Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 0047

2008

Open to Public Inspection

For the 2008 calendar year, or tax year beginning May 1, 2008, and ending Apr 30, 2009

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [ ] Amended return [ ] Application pending	
C Name of organization	ENMMC HOSPITAL AUXILIARY, INC.
Number and street (or P O box if mail is not delivered to street addr) / Room/suite	405 W. COUNTRY CLUB RD.
City, town or country / State / ZIP code + 4	ROSWELL NM 88201
D Employer Identification Number	85-6003387
E Telephone number	(575) 622-8170
G Gross receipts $	430,788.
F Name and address of principal officer	JUDY BORST 3000 MISSION ARCH ROSWELL NM 88201
H(a) Is this a group return for affiliates?	[ ] Yes [X] No
H(b) Are all affiliates included? If 'No,' attach a list (see instructions)	[ ] Yes [ ] No
H(c) Group exemption number ►	
I Tax-exempt status	[X] 501(c) (3) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527
J Website: ►	N/A
K Type of organization	[X] Corporation [ ] Trust [ ] Association [ ] Other ►
L Year of Formation	1958
M State of legal domicile	NM

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities. PROMOTE/ADVANCE ENMMC HOSPITAL

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	130
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

RECEIVED
MAR 1 8 2010
E1-422 IRS-OSC
OGDEN, UT

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,520.	2,746.
	9	Program service revenue (Part VIII, line 2g)	165,534.	157,959.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88,903.	5,986.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,936.	38,578.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	312,893.	205,269.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,349.	46,486.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	158,981.	147,415.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	190,330.	193,901.
	19	Revenue less expenses Subtract line 18 from line 12	122,563.	11,368.
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,423,261.	1,434,628.
	21	Total liabilities (Part X, line 26)	1.	
	22	Net assets or fund balances Subtract line 21 from line 20	1,423,260.	1,434,628.

Part II Signature Block

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

Sign Here

► Judy Borst — Signature of officer — Date 3/15/2010

► Judy Borst - President — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Ron Miller	Date 3/12/10	Check if self-employed ► [ ]
		Preparer's identifying number (see instructions)
Firm's name (or yours if self employed), address, and ZIP + 4 ►	MILLER & ASSOCIATES, C.P.A., P. C. P.O. Box 2504 Roswell NM 88202-2504	EIN ►
		Phone no ► (575) 622-4667

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED APR 0 6 2010

Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission.

PROMOTE/ADVANCE ENMMC HOSPITAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ________) (Expenses $ 72,527. including grants of $ 0.) (Revenue $ 77,088.)

THE AUXILIARY LEASES PERSONAL EMERGENCY RESPONE EQUIPMENT FROM LIFELINE AND THEN LEASES OUT THE EQUIPMENT TO PATIENTS OF THE EASTERN NEW MEXICO MEDICAL CENTER HOSPITAL FOR THEIR CONVENIENCE.

4b (Code ________) (Expenses $ 14,694. including grants of $ 0.) (Revenue $ 63,389.)

THE AUXILIARY MAINTAINS AND OPERATES A THRIFT SHOP THAT SELLS GOODS DONATED TO THE CORPORATION. PROCEEDS FROM THE THRIFT SHOP ARE FOR THE USE OF EASTERN NEW MEXICO MEDICAL CENTER HOSPITAL.

4c (Code ________) (Expenses $ 13,544. including grants of $ 0.) (Revenue $ 110,268.)

THE AUXILIARY MAINTAINS AND OPERATES A HOSPITALITY SHOP INSIDE THE EASTERN NEW MEXICO MEDICAL CENTER HOSPITAL. THE HOSPITALITY SHOP SELLS GIFTS FOR PATIENTS AND STARBUCKS COFFEE FOR VISTORS. PROCEEDS FROM THE HOSPITALITY SHOP ARE FOR THE USE OF THE HOSPITAL.

4d Other program services. (Describe in Schedule O)

(Expenses $ 46,486. including grants of $ 0.) (Revenue $ 0.)

4e Total program service expenses ► $ 147,251. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If 'Yes,' complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? *If 'Yes,' complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,' go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S. Information Returns Enter -0- if not applicable	**1a** 0			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b** 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**		X
b If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*		**3b**		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
b If 'Yes,' enter the name of the foreign country: ►				
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**5c**		
6a Did the organization solicit any contributions that were not tax deductible?		**6a**		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		**6b**		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		**7a**		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		**7b**		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	**7d**			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		X
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?		**9a**		X
b Did the organization make any distribution to a donor, donor advisor, or related person?		**9b**		X
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from other members or shareholders	**11a**			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	**12b**			

Part VI **Governance, Management and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body — 1a: 14			
b	Enter the number of voting members that are independent — 1b: 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		X
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done*	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers of key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► New Mexico

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

► JULIE GOODART 405 W. COUNTRY CLUB RD. ROSWELL, NM 88201 (575) 622-8170

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than $100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JUDY BORST PRESIDENT	1.50			X				0.	0.	0.
JUANITA CAMPBELL VICE PRESIDENT	1.50			X				0.	0.	0.
MARTHA ALDACO SECRETARY	1.50			X				0.	0.	0.
MARIE POWELL TREASURER	1.50			X				0.	0.	0.
LYNDA WHALEN DIRECTOR OF VOLUNTEER SERVICES	2.50	X						0.	0.	0.
RUTH BROWNING CHAIRPERSON	3.50	X						0.	0.	0.
PATSY CHESSER CHAIRPERSON	0.25	X						0.	0.	0.
GENE DEVITT CHAIRPERSON	16.75	X						0.	0.	0.
JACKIE HESS CHAIRPERSON	1.50	X						0.	0.	0.
VEVA BYRD CHAIRPERSON	0.25	X						0.	0.	0.
PHYLLIS LESTER CHAIRPERSON	1.75	X						0.	0.	0.
JOANN NUNEZ CHAIRPERSON	0.25	X						0.	0.	0.
SARRAH SIDES CHAIRPERSON	0.25	X						0.	0.	0.
ROSEANN SCHOBLASKI CHAIRPERSON	0.25	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont.)*

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1 b Total ►								0.	0.	0.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ►

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If 'Yes' complete Schedule J for such individual	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ►

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS						
1a Federated campaigns	1a					
b Membership dues	1b	1,090.				
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,656.				
g Noncash contribns included in lns 1a-1f	$					
h **Total.** Add lines 1a-1f			2,746.			
PROGRAM SERVICE REVENUE		Business Code				
2a VENDING		900099	17,482.	0.	0.	17,482.
b LIFELINE		900099	77,088.	0.	0.	77,088.
c THRIFT SHOP		900099	63,389.	0.	0.	63,389.
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f			157,959.			
OTHER REVENUE						
3 Investment income (including dividends, interest and other similar amounts)			48,567.	0.	0.	48,567.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
	(i) Real	(ii) Personal				
6a Gross Rents						
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	107,715.	0.				
b Less: cost or other basis and sales expenses	150,007.	289.				
c Gain or (loss)	-42,292.	-289.				
d Net gain or (loss)			-42,581.	0.	0.	-42,581.
8a Gross income from fundraising events (not including $ 0. of contributions reported on line 1c) See Part IV, line 18	a	3,533.				
b Less direct expenses	b	0.				
c Net income or (loss) from fundraising events			3,533.	0.	0.	3,533.
9a Gross income from gaming activities See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	110,268.				
b Less cost of goods sold	b	75,223.				
c Net income or (loss) from sales of inventory			35,045.	0.	0.	35,045.
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a-11d						
12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			205,269.	0.	0.	202,523.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	46,486.	46,486.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	5,871.	0.	5,871.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,176.	8,231.	4,945.	0.
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SEE ATTACHED SCHEDULE	128,368.	92,534.	35,834.	0.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	193,901.	147,251.	46,650.	0.
26 Joint Costs. Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash — non-interest-bearing		1	
	2	Savings and temporary cash investments	356,735.	2	388,870.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	19,126.	8	19,126.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis — 10a 180,490.			
	b	Less accumulated depreciation. Complete Part VI of Schedule D — 10b 106,078.	81,040.	10c	74,412.
	11	Investments — publicly-traded securities	966,360.	11	952,220.
	12	Investments — other securities See Part IV, line 11		12	
	13	Investments — program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,423,261.	16	1,434,628.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	1.	25	
	26	**Total liabilities.** Add lines 17 through 25	1.	26	0.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**			
	27	Unrestricted net assets	1,397,744.	27	1,415,656.
	28	Temporarily restricted net assets	15,016.	28	8,472.
	29	Permanently restricted net assets	10,500.	29	10,500.
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	**Total net assets or fund balances.**	1,423,260.	33	1,434,628.
	34	Total liabilities and net assets/fund balances	1,423,261.	34	1,434,628.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [X] Cash [ ] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: ENMMC HOSPITAL AUXILIARY, INC.

Employer identification number: 85-6003387

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state. ______

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I   b ☐ Type II   c ☒ Type III – Functionally integrated   d ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) a family member of a person described in (i) above?	11g(ii)		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the US? Yes	(vi) No	(vii) Amount of Support
EASTERN NEW MEXICO MEDICA	74-2870118	7	X		X		X		190,499.
Total									190,499.

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9 Net income form unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 %

15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization

ENMMC HOSPITAL AUXILIARY, INC.

Employer Identification number

85-6003387

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? ☐ Yes ☐ No

Part II **Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► ________

4 Number of states where property subject to conservation easement is located ► ________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► ________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► $________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► $________

(ii) Assets included in Form 990, Part X ► $________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► $________

b Assets included in Form 990, Part X ► $________

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1 a Land	6,114.			6,114.
b Buildings	62,136.		32,584.	29,552.
c Leasehold improvements				
d Equipment	112,240.		73,494.	38,746.
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ►				74,412.

Part VII Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990 Part X, col (B) line 12)* ►		

Part VIII Investments—Program Related (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *Column (b)(should equal Form 990, Part X, Col (B) line 13)* ►		

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
Total. *Column (b) Total (should equal Form 990, Part X, col (B), line 15)* ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *Column (b) Total (should equal Form 990, Part X, col. (B) line 25)* ►	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4-8	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c** (This should equal Form 990, Part I, line 18.)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

Part XIV **Supplemental Information** *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
► Attatch to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: ENMMC HOSPITAL AUXILIARY, INC.

Employer identification number: 85-6003387

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ► [X]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt I Line 2 SCHOLARSHIPS ARE PAID DIRECTLY TO THE RECIPIENT'S UNIVERSITY.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
ENMMC HOSPITAL AUXILIARY, INC.	85-6003387

Pt VI-C, Line 19 AVAILABLE UPON REQUEST

Form **4562**

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No 67

Name(s) shown on return: ENMMC HOSPITAL AUXILIARY, INC.

Identifying number: 85-6003387

Business or activity to which this form relates: Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	6,837.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ►	13	

Note: *Do not use Part II or Part III below for listed property Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	3,419.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,884.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	7,385.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		3,419.	7 YEARS	HY	200DB	488.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations – see instructions	22	13,176.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A – Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If 'Yes,' is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: *If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

IRS FORM 4562 INFORMATION REPORT - MACRS ASSETS

Range 1700 000 to 1800 000

ENMMC HOSPITAL AUXILIARY, INC. Apr. 30, 2009

Method 1-FEDERAL-Std Conv Applied

FEIN #85-6003387

A/C#	Date Acq	Description	Status	Method	Cost	Sec 179	AFY Depr	Curr Depr
Class: 5								
1800 000	07/05/95	Memory Chip - Laserjet 4 Printer	Disposed	M*200	508 19	0 00	0 00	0 00
1800 000	05/16/97	EPSON PRINTER & PHOTO SCANNER	Disposed	M*200	780 50	0 00	0 00	0 00
1800 000	10/21/99	10 Hard drive/2-32 mg memory chips	Active	M*200	517 00	0 00	0 00	0 00
1800 000	11/09/00	HP DESKJET 930C	Active	M*200	239 00	0 00	0 00	0 00
1800 000	11/09/00	HP COLORADO 8 GB TAPE DRIVE	Disposed	M*200	289 00	0 00	0 00	0 00
1800 000	10/02/03	COMPUTER	Active	M*200	1,698 51	0 00	849 26	48 92
1800 000	10/02/03	COMPUTER	Active	M*200	1,792 01	0 00	896 01	51 61
1800 000	10/19/06	C340 Digital Camera and Printer Dock	Active	MA200	268 99	0 00	0 00	51 64
1800 000	03/22/07	HP Pavilion Desktop PC w/ 3 year warranty	Active	MA200	899 98	0 00	0 00	172 80
1800 000	01/31/08	THRIFT SHOP ALARM SYSTEM	Disposed	MA200	410 24	0 00	0 00	65 64
1800 000	04/01/08	SIGN FOR THRIFT SHOP	Active	MA200	528 00	0 00	0 00	168 96
	IRS Form 4562, Part III, Section B - Class 5		**All assets (11 assets)**		7,931 42	0 00	1,745 27	559 57
			New Acquisitions (0 assets)		0 00	0 00	0 00	0 00
Class: 7								
1800 000	07/26/95	Copier - Savin 9013Z	Disposed	M*200	1,505 00	0 00	0 00	0 00
1800 000	08/02/95	Hp Jet Fax	Active	M*200	850 00	0 00	0 00	0 00
1800 000	04/30/96	Shelves - Hospitality Shop	Active	M*200	686 68	0 00	0 00	0 00
1800 000	12/04/96	FAX MACHINE	Disposed	M*200	666 92	0 00	0 00	0 00
1800 000	10/20/97	JEWELRY CASE	Active	M*200	1,194 91	0 00	0 00	0 00
1800 000	05/14/98	BATHROOM VANITY	Active	M*200	106 39	0 00	0 00	0 00
1800 000	08/06/99	5 Wheelchairs - Auxiliary	Active	M*200	2,448 45	0 00	0 00	0 00
1800 000	08/06/99	1 Wheelchair - Auxiliary	Disposed	M*200	489 69	0 00	0 00	0 00
1800 000	03/22/00	Rolling Clothes Rack - Thrift Shop	Active	M*200	216 06	0 00	0 00	0 00
1800 000	04/06/00	Camera & Equipment- vending room	Active	M*200	2,390 00	0 00	0 00	0 00
1800 000	04/21/00	Dead Bolt & Locks - Thrift Shop	Active	M*200	367 50	0 00	0 00	0 00
1800 000	01/11/01	(2) EXECUTIVE HIGHBACK CHAIRS	Active	M*200	339 98	0 00	0 00	0 00
1800 000	05/31/02	Minolta 2080 Copier System	Active	M*200	5,500 00	0 00	1,650 00	343 61
1800 000	06/05/02	Electric Stapler	Active	M*200	109 99	0 00	33 00	6 87
1800 000	09/16/02	Ice and Water Dispenser	Active	M*200	2,668 00	0 00	800 40	166 69
1800 000	07/10/03	TV/VCR FOR OFFICE	Active	M*200	115 01	0 00	57 51	5 13
1800 000	12/18/03	DIGITAL CAMERA	Disposed	M*200	298 19	0 00	149 10	6 65
1800 000	01/15/04	VACUUM CLEANER	Active	M*200	73 21	0 00	36 61	3 27
1800 000	02/19/04	REFRIGERATOR	Active	M*200	249 00	0 00	124 50	11 11
1800 000	02/19/04	HOSP SHOP FURNITURE	Active	M*200	4,614 94	0 00	2,307 47	205 94
1800 000	04/06/04	OAK CABINETS - HOSP SHOP	Active	M*200	4,120 00	0 00	2,060 00	183 85
1800 000	05/10/04	Refrigerator for the Hospitality Shop	Active	MA200	379 00	0 00	189 50	16 91
1800 000	06/04/04	GM Refrigerator	Active	MA200	269 00	0 00	134 50	12 00
1800 000	08/19/04	Garden Area Tabletop	Active	MA200	4,964 93	0 00	2,482 47	221 55
1800 000	09/21/04	Wrought Iron Enclosure for Hospital	Active	MA200	1,180 00	0 00	590 00	52 65
1800 000	09/30/04	Fountain for Hospitality Shop Seati	Active	MA200	829 00	0 00	414 50	36 99
1800 000	10/18/04	Baker's Rack for Garden Area	Active	MA200	403 08	0 00	201 54	17 99
1800 000	01/18/05	Tile Floor for Garden Area	Active	MA200	1,102 72	0 00	0 00	98 42
1800 000	04/22/05	Ice Machine/Coffee Cart	Active	MA200	2,559 28	0 00	0 00	228 41
1800 000	05/12/05	Tile in HS Garden Area	Active	MA200	676 00	0 00	0 00	84 47
1800 000	05/12/05	Office Table	Active	MA200	33 99	0 00	0 00	4 25
1800 000	06/13/05	Saratoga Executive 'L'	Active	MA200	322 48	0 00	0 00	40 29
1800 000	06/13/05	Saratoga Hutch for Late	Active	MA200	62 48	0 00	0 00	7 81
1800 000	06/13/05	Saratoga Credenza Hutch	Active	MA200	142 48	0 00	0 00	17 80
1800 000	06/13/05	Saratoga Lateral File	Active	MA200	142 48	0 00	0 00	17 80
1800 000	06/13/05	26 5" 4 Drawer Letter File Cabinet	Active	MA200	119 99	0 00	0 00	14 99
1800 000	07/12/05	Waring Mega Pro Blender	Active	MA200	274 98	0 00	0 00	34 36
1800 000	10/17/05	Shelving	Active	MA200	235 00	0 00	0 00	29 36
1800 000	10/26/05	Oak Cabinets for Gift Shop	Active	MA200	1,890 00	0 00	0 00	236 15
1800 000	11/21/05	2 Display cases for Thrift Shop	Active	MA200	315 00	0 00	0 00	39 36
1800 000	01/30/06	Drop Box/Thrift Shop	Active	MA200	625 00	0 00	0 00	78 09
1800 000	03/27/07	Card Shelves	Active	MA200	300 00	0 00	0 00	52 48
1800 000	03/27/07	Popcorn Machine	Active	MA200	474 36	0 00	0 00	82 98
1800 000	07/19/07	CASH REGISTER FOR STARBUCKS	Active	MA200	898 01	0 00	0 00	219 92
1800 000	01/24/08	FLAT SCREEN TV FOR OFFICE/ORIENTATIONS	Active	MA200	534 99	0 00	0 00	131 02

IRS FORM 4562 INFORMATION REPORT - MACRS ASSETS

Range 1700 000 to 1800 000

ENMMC HOSPITAL AUXILIARY, INC. Apr. 30, 2009

Method 1-FEDERAL-Std Conv Applied

A/C#	Date Acq	Description	Status	Method	Cost	Sec 179	AFY Depr	Curr Depr
Class 7								
1800 000	01/24/08	OFFICE FURNITURE - CREATIVE CABINETRY	Active	MA200	3,101 56	0 00	0 00	759 57
1800 000	05/20/08	2- Employee Debit Terminals	Active - New	MA200	3,559 50	0 00	1,779 75	254 25
1800 000	07/10/08	Grills and Drain Pans	Active - New	MA200	172 50	0 00	86 25	12 32
1800 000	12/29/08	External Hardrive 500GB - Julie's Computer	Active - New	MA200	224 69	0 00	112 35	16 05
1800 000	04/06/09	Ice Machines	Active - New	MA200	2,880 73	0 00	1,440 37	205 77
		IRS Form 4562, Part III, Section B - Class 7	**All assets (50 assets)**		57,683 15	0 00	14,649 82	3,957 13
			New Acquisitions (4 assets)		6,837 42	0 00	3,418 72	488 39
Class: 10								
1800 000	07/25/05	Installation of 3-5 Ton Train Air Conditioner	Active	MA200	18,970 00	0 00	0 00	2,185 34
1800 000	09/13/05	Roof Repairs	Active	MA200	134 56	0 00	0 00	15 50
		IRS Form 4562, Part III, Section B - Class 10	**All assets (2 assets)**		19,104 56	0 00	0 00	2,200 84
			New Acquisitions (0 assets)		0 00	0 00	0 00	0 00
Class. 15								
1800 000	07/13/98	PARKING LOT	Active	M*150	9,849 12	0 00	0 00	581 58
		IRS Form 4562, Part III, Section B - Class 15	**All assets (1 assets)**		9,849 12	0 00	0 00	581 58
					0 00	0 00	0 00	0 00
Class: 39								
1800 000	11/03/97	HEATING UNIT	Active	MACRS	1,476 29	0 00	0 00	37 85
1800 000	01/05/98	BUILDING IMPROVEMENTS - THRIFT SHOP	Active	MACRS	1,734 00	0 00	0 00	44 46
1800 000	06/10/98	WATER LINE REPLACEMENT TO METER	Active	MSL	650 00	0 00	0 00	16 67
1800 000	10/01/98	HEATING & COOLING	Active	MSL	1,767 68	0 00	0 00	45 33
1800 000	01/03/01	REROOFED ENTIRE BUILDING	Active	MSL	16,758 84	0 00	0 00	429 71
		IRS Form 4562, Part III, Section B - Class 39	**All assets (5 assets)**		22,386 81	0 00	0 00	574 02
					0 00	0 00	0 00	0 00

IRS Form 4562, Part III, line 19 - MACRS deductions for assets placed in service in current year	488 39
IRS Form 4562, Part III, line 17 - MACRS deductions for assets placed in service in prior years	7,384 75
Total MACRS Depreciation	7,873 14

IRS FORM 4562 INFORMATION REPORT - OTHER DEPRECIATION | Range 1700 000 to 1800 000

ENMMC HOSPITAL AUXILIARY, INC. *Apr. 30, 2009* | Method 1-FEDERAL-Std Conv Applied

FEIN #85-6003387

A/C#	Date Acq	Description	Status	Method	Cost	Sec. 179	AFY Depr	Curr Depr
Class: 0								
1700 000	03/14/61	LAND - 219 E WILDY	Active	LAND	1,041 76	0 00	0 00	0 00
1700 000	04/26/90	LAND - 221 E WILDY	Active	LAND	5,071 98	0 00	0 00	0 00
		Class 0 totals (2 assets)			6,113 74	0 00	0 00	0 00
Class· 3								
1800 000	09/20/02	Office XP Full Edition	Disposed	SL	459.99	0 00	138 00	0 00
1800 000	05/10/04	Quickbooks Software	Disposed	SL	499 95	0 00	0 00	0 00
1800 000	11/22/05	HP Inkjet 1200 Color Printer	Active	SL	306 49	0 00	0 00	51 09
1800 000	03/22/07	Microsoft Office 2007 Professional Upgrade	Active	SL	329 99	0 00	0 00	110 00
1800 000	08/16/07	QUICKBOOKS PREMIER NONPROFIT	Active	SLP	349 99	0 00	0 00	116 66
1800 000	08/30/07	VOLUNTEER REPORTER SOFTWARE	Active	SLP	700 00	0 00	0 00	233 33
1800 000	09/26/07	MICROSOFT OFFICE PRO UPGRADE	Active	SLP	143 35	0 00	0 00	47 78
		Class 3 totals (7 assets)			2,789 76	0 00	138 00	558 86
Class: 5								
1800 000	08/08/05	Camera for Scrapbook	Active	SL	137.31	0 00	0 00	27 46
		Class 5 totals (1 assets)			137 31	0 00	0 00	27 46
Class. 40								
1800 000	03/14/61	BUILDING - THRIFT SHOP (WILDY)	Active	SLH	8,500 00	0 00	0 00	0 00
1800 000	03/10/92	BUILDING ADDITIONS - THRIFT SHOP	Active	SLH	51,901 94	0 00	0 00	1,297 55
		Class 40 totals (2 assets)			60,401 94	0 00	0 00	1,297 55
				IRS Form 4562, Part II, line 16		**All assets (12 assets)**		1,883 87

IRS FORM 4562 INFORMATION REPORT - SUMMARY
ENMMC HOSPITAL AUXILIARY, INC. ***Apr. 30, 2009***
FEIN #85-6003387

Range 1700 000 to 1800 000
Method 1-FEDERAL-Std Conv Applied

List of Schedules	Section 179 Non-Listed Assets	Section 179 Listed Assets	AFY Depr	Depreciation	Total Deduction
MACRS Assets	0 00		3,418 72	7,873 14	11,291 86
ADS Assets	0 00		0 00	0 00	0 00
Other Assets	0 00		0 00	1,883 87	1,883 87
Listed Property Schedule		0 00	0 00	0 00	0 00
Total for Depreciable Assets	0 00	0 00	3,418 72	9,757 01	13,175 73
Amortizable Assets	0 00		0 00	0 00	0 00
Grand Totals (81 assets)	0 00	0 00	3,418 72	9,757 01	13,175 73

AFY (Additional First Year) Depreciation

Part II - Line 14 - MACRS assets (excluding listed property)	3,418 72
Part V - Line 25 - MACRS assets - listed property only	0 00

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code: ______ Description: THE AUXILIARY PROVIDES SCHOLARSHIPS TO STUDENTS FOR THE PURPOSE OF OBTAINING DEGREES IN NURSING & OTHER HEALTH CARE OCCUPATION STUDIES.

Expenses 46,486.

Grants Of 0.

Revenue 0.

EASTERN NM MEDICAL CENTER HOSPITAL AUXILIARY, INC.
EIN: 85-6003387
FYE 04-30-09
FORM 990 ATTACHMENTS

PART IX, LINE 24(a), OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MGMT & GENERAL	(D) FUND-RAISING
AUXILIARY SCRAPBOOK	28	0	28	0
BABY BONNETS	0	0	0	0
BANK CHARGES	903	903	0	0
CLEANING & MAINTENANCE	3,455	3,455	0	0
CONTRIBUTIONS	838	838	0	0
DUES	564	0	564	0
EDUCATION	7,435	381	7,053	0
GIFT ITEMS/PAYROLL DED.	7	7	0	0
INSURANCE	1,771	1,771	0	0
LIFELINE - EXPENSE	925	925	0	0
LIFELINE - INSTALLATION	1,275	1,275	0	0
LIFELINE - LEASE	35,109	35,109	0	0
LIFELINE - MONITORING FEES	34,075	34,075	0	0
MISCELLANEOUS	4,672	2,844	1,828	0
OFFICE EXPENSE	3,721	$0	$3,721	0
SHIPPING	4,603	$74	$4,529	0
RECOGNITIONS/AWARDS	3,489	3,489	0	0
SALARY REIMBURSEMENT	18,000	0	18,000	0
SOCIALS	111	0	111	0
SUPPLIES	2,838	2,838	0	0
TRAY FAVORS	5	5	0	0
UTILITIES	4,545	4,545	0	0
TOTAL OTHER EXPENSES	**$128,368**	**$92,534**	**$35,834**	**$0**

Supporting Statement of:

Form 990 p 10/Line 2 col (A)

Description	Amount
SCHOLARSHIPS	44,450.
SCHOLARSHIPS (FROM RESTRICTED)	2,036.
Total	46,486.

Supporting Statement of:

Form 990 p 10/Line 2 col (B)

Description	Amount
SCHOLARSHIPS	44,450.
SCHOLARSHIPS - RESTRICTED	2,036.
Total	46,486.

Supporting Statement of:

Exempt Organization Information Wks/Fiscal year ending month

Description	Amount
APRIL 30, 2009	4
Total	4

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy

Type or print

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

Name of Exempt Organization: ENMMC HOSPITAL AUXILIARY, INC.	**Employer identification number**: 85-6003387
Number, street, and room or suite number If a P O box, see instructions: 405 W. COUNTRY CLUB RD.	For IRS use only
City, town or post office, state, and ZIP code For a foreign address, see instructions: ROSWELL NM 88201	

Check type of return to be filed (File a separate application for each return)

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► JULIE GOODART

  Telephone No ► (575) 622-8170 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 EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Mar 16, 20 10.

5 For calendar year ____ , or other tax year beginning May 1, 20 08 , and ending Apr 30, 20 09 .

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension INFORMATION NEEDED TO PREPARE THE RETURN WAS NOT PROVIDED IN A TIMELY MANNER IN ORDER TO FACILIATE COMPLETION BY THE 12/15/09 DUE DATE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$ 0.
b If this application is for Form 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 and any amount paid previously with Form 8868	8b	$ 0.
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	8c	$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Ron Miller Title ► CPA Date ► 12/9/09

Form **8868**
(Rev April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545 1709

● If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . ► [X]
● If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

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

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization ENMMC HOSPITAL AUXILIARY, INC.	**Employer identification number** 85-6003387
	Number, street, and room or suite number If a P O box, see instructions 405 W. COUNTRY CLUB RD.	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ROSWELL NM 88201	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

● The books are in the care of ► JULIE GOODART

Telephone No ► (575) 622-8170 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 EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Dec 15, 20 09, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► [ ] calendar year 20 ___ or
► [X] tax year beginning May 1, 20 08, and ending Apr 30, 20 09.

2 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$ 0.
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions