

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.

For calendar year **2024** 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 AVENUE	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) \$ 33,567,060.	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	34,720.		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	152,033.	152,033.		STATEMENT 1
	4 Dividends and interest from securities	833,088.	833,088.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	284,413.			
	b Gross sales price for all assets on line 6a	1,282,996.			
	7 Capital gain net income (from Part IV, line 2)		284,413.		
	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					
12 Total. Add lines 1 through 11	1,304,254.	1,269,534.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	152,917.	15,292.		76,459.
	14 Other employee salaries and wages	269,932.	13,117.		154,089.
	15 Pension plans, employee benefits	105,209.	1,386.		63,125.
	16a Legal fees				
	b Accounting fees	STMT 3 44,590.	14,715.		0.
	c Other professional fees	STMT 4 23,282.	0.		13,474.
	17 Interest				
	18 Taxes	STMT 5 16,344.	0.		0.
	19 Depreciation and depletion	23,890.	0.		
	20 Occupancy	20,419.	0.		10,288.
	21 Travel, conferences, and meetings	22,665.	227.		14,070.
	22 Printing and publications				
	23 Other expenses	STMT 6 151,329.	44,243.		77,074.
	24 Total operating and administrative expenses. Add lines 13 through 23	830,577.	88,980.		408,579.
	25 Contributions, gifts, grants paid	1,121,000.			1,026,000.
26 Total expenses and disbursements. Add lines 24 and 25	1,951,577.	88,980.		1,434,579.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-647,323.				
b Net investment income (if negative, enter -0-)		1,180,554.			
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	65,360.	201,141.	201,141.
	2 Savings and temporary cash investments	3,002,841.	1,870,590.	1,870,590.
	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	8,268.	12,784.	12,784.
	10a Investments - U.S. and state government obligations STMT 7	1,028,119.	1,400,329.	1,400,329.
	b Investments - corporate stock			
	c Investments - corporate bonds	1,493,772.	0.	0.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other STMT 8	26,530,490.	29,535,942.	29,535,942.	
14 Land, buildings, and equipment: basis 1,083,034.				
Less: accumulated depreciation STMT 9 536,760.	570,165.	546,274.	546,274.	
15 Other assets (describe FSA-EMPLOYEE FUNDS)	1,667.	0.	0.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	32,700,682.	33,567,060.	33,567,060.	
Liabilities	17 Accounts payable and accrued expenses	87,753.	7,722.	
	18 Grants payable	580,000.	295,000.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe STATEMENT 10)	61,411.	54,472.	
23 Total liabilities (add lines 17 through 22)	729,164.	357,194.		
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	2,687,828.	4,766,295.	
	25 Net assets with donor restrictions	29,283,690.	28,443,571.	
	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	31,971,518.	33,209,866.		
30 Total liabilities and net assets/fund balances	32,700,682.	33,567,060.		

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	31,971,518.
2 Enter amount from Part I, line 27a	2	-647,323.
3 Other increases not included in line 2 (itemize) UNREALIZED GAINS	3	1,885,671.
4 Add lines 1, 2, and 3	4	33,209,866.
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	33,209,866.

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		P		
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 1,282,996.		998,583.	284,413.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) 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			284,413.	
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	284,413.	
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	16,410.
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	16,410.
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	16,410.
6 Credits/Payments:			
a 2024 estimated tax payments and 2023 overpayment credited to 2024	6a 22,480.		
b Exempt foreign organizations - tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 2,043.		
d Backup withholding erroneously withheld	6d 0.		
7 Total credits and payments. Add lines 6a through 6d		7	24,523.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	7.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	8,106.
11 Enter the amount of line 10 to be: Credited to 2025 estimated tax 8,106. Refunded		11	0.

Part VI-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?
1c Did the foundation file Form 1120-POL for this year?
1d 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.
1e 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?
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?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b 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?
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?
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered. See instructions. NM
8b 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?
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 2024 or the tax year beginning in 2024?
10 Did any persons become substantial contributors during the tax year?
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)?
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
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
16 At any time during calendar year 2024, 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

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.

Table with 3 columns: Question, Yes, No. Rows include 1a(1) through 1a(6), 1b, 1d, 2a, 2b, 3a, 3b, 4a, 4b. Includes 'N/A' entries for 2b and 3b.

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 11		152,917.	9,447.	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	ASSOCIATE DIRECTOR			
144 PARK AVE., SANTA FE, NM 87501	40.00	131,166.	23,837.	0.
DIONYSIOS MCCUTCHEON	STAFF			
144 PARK AVE., SANTA FE, NM 87501	40.00	74,097.	19,593.	0.
CECILE LABORE	STAFF			
144 PARK AVE., SANTA FE, NM 87501	20.00	49,654.	8,105.	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	27,585,458.
b	Average of monthly cash balances	1b	1,346,519.
c	Fair market value of all other assets (see instructions)	1c	604,735.
d	Total (add lines 1a, b, and c)	1d	29,536,712.
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	29,536,712.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	443,051.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	29,093,661.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	1,454,683.

Part X		Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here <input type="checkbox"/> and do not complete this part.)	
1	Minimum investment return from Part IX, line 6	1	1,454,683.
2a	Tax on investment income for 2024 from Part V, line 5	2a	16,410.
b	Income tax for 2024. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	16,410.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,438,273.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,438,273.
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	1,438,273.

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	1,434,579.
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	1,434,579.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				1,438,273.
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2024:				
a From 2019				
b From 2020				
c From 2021				
d From 2022	941,526.			
e From 2023	737,321.			
f Total of lines 3a through e	1,678,847.			
4 Qualifying distributions for 2024 from Part XI, line 4: \$ 1,434,579.				
a Applied to 2023, 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 2024 distributable amount				1,434,579.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).)	3,694.			3,694.
6 Enter the net total of each column as indicated below:	1,675,153.			
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 2023. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				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 2019 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a	1,675,153.			
10 Analysis of line 9:				
a Excess from 2020				
b Excess from 2021				
c Excess from 2022	937,832.			
d Excess from 2023	737,321.			
e Excess from 2024				

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 2024, 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)

Table with 5 columns: (a) 2024, (b) 2023, (c) 2022, (d) 2021, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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 FOUNDATION-GRANT MAKING COMMITTEE, 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) ORGANIZATIONS SERVING THE HEALTH NEEDS OF THOSE LIVING IN NEW MEXICO.

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				
ALBUQUERQUE SIGN LANGUAGE ACADEMY PO BOX 6589 ALBUQUERQUE, NM 87197	NONE	501(C)(3)	HEALTHCARE	25,000.
AMERICAN LUNG ASSOCIATION OF NEW MEXICO 5911 JEFFERSON ST NE ALBUQUERQUE, NM 87109	NONE	501(C)(3)	HEALTHCARE	20,000.
BEN INITIATIVE 3624 ZIA DR GALLUP, NM 87301	NONE	501(C)(3)	HEALTHCARE	8,750.
CANCER SERVICES OF NEW MEXICO PO BOX 51735 ALBUQUERQUE, NM 87181	NONE	501(C)(3)	HEALTHCARE	15,000.
CARC, INC 902 W CHERRY LN, PO BOX 1808 CARLSBAD, NM 88220	NONE	501(C)(3)	HEALTHCARE	5,000.
Total	SEE CONTINUATION SHEET(S)			3a 1,026,000.
b Approved for future payment				
BRIGHTER BITES PO BOX 25456 HOUSTON, TX 77265	NONE	501(C)(3)	HEALTHCARE	15,000.
CAVERN CITY ADVOCACY CENTER PO BOX 1441 CARLSBAD, NM 88221	NONE	501(C)(3)	HEALTHCARE	30,000.
NORTHERN NEW MEXICO COLLEGE FOUNDATION 921 PASEO DE ONATE ESPANOLA, NM 87532	NONE	501(C)(3)	HEALTHCARE	50,000.
Total				3b 95,000.

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
CHAVES COUNTY CASA PROGRAM 500 NORTH MAIN ST #310 ROSWELL, NM 88202	NONE	501(C)(3)	HEALTHCARE	30,000.
CHAVES COUNTY HEALTH COUNCIL 1200 S RICHARDSON AVE PO BOX 185 ROSWELL, NM 88202	NONE	501(C)(3)	HEALTHCARE	5,000.
CHILDREN'S READING ALLIANCE 3880 FOOTHILLS RD SUITE A LAS CRUCES, NM 88011	NONE	501(C)(3)	HEALTHCARE	5,000.
CHRONIC DISEASE PREVENTION COUNCIL PO BOX 3511 ALBUQUERQUE, NM 87190	NONE	501(C)(3)	HEALTHCARE	30,000.
COLLINS LAKE AUTISM CENTER 252 ENCINAL RD, PO BOX 472 CLEVELAND, NM 87715	NONE	501(C)(3)	HEALTHCARE	30,000.
COMMUNITY DRUG COALITION OF LEA COUNTY 107 S DALMONT HOBBS, NM 88240	NONE	501(C)(3)	HEALTHCARE	5,000.
COMMUNITY FOUNDATION OF SOUTHERN NEW MEXICO 2640 EL PASEO RD LAS CRUCES, NM 88001	NONE	501(C)(3)	HEALTHCARE	46,250.
ECONOMIC COUNCIL HELPING OTHERS (ECHO) 1921 E MURRAY DR FARMINGTON, NM 87401	NONE	501(C)(3)	HEALTHCARE	6,150.
EL CALVARIO UNITED METHODIST CHURCH PO BOX 2842 LAS CRUCES, NM 88004	NONE	501(C)(3)	HEALTHCARE	5,000.
EL CORAZON DE COLUMBUS PO BOX 2322 COLUMBUS, NM 88029	NONE	501(C)(3)	HEALTHCARE	5,000.
Total from continuation sheets				952,250.

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
ESPERANZA SHELTER, INC. 3130 RUFINA STREET SANTA FE, NM 87507	NONE	501(C)(3)	HEALTHCARE	30,000.
FARM TO TABLE 518 OLD SANTA FE TRAIL, SUITE 1 BOX 171 SANTA FE, NM 87501	NONE	501(C)(3)	HEALTHCARE	1,000.
FOOD BANK OF EASTERN NEW MEXICO 2217 EAST BRADY CLOVIS, NM 88101	NONE	501(C)(3)	HEALTHCARE	45,000.
FOOD DEPOT 1222 A SILER ROAD SANTA FE, NM 87507	NONE	501(C)(3)	HEALTHCARE	40,000.
FUNDAMENTAL NEEDS INC 14881 ROAD 26 DOLORES, CO 81323	NONE	501(C)(3)	HEALTHCARE	30,000.
HEALTHY NATIVE COMMUNITIES PARTNERSHIP INC PO BOX 1019 SHIPROCK, NM 87420	NONE	501(C)(3)	HEALTHCARE	30,000.
JARDIN DE LOS NINOS 1300-G EL PASEO, PMB#272 LAS CRUCES, NM 88001	NONE	501(C)(3)	HEALTHCARE	30,000.
JAZZ FOR HEALTH/CASA DE SALUD 1608 ISLETA BLVD SW ALBUQUERQUE, NM 87105	NONE	501(C)(3)	HEALTHCARE	1,000.
LA PLAZA DE ENCUENTRO GATHERING PLACE 714 4TH ST SW ALBUQUERQUE, NM 87102	NONE	501(C)(3)	HEALTHCARE	30,000.
LAS CUMBRES COMMUNITY SERVICES 102 N CORONADO AVE ESPANOLA, NM 87532	NONE	501(C)(3)	HEALTHCARE	20,000.
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
LIFE TRANSITION MEDICATION CENTER PO BOX 9286 SANTA FE, NM 87504	NONE	501(C)(3)	HEALTHCARE	2,600.
LINCOLN COUNTY COMMUNITY HEALTH COUNCIL PO BOX 2585 RUIDOSO, NM 88355	NONE	501(C)(3)	HEALTHCARE	5,000.
LIONS CLUB OF TAOS INC PO BOX 199 TAOS, NM 87571	NONE	501(C)(3)	HEALTHCARE	15,000.
MANDY'S SPECIAL FARM PO BOX 9346 ALBUQUERQUE, NM 87119	NONE	501(C)(3)	HEALTHCARE	30,000.
MESA TO MESA PO BOX 1008 ESPANOLA, NM 87532	NONE	501(C)(3)	HEALTHCARE	20,000.
MYPOWER, INC PO BOX 1756 HOBBS, NM 88241	NONE	501(C)(3)	HEALTHCARE	10,000.
NATIONAL LATINO BEHAVIORAL HEALTH ASSOCIATION 6555 ROBIN ST COCHITI LAKE, NM 87083	NONE	501(C)(3)	HEALTHCARE	32,500.
NEW MEXICO CENTER OF LAW AND POVERTY 301 EDITH BLVD NE ALBUQUERQUE, NM 87102	NONE	501(C)(3)	HEALTHCARE	20,000.
NEW MEXICO DENTAL ASSOCIATION PO BOX 16854 ALBUQUERQUE, NM 87191	NONE	501(C)(3)	HEALTHCARE	2,500.
NEW MEXICO ENVIRONMENTAL LAW CENTER 722 ISLETA BLVD SW ALBUQUERQUE, NM 87105	NONE	501(C)(3)	HEALTHCARE	20,000.
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
NEW MEXICO IMMIGRANT LAW CENTER PO BOX 7040 ALBUQUERQUE, NM 87194	NONE	501(C)(3)	HEALTHCARE	30,000.
NEW MEXICO PUBLIC HEALTH ASSOCIATION 3705 ELLISON RD NW, SUITE B1-211 ALBUQUERQUE, NM 87114	NONE	501(C)(3)	HEALTHCARE	3,000.
NEW MEXICO RAMP PROJECT PO BOX 90354 ALBUQUERQUE, NM 87199	NONE	501(C)(3)	HEALTHCARE	30,000.
NEW MEXICO STATE UNIVERSITY FOUNDATION MSC 3590, NM STATE UNIV FOUNDATION LAS CRUCES, NM 88993	NONE	501(C)(3)	HEALTHCARE	30,000.
NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVE SW, SUITE 195 ALBUQUERQUE, NM 87102	NONE	501(C)(3)	HEALTHCARE	30,000.
OGALLA COMMONS, INC 919 MAIN STREET SPRINGFIELD, CO 81073	NONE	501(C)(3)	HEALTHCARE	5,000.
PRESBYTERIAN HEALTHCARE FOUNDATION PO BOX 26666 ALBUQUERQUE, NM 87125	NONE	501(C)(3)	HEALTHCARE	20,000.
SANTA FE RECOVERY CENTER 5312 JAGUAR DRIVE SANTA FE, NM 87507	NONE	501(C)(3)	HEALTHCARE	20,000.
SCOTT'S HOUSE 287 RODEO RD SANTA FE, NM 87505	NONE	501(C)(3)	HEALTHCARE	20,000.
SILVER CITY GOSPEL MISSION PO BOX 5198 SILVER CITY, NM 88062	NONE	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
SOLACE CRISIS TREATMENT CENTER 6601 VALENTINE WAY SANTA FE, NM 87507	NONE	501(C)(3)	HEALTHCARE	30,000.
ST. JAMES ESPISCOPAL CHURCH 208 CAMINO DE SANTIAGO TAOS, NM 87571	NONE	501(C)(3)	TAOS COMMON GROUND	1,000.
ST. LUKE'S HEALTH CARE CLINIC DBA AMADOR HEALTH CENTER 999 W AMADOR AVE, SUITE A LAS CRUCES, NM 88005	NONE	501(C)(3)	HEALTHCARE	25,000.
THE COMMUNITY PANTRY 1130 E HASLER VALLEY RD, PO BOX 520 GALLUP, NM 87305	NONE	501(C)(3)	HEALTHCARE	15,000.
THE FAMILY YMCA 1450 IRIS ST LOS ALAMOS, NM 87544	NONE	501(C)(3)	HEALTHCARE	20,000.
THE LAB LEARNING AND ACTION BUFFET 506 S MAIN ST, SUITE 201 LAS CRUCES, NM 88001	NONE	501(C)(3)	HEALTHCARE	5,000.
UNITED WAY OF EASTERN NEW MEXICO PO BOX 806 CLOVIS, NM 88102	NONE	501(C)(3)	HEALTHCARE	14,250.
UNITED WAY OF EDDY COUNTY PO BOX EE CARLSBAD, NM 88221	NONE	501(C)(3)	HEALTHCARE	5,000.
UNIVERSITY OF NEW MEXICO FOUNDATION 700 LOMAS BLVD NE ALBUQUERQUE, NM 87102	NONE	501(C)(3)	HEALTHCARE	7,000.
VALENCIA SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE 445 CAMINO DEL REY, SUITE E LOS LUNAS, NM 87031	NONE	501(C)(3)	HEALTHCARE	30,000.
Total from continuation sheets				

**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, 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

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	HOSPITAL AUXILIARY OF THE LOS ALAMOS MEDICAL CENTER INC. 3917 WEST ROAD LOS ALAMOS, NM 87544	\$ 33,000.	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.)
_____	_____ _____ _____	\$ _____	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
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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

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

2024

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

Name CON ALMA HEALTH FOUNDATION, INC.	Employer identification number 85-0484396
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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	16,410.
2 a 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	16,410.
4 Enter the tax shown on the corporation's 2023 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	22,467.
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	16,410.

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	9	05/15/24	06/15/24	09/15/24	12/15/24
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	10	4,103.	4,102.	4,103.	4,102.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	8,374.			14,106.
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	12		4,271.	169.	
13 Add lines 11 and 12	13		4,271.	169.	14,106.
14 Add amounts on lines 16 and 17 of the preceding column	14				3,934.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	8,374.	4,271.	169.	10,172.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		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	17			3,934.	
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	18	4,271.	169.		

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.

For Paperwork Reduction Act Notice, see separate instructions.

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 4/15/2024 and before 7/1/2024	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\% (0.08)}{366}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2024 and before 10/1/2024	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 8\% (0.08)}{366}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2024 and before 1/1/2025	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{366}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2024 and before 4/1/2025	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2025 and before 7/1/2025	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2025 and before 10/1/2025	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2025 and before 3/16/2026	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	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			\$ 7.

* 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 INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB	152,033.	152,033.	
TOTAL TO PART I, LINE 3	152,033.	152,033.	

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	833,088.	0.	833,088.	833,088.	
TO PART I, LINE 4	833,088.	0.	833,088.	833,088.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	44,590.	14,715.		0.
TO FORM 990-PF, PG 1, LN 16B	44,590.	14,715.		0.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING	23,282.	0.		13,474.
TO FORM 990-PF, PG 1, LN 16C	23,282.	0.		13,474.

FORM 990-PF	TAXES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	16,344.	0.		0.
TO FORM 990-PF, PG 1, LN 18	16,344.	0.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES & SUBSCRIPTIONS	17,630.	0.		17,366.
EQUIPMENT & SOFTWARE	37,434.	0.		33,336.
EQUIPMENT MAINT/RENTAL	2,517.	0.		1,653.
INSURANCE	13,165.	132.		359.
INVESTMENT EXPENSE	43,565.	43,565.		0.
MEALS	1,613.	0.		400.
OFFICE EXPENSE	18,910.	424.		14,027.
POSTAGE & DELIVERY	947.	9.		65.
SECURITY	3,630.	0.		1,861.
TELEPHONE	11,259.	113.		7,647.
WEBSITE	450.	0.		360.
BANK CHARGES	209.	0.		0.
TO FORM 990-PF, PG 1, LN 23	151,329.	44,243.		77,074.

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS			STATEMENT 7
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US TREASURY NOTE DUE 6/30/25 - 700,000 PAR	X		701,641.	701,641.
US TREASURY NOTE DUE 12/15/25 - 700,000 PAR	X		698,688.	698,688.
TOTAL U.S. GOVERNMENT OBLIGATIONS			1,400,329.	1,400,329.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			1,400,329.	1,400,329.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 8

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
44,403.476 ISHARES TR IS 1-5 YR IN	FMV	2,295,660.	2,295,660.
627.415 VANGUARD 500 INDEX ADMIRAL	FMV	340,536.	340,536.
34,758.068 DFA US SMALL CAP VALUE I	FMV	1,686,114.	1,686,114.
43,821.914 DFA US SMALL CAP I	FMV	2,144,206.	2,144,206.
58,430.414 DFA US LARGE CAP VALUE I	FMV	2,880,035.	2,880,035.
134,917.747 DFA EMERGING MARKETS EX CHINA CR EQ INSTL	FMV	1,342,432.	1,342,432.
231,436.779 DFA US LARGE CAP EQUITY INSTITUTIONAL	FMV	7,484,665.	7,484,665.
53,862.912 DFA INTERNATIONAL SMALL COMPANY I	FMV	1,044,940.	1,044,940.
42,879.622 DFA INTERNATIONAL SMALL CAP VALUE I	FMV	940,350.	940,350.
56,745.051 DFA GLOBAL REAL ESTATE SECURITIES PORT	FMV	573,125.	573,125.
130,549.816 VANGUARD SHORT-TERM INVESTMENT-GRADE ADM	FMV	1,345,969.	1,345,969.
172,835.700 VANGUARD INTERM-TERM INVESTMENT-GRADE ADM	FMV	1,479,474.	1,479,474.
25,047 ISHARES MSCI INTL QUALITY	FMV	929,745.	929,745.
58,537.272 DFA INTERNATIONAL VALUE I	FMV	1,205,282.	1,205,282.
10,559.255 DIMENSIONAL INTERN HIGH	FMV	266,410.	266,410.
137,613.303 CLIFFWATER CORPORATE LEN	FMV	1,461,453.	1,461,453.
39,710.000 ISHARES TRT IS 5-10 INV	FMV	2,045,462.	2,045,462.
1,389.730 ISHARES ULTR SHRT TRM BND	FMV	70,084.	70,084.
TOTAL TO FORM 990-PF, PART II, LINE 13		29,535,942.	29,535,942.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

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.	435,031.	424,014.
MICROEDGE GIFTS PLUS	5,380.	5,380.	0.
WEBSITE OVERHAUL	9,798.	9,798.	0.
ROOF	27,943.	24,683.	3,260.
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	1,083,034.	536,760.	546,274.

FORM 990-PF OTHER LIABILITIES STATEMENT 10

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
ACCRUED WAGES & BENEFITS	22,843.	25,812.
401K WITHHOLDING PAYABLE	30,314.	27,113.
EXCISE TAX PAYABLE	8,254.	0.
EMPLOYEE FSA PAYABLE	0.	1,512.
STATE WITHHOLDING	0.	3.
FEDERAL WITHHOLDING PAYABLE	0.	10.
FICA & MEDICARE PAYABLE	0.	22.
TOTAL TO FORM 990-PF, PART II, LINE 22	61,411.	54,472.

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	OUTGOING EXECUTIVE DIRECTOR 40.00	14,490.	67.	0.
LINDA CANDELARIA 144 PARK AVE. SANTA FE, NM 87501	EXECUTIVE DIRECTOR 40.00	138,427.	9,380.	0.
NATHAN PADILLA 144 PARK AVE. SANTA FE, NM 87501	PRESIDENT 1.00	0.	0.	0.
TERRI TEWART 144 PARK AVE. SANTA FE, NM 87501	VICE PRESIDENT 1.00	0.	0.	0.
ROBERT APODACA 144 PARK AVE. SANTA FE, NM 87501	SECRETARY 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	TRUSTEE 1.00	0.	0.	0.
RAINEY ENJADY 144 PARK AVE. SANTA FE, NM 87501	TRUSTEE 1.00	0.	0.	0.
OPHELIA HUDSON 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.

CON ALMA HEALTH FOUNDATION, INC.

85-0484396

LORRINA SEGOVIA
144 PARK AVE.
SANTA FE, NM 87501

TRUSTEE
1.00

0. 0. 0.

SUSIE TRUJILLO
144 PARK AVE.
SANTA FE, NM 87501

TRUSTEE
1.00

0. 0. 0.

BEA VALLO
144 PARK AVE.
SANTA FE, NM 87501

TRUSTEE
1.00

0. 0. 0.

JOHANNAH YAZZIE
144 PARK AVE.
SANTA FE, NM 87501

TRUSTEE
1.00

0. 0. 0.

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

152,917.	9,447.	0.
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2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CON ALMA HEALTH FOUNDATION, INC.

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	020103	SL	5.00	16	532.			532.	532.		0.
2	LAND	042604	L			119,000.			119,000.			0.
3	FURNITURE	012005	SL	7.00	16	35,964.			35,964.	35,964.		0.
4	APPLIANCES	022805	SL	7.00	16	1,927.			1,927.	1,927.		0.
5	BUILDING	040105	SL	39.00	16	859,045.			859,045.	413,004.		22,027.
6	MICROEDGE GIFTS PLUS	032610	SL	3.00	16	5,380.			5,380.	5,380.		0.
7	WEBSITE OVERHAUL	102810		60M	43	9,798.			9,798.	9,798.		0.
8	ROOF	101111	SL	15.00	16	27,943.			27,943.	22,820.		1,863.
9	PHONE SYSTEM	082513	SL	5.00	16	7,566.			7,566.	7,566.		0.
10	GIFTS ACCESS SOFTWARE	100713	SL	5.00	16	9,727.			9,727.	9,727.		0.
11	XEON QUADCORE SERVER	120117	SL	5.00	16	6,152.			6,152.	6,152.		0.
	* TOTAL 990-PF PG 1 DEPR & AMORT					1083034.		0.	1083034.	512,870.		23,890.