ST FRANCIS DR SANTA FE, NM 87505	NONE	501(C)(3)	HEALTHCARE	80,000.
NEW MEXICO CENTER ON LAW AND POVERTY 301 EDITH BLVD. NE ALBUQUERQUE, NM 87102	NONE	501(C)(3)	HEALTHCARE	100,000.
NEW MEXICO DOULA ASSOCIATION 715 E IDAHO AVE LAS CRUCES, NM 88001	NONE	501(C)(3)	HEALTHCARE	100,000.
NEW MEXICO VETERANS INTEGRATION CENTERS 2701 MULBERRY ST SE ALBUQUERQUE, NM 87106	NONE	501(C)(3)	HEALTHCARE	180,000.
SANTA FE DREAMERS PO BOX 8009 SANTA FE, NM 87500	NONE	501(C)(3)	HEALTHCARE	120,000.
SHIPROCK COMMUNITY DEVELOPMENT PO BOX 309 SHIPROCK, NM 87420	NONE	501(C)(3)	HEALTHCARE	30,000.
Total from continuation sheets				760,000.

523635
04-01-25

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

CON ALMA HEALTH FOUNDATION

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

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	HOSPITAL AUXILIARY OF THE LOS ALAMOS MEDICAL CENTER INC. 3917 WEST ROAD LOS ALAMOS, NM 87544	$ 33,000.	Person [X] 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

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

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 **2220**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. FORM 990-PF

Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

2025

Name

CON ALMA HEALTH FOUNDATION

Employer identification number

85-0484396

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)		1	18,973.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c	Credit for federal tax paid on fuels (see instructions)	2c		
d	**Total.** Add lines 2a through 2c		2d	
3	Subtract line 2d from line 1. If the result is less than $500, **do not** complete or file this form. The corporation does not owe the penalty		3	18,973.
4	Enter the tax shown on the corporation's 2024 income tax return. See instructions. **Caution:** If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5	**Required annual payment.** Enter the **smaller** of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	18,973.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 ☐ The corporation is using the adjusted seasonal installment method.

7 ☐ The corporation is using the annualized income installment method.

8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9	**Installment due dates.** Enter in columns (a) through (d) the 15th day of the 4th (**Form 990-PF filers:** Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	05/15/25	06/15/25	09/15/25	12/15/25
10	**Required installments.** If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	4,743.	4,744.	4,743.	4,743.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	8,106.		4,224.	4,110.
	Complete lines 12 through 18 of one column before going to the next column.				
12	Enter amount, if any, from line 18 of the preceding column		3,363.		
13	Add lines 11 and 12		3,363.	4,224.	4,110.
14	Add amounts on lines 16 and 17 of the preceding column			1,381.	1,900.
15	Subtract line 14 from line 13. If zero or less, enter -0-	8,106.	3,363.	2,843.	2,210.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		0.	0.	
17	**Underpayment.** If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18		1,381.	1,900.	2,533.
18	**Overpayment.** If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	3,363.			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. **(C corporations with tax years ending June 30 and S corporations:** Use 3rd month instead of 4th month. **Form 990-PF and Form 990-T filers:** Use 5th month instead of 4th month.) See instructions	19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20				
21 Number of days on line 20 after 4/15/2025 and before 7/1/2025	21				
22 Underpayment on line 17 x Number of days on line 21 / 365 x 7% (0.07)	22	$	$	$	$
23 Number of days on line 20 after 6/30/2025 and before 10/1/2025	23				
24 Underpayment on line 17 x Number of days on line 23 / 365 x 7% (0.07)	24	$	$	$	$
25 Number of days on line 20 after 9/30/2025 and before 1/1/2026	25				
26 Underpayment on line 17 x Number of days on line 25 / 365 x 7% (0.07)	26	$	$	$	$
27 Number of days on line 20 after 12/31/2025 and before 4/1/2026	27	SEE ATTACHED WORKSHEET			
28 Underpayment on line 17 x Number of days on line 27 / 365 x 7% (0.07)	28	$	$	$	$
29 Number of days on line 20 after 3/31/2026 and before 7/1/2026	29				
30 Underpayment on line 17 x Number of days on line 29 / 365 x *%	30	$	$	$	$
31 Number of days on line 20 after 6/30/2026 and before 10/1/2026	31				
32 Underpayment on line 17 x Number of days on line 31 / 365 x *%	32	$	$	$	$
33 Number of days on line 20 after 9/30/2026 and before 1/1/2027	33				
34 Underpayment on line 17 x Number of days on line 33 / 365 x *%	34	$	$	$	$
35 Number of days on line 20 after 12/31/2026 and before 3/16/2027	35				
36 Underpayment on line 17 x Number of days on line 35 / 365 x *%	36	$	$	$	$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	$	$	$	$

38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns ..... **38** $ 127.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a Revenue Ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 800-829-4933 to get interest rate information.

FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)	Identifying Number
CON ALMA HEALTH FOUNDATION	85-0484396

(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/25	4,743.	4,743.			
05/15/25	-8,106.	-3,363.			
06/15/25	4,744.	1,381.	92	.000191781	24.
09/15/25	4,743.	6,124.			
09/15/25	-4,224.	1,900.	91	.000191781	33.
12/15/25	4,743.	6,643.			
12/15/25	-4,110.	2,533.	106	.000191781	51.
03/31/26	0.	2,533.	45	.000164384	19.

Penalty Due (Sum of Column F) ..... 127.

* Date of estimated tax payment, withholding credit date or installment due date.

512511
04-01-25

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
CHARLES SCHWAB	84,164.	84,164.	
TOTAL TO PART I, LINE 3	84,164.	84,164.	

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
CHARLES SCHWAB	1,051,304.	0.	1,051,304.	1,051,304.	
TO PART I, LINE 4	1,051,304.	0.	1,051,304.	1,051,304.	

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	3,230.	0.		0.
TO FM 990-PF, PG 1, LN 16A	3,230.	0.		0.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING AND AUDITING	62,182.	20,520.		0.
TO FORM 990-PF, PG 1, LN 16B	62,182.	20,520.		0.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING	55,597.	0.		33,957.
TO FORM 990-PF, PG 1, LN 16C	55,597.	0.		33,957.

FORM 990-PF TAXES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX ON INVESTMENT INCOME	16,974.	0.		0.
TO FORM 990-PF, PG 1, LN 18	16,974.	0.		0.

FORM 990-PF OTHER EXPENSES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES & SUBSCRIPTIONS	12,912.	0.		11,706.
EQUIPMENT AND SOFTWARE	38,360.	0.		29,472.
EQUIPMENT MAINTENANCE/RENTAL	2,389.	0.		1,663.
INSURANCE	21,246.	212.		1,590.
INVESTMENT EXPENSES	46,229.	46,229.		0.
MEALS	1,723.	0.		161.
OFFICE EXPENSE	13,694.	307.		4,717.
POSTAGE AND DELIVERY	470.	5.		213.
SECURITY	4,937.	0.		3,700.
TELEPHONE	10,248.	102.		7,524.
WEBSITE	408.	0.		311.
BANK CHARGES	54.	0.		0.
ADVERTISING	1,452.	0.		379.
TO FORM 990-PF, PG 1, LN 23	154,122.	46,855.		61,436.

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 8

DESCRIPTION	AMOUNT
UNREALIZED GAINS	3,533,378.
RECOVERIES	101,157.
TOTAL TO FORM 990-PF, PART III, LINE 3	3,634,535.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 9

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US TREASURY NOTE DUE 01/31/26 - 900,000 PAR	X		900,105.	900,105.
US TREASURY NOTE DUE 06/30/26 - 900,000 PAR	X		904,641.	904,641.
TOTAL U.S. GOVERNMENT OBLIGATIONS			1,804,746.	1,804,746.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			1,804,746.	1,804,746.

FORM 990-PF OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ISHARES TR IS 1-5 TR IN	FMV	2,455,224.	2,455,224.
DFA US SMALL CAP VALUE I	FMV	1,827,467.	1,827,467.
DFA US SMALL CAP I	FMV	2,317,245.	2,317,245.
DFA US LARGE CAP VALUE I	FMV	3,351,256.	3,351,256.
DFA EMERGING MARKETS EX CHINA CR EQ INSTL	FMV	1,716,337.	1,716,337.
DFA US LARGE CAP EQUITY INSTITUTIONAL	FMV	8,739,512.	8,739,512.
DFA INTERNATIONAL SMALL COMPANY I	FMV	1,424,595.	1,424,595.
DFA INTERNATIONAL SMALL CAP VALUE I	FMV	1,083,888.	1,083,888.
DFA GLOBAL REAL ESTATE SECURITIES PORT	FMV	618,348.	618,348.
VANGUARD SHORT TERM INVESTMENT GRADE ADM	FMV	1,438,110.	1,438,110.
ISHARES MSCI INTL QUALITY	FMV	1,138,386.	1,138,386.
DFA INTERNATIONAL VALUE I	FMV	1,750,219.	1,750,219.
DIMENSIONAL INTERN HIGH	FMV	341,684.	341,684.
CLIFFWATER CORPORATE LEN	FMV	1,611,492.	1,611,492.
ISHARES TRT IS 5-10 INV	FMV	1,575,020.	1,575,020.
ISHARES ULTR SHRT TRM BND	FMV	73,560.	73,560.
VANGUARD INTERM-TERM INVESTMENT GRADE ADM	FMV	1,622,156.	1,622,156.
TOTAL TO FORM 990-PF, PART II, LINE 13		33,084,499.	33,084,499.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

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	859,046.	457,057.	401,989.
MICROEDGE GIFTS PLUS	5,380.	5,380.	0.
WEBSITE OVERHAUL	9,798.	9,798.	0.
ROOF	27,943.	26,546.	1,397.
PHONE SYSTEM	7,566.	7,566.	0.
GIFTS ACCESS SOFTWARE	9,727.	9,727.	0.
XEON QUADCORE SERVER	6,152.	6,152.	0.
TOTAL TO FM 990-PF, PART II, LN 14	1,083,035.	560,649.	522,386.

FORM 990-PF OTHER LIABILITIES STATEMENT 12

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
ACCRUED WAGES AND BENEFITS	25,812.	41,715.
401K WITHHOLDING PAYABLE	27,113.	32,013.
EMPOYEE FSA PAYABLE	1,512.	-425.
STATE WITHHOLDING	3.	0.
FEDERAL WITHHOLDING	10.	0.
FICA & MEDICARE	22.	0.
TOTAL TO FORM 990-PF, PART II, LINE 22	54,472.	73,303.

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
LINDA CANDELARIA 144 PARK AVE. SANTA FE, NM 87501	EXECUTIVE DIRECTOR 40.00	134,670.	5,800.	0.
TERRI TEWART 144 PARK AVE. SANTA FE, NM 87501	PRESIDENT 1.00	0.	0.	0.
ROBERT APODACA 144 PARK AVE. SANTA FE, NM 87501	VICE PRESIDENT 1.00	0.	0.	0.
STEVE GABER 144 PARK AVE. SANTA FE, NM 87501	TREASURER 1.00	0.	0.	0.
CHRIS CHAVEZ 144 PARK AVE. SANTA FE, NM 87501	SECRETARY 1.00	0.	0.	0.
OPHELIA HUDSON 144 PARK AVE. SANTA FE, NM 87501	TRUSTEE 1.00	0.	0.	0.
RAMONA MARTINEZ 144 PARK AVE. SANTA FE, NM 87501	TRUSTEE 1.00	0.	0.	0.
JOHANNAH YAZZIE 144 PARK AVE. SANTA FE, NM 87501	TRSUTEE 1.00	0.	0.	0.
JEFF SZABAT 144 PARK AVE. SANTA FE, NM 87501	TRUSTEE 1.00	0.	0.	0.
VERONICA TREAS 144 PARK AVE. SANTA FE, NM 87501	TRUSTEE 1.00	0.	0.	0.

BEATRICE VALLO 144 PARK AVE. SANTA FE, NM 87501	TRSUTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		134,670.	5,800.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 14
PART XIV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CON ALMA HEALTH FOUNDATION-GRANT MAKING COMMITTEE
114 PARK AVE.
SANTA FE, NM 87501

TELEPHONE NUMBER

505-438-0776

EMAIL ADDRESS

WWW.CONALMA.ORG

FORM AND CONTENT OF APPLICATIONS

GRANT INFORMATION MAY BE OBTAINED AT WWW.CONALMA.ORG.

ANY SUBMISSION DEADLINES

SEE WEBSITE FOR GRANT SCHEDULE.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS ARE AWARDED TO QUALIFIED 501(C)(3) ORGANIZATIONS SERVING THE HEALTH NEEDS OF THOSE LIVING IN NEW MEXICO.

GENERAL EXPLANATION STATEMENT 15

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, PAGE 5, PART VI-B, Q1A(4) AND 1B - EXPLANATION OF COMPENSATI

EXPLANATION:

DURING THE TAX YEAR, THE FOUNDATION PAID SALARY AND RELATED COMPENSATION TO ITS EXECUTIVE DIRECTOR, WHO IS A DISQUALIFIED PERSON AS A FOUNDATION MANAGER. THESE PAYMENTS WERE FOR PERSONAL SERVICES THAT ARE NECESSARY TO CARRY OUT THE FOUNDATION'S EXEMPT PURPOSES AND ARE THEREFORE WITHIN THE EXCEPTION FOR REASONABLE COMPENSATION TO A DISQUALIFIED PERSON. THE EXECUTIVE DIRECTOR'S COMPENSATION WAS APPROVED BY THE BOARD OF THE FOUNDATION WITHOUT A CONFLICT OF INTEREST, BASED ON APPROPRIATE COMPARABILITY DATA, AND CONTEMPORANEOUSLY DOCUMENTED, AND IS REASONABLE IN AMOUNT IN RELATION TO THE DUTIES AND RESPONSIBILITIES PERFORMED. ACCORDINGLY, THE PAYMENTS MEET THE EXCEPTION TO SELF-DEALING AND DO NOT CONSTITUTE AN EXCESS BENEFIT TRANSACTION OR OTHER TAXABLE EVENT FOR PURPOSES OF THE FORM 990-PF SELF-DEALING QUESTIONS ON LINES 1A(4) AND 1B.

2025 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	OFFICE JET	02/01/03	SL	5.00		16	532.				532.	532.		0.	532.
2	LAND	04/26/04	L				119,000.				119,000.			0.	
3	FURNITURE	01/20/05	SL	7.00		16	35,964.				35,964.	35,964.		0.	35,964.
4	APPLIANCES	02/28/05	SL	7.00		16	1,927.				1,927.	1,927.		0.	1,927.
5	BUILDING	04/01/05	SL	39.00	MM	16	859,046.				859,046.	435,031.		22,026.	457,057.
6	MICROEDGE GIFTS PLUS	03/26/10	SL	3.00		16	5,380.				5,380.	5,380.		0.	5,380.
7	WEBSITE OVERHAUL	10/28/10		180M	HY	43	9,798.				9,798.	9,798.		0.	9,798.
8	ROOF	10/11/11	SL	15.00		16	27,943.				27,943.	24,683.		1,863.	26,546.
9	PHONE SYSTEM	08/25/13	SL	5.00		16	7,566.				7,566.	7,566.		0.	7,566.
10	GIFTS ACCESS SOFTWARE	10/07/13	SL	5.00		16	9,727.				9,727.	9,727.		0.	9,727.
11	XEON QUADCORE SERVER	12/01/17	SL	5.00		16	6,152.				6,152.	6,152.		0.	6,152.
	* TOTAL 990-PF PG 1 DEPR & AMORT						1,083,035.				1,083,035.	536,760.		23,889.	560,649.

528111 04-01-25

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2025 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CON ALMA HEALTH FOUNDATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	OFFICE JET	02 01 03	SL	5.00	16	532.			532.	532.		0.
2	LAND	04 26 04	L			119,000.			119,000.			0.
3	FURNITURE	01 20 05	SL	7.00	16	35,964.			35,964.	35,964.		0.
4	APPLIANCES	02 28 05	SL	7.00	16	1,927.			1,927.	1,927.		0.
5	BUILDING	04 01 05	SL	39.00	16	859,046.			859,046.	435,031.		22,026.
6	MICROEDGE GIFTS PLUS	03 26 10	SL	3.00	16	5,380.			5,380.	5,380.		0.
7	WEBSITE OVERHAUL	10 28 10		180M	43	9,798.			9,798.	9,798.		0.
8	ROOF	10 11 11	SL	15.00	16	27,943.			27,943.	24,683.		1,863.
9	PHONE SYSTEM	08 25 13	SL	5.00	16	7,566.			7,566.	7,566.		0.
10	GIFTS ACCESS SOFTWARE	10 07 13	SL	5.00	16	9,727.			9,727.	9,727.		0.
11	XEON QUADCORE SERVER	12 01 17	SL	5.00	16	6,152.			6,152.	6,152.		0.
	* TOTAL 990-PF PG 1 DEPR & AMORT					1083035.		0.	1083035.	536,760.		23,889.

528102 04-01-25

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2026 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - CON ALMA HEALTH FOUNDATION

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	02 01 03	SL	5.00	532.		532.	532.	0.
2	LAND	04 26 04	L		119,000.		119,000.		0.
3	FURNITURE	01 20 05	SL	7.00	35,964.		35,964.	35,964.	0.
4	APPLIANCES	02 28 05	SL	7.00	1,927.		1,927.	1,927.	0.
5	BUILDING	04 01 05	SL	39.00	859,046.		859,046.	457,057.	22,027.
6	MICROEDGE GIFTS PLUS	03 26 10	SL	3.00	5,380.		5,380.	5,380.	0.
7	WEBSITE OVERHAUL	10 28 10		180M	9,798.		9,798.	9,798.	0.
8	ROOF	10 11 11	SL	15.00	27,943.		27,943.	26,546.	1,397.
9	PHONE SYSTEM	08 25 13	SL	5.00	7,566.		7,566.	7,566.	0.
10	GIFTS ACCESS SOFTWARE	10 07 13	SL	5.00	9,727.		9,727.	9,727.	0.
11	XEON QUADCORE SERVER	12 01 17	SL	5.00	6,152.		6,152.	6,152.	0.
	* TOTAL 990-PF PG 1 DEPR & AMORT				1083035.		1083035.	560,649.	23,424.

(D) - Asset disposed

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