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# Extended Return

Form **990-EZ** 

OMB No 1545-1150 2008

Department of the Treasury

Short Form

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)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public

AF	or the 2008 calendar year, or tax year beginning JUL 1, 2008		and endi		N 3		2009
B C	heck if C. Name of organization			· <del>y</del> 50.			identification number
L at	Address use IRS						
$\vdash$	Name print or New Mexicare, Inc.				8	5-0	464707
	Initial See Number and street (or P O box, if mail is not delivered to street address)	)	Re	om/suite			number
	Termin- Specific 535 Lake Drive					505	
	Amended trops City or town, state or country, and ZIP + 4						emption
	Jetum  Application   Santa Rosa, NM 88435					mber D	•
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	a comp	pleted	G Accour			
	Schedule A (Form 990 or 990-EZ).			Other (	_		
ı w	'ebsite: ►N/A			H Check	-		the organization is not
	rganization type (check only one)— X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1	1) or	527	required to	attach		dule B (Form 990, 990-EZ, or 990-P
K C	heck In the organization is not a section 509(a)(3) supporting organization and its g	ross rec					
re	quired, but if the organization chooses to file a return, be sure to file a complete return			•			
L A	dd lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form	990 ins	stead of For	m 990-EZ		▶ \$	201,91
Pa	rt 1 Revenue, Expenses, and Changes in Net Assets or Fund	Bala	inces (Se	e the instri	ictions	for Pa	rt I )
	1 Contributions, gifts, grants, and similar amounts received					1	11,000
	2 Program service revenue including government fees and contracts					2	185,985
	3 Membership dues and assessments					3	
	4 Investment income					4	4,926
i	5a Gross amount from sale of assets other than inventory	5a			_		
	b Less cost or other basis and sales expenses	5b					
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (a	ittach so	chedule)			5c	
Ĭ.	6 Special events and activities (complete applicable parts-of Schedule G) If any amount is	s from g	gaming, ch	eck here ►			
Revenue	a Gross revenue (not including-\$ of contributions						
&	reported on line 1)	6a					
	b Less direct expenses other than fundraising expenses \ \( \)	6b					
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)					6c	
ļ	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory; less returns and allowances	7a	18				
		7b					
ľ	b Less cost of goods sold Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c	
	8 Other revenue (describe				)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				<b>•</b>	9	201,91
	10 Grants and similar amounts paid (attach schedule)	Stmt	t 4			10	24,755
	11 Benefits paid to or for members					11	
uses	12 Salaries, other compensation, and employee benefits					12	13,20
eus	13 Professional fees and other payments to independent contractors					13	
Expe	14 Occupancy, rent, utilities, and maintenance					14	
ا "	15 Printing, publications, postage, and shipping				_	15	
	<del></del>	ee S	State	ment	1)	16	105,103
	17 Total expenses Add lines 10 through 16				<b>•</b>	17	143,05
ا بي	18 Excess or (deficit) for the year (Subtract line 17 from line 9)					18	58,853
set	19 Net assets or fund balances at beginning of year (from line 27, column (A))						
As	(must agree with end-of-year figure reported on prior year's return)				_	19	533,43
Z I	- ,	ee S	State	ment	3	20	489
	Net assets or fund balances at end of year Combine lines 18 through 20				<u> </u>	21	592,77
Pa	rt   Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or m	nore, file	_	-		90-EZ	
	(See the instructions for Part II )		(A) B	eginning o			(B) End of year
22	Cash, savings, and investments			307,			372,130
23	Land and buildings	~	-	214,			173,94
T) A	Other assets (describe ► See Statement	)	·	24,			47,69
24	Total assets			547,			593,77
25	and the contract of the contra	١.	· I	13,	RΙO		1,000
25 26	Total liabilities (describe ► Accounts Payable	<i>'</i>					
25 26 27 83217	Net assets or fund balances (line 27 of column (B) must agree with line 21)	/ 		533,		. 27	592,774
25 26	Net assets or fund balances (line 27 of column (B) must agree with line 21)	or Form	990			• 27	592,774 Form <b>990-EZ</b> (20

Forn	n 990-EZ (2008) New Mexicare, Inc.			85-	-04647	07 Page 2
	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III )		Ex	penses
	at is the organization's primary exempt purpose?Hospital Manac				(Required	for 501(c)(3)
						ganizations and
	cribe what was achieved in carrying out the organization's exempt purposes. In		escribe the services		4947(a)(1 for others	) trusts, optional
	vided, the number of persons benefited, or other relevant information for each p				101 Utile15	<del>'                                    </del>
28	New Mexicare manages and operates O			<u>:a1</u>		
	in Santa Rosa, New Mexico. It is th					
	hospital and emergency room service	e in Guadalupe	County.			
	(Grants \$ ) If this amount includes foreign		<b>&gt;</b>		28a	143,058.
29						· -
LJ						
				_		
				$\overline{}$		
	(Grants \$ ) If this amount includes foreign	grants, check here		لبا	29a	
30						
	(Grants \$ ) If this amount includes foreign	grants, check here	<b></b>		30a	
21	Other program services (attach schedule)	grants, strock nor			1	
31			_		21.0	
	(Grants \$ ) If this amount includes foreign	grants, cneck nere			31a	143,058.
	Total program service expenses (add lines 28a through 31a)		·		32	
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated	1		or Part IV)
		(h) Title and average hours	(a) Componentian	1, ,	ontributions	(e) Expense
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		employee efit plans &	account and
	(a) Name and address	position	-0-)	1 '	eferred	other allowances
		position	",	1	pensation	
D.C	bert Cordova, 340 Del Rio Road,	President		+		
		2.00	3,600.		0.	0.
	nta Rosa, NM 88435				<u> </u>	0.
	nita Agar	Vice Presiden	1		•	
	5 Lake Drive, Santa Rosa, NM 88435	2.00	2,400.	ļ	0.	0.
Lc	oretta Lopez	Secretary/Tre	asurer			
HC	R 69 Box 674, Santa Rosa, NM 88435	2.00	2,400.		0.	0.
	m Dodge	Board Member				
	Box 418, Santa Rosa, NM 88435	2.00	2,400.		0.	0.
	vid Sheehan	Board Member	2,100.			
		_	2 400		0.	0.
<u> </u>	5 Lake Drive, Santa Rosa, NM 88435	2.00	2,400.			0.
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8321	172				Form	QQ0_F7 (2008

Pa	art V Other Information (Note the statement requirements in the instructions for Part VI)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a	<u> </u>	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9  39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities  39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			-
	section 4911 ► 0 . , section 4912 ► 0 . , section 4955 ► 0 .			
þ	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			,,
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958  Fater amount of tax on line 40c reimbursed by the organization			
	Enter amount of tax on the 400 fembalsed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-	1	x
44	transaction? If "Yes," complete Form 8886-T	40e	L	
41	List the states with which a copy of this return is filed $\blacktriangleright$ NM  The books are in care of $\blacktriangleright$ Colleen Gallegos  Telephone no $\blacktriangleright$ (505) 4	72-	341	7
42 a		843		<u> </u>
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<del></del>		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	1	Yes	No
	account)?	42b		Х
	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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	·	
		F	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1	
	Form 990-EZ	44	<b> </b>	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be		1	.,
	completed instead of Form 990-EZ	45		(2222)
		rorm 9	90-EZ	(2008)

Form 990-				<u>85-0464</u>			Page 4
Part V	Section 501(c)(3) organizations only. All section 5	501(c)(3) organizations mus	t answer question	s 46-49 and co	mplet	te the	
	tables for lines 50 and 51.						
<b>46</b> Did t	he organization engage in direct or indirect political campaign activities or	n behalf of or in opposition to o	candidates for public			Yes	
office	e? If "Yes," complete Schedule C, Part I			į	46		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
49a Did t	he organization make any transfers to an exempt non-charitable related o	rganization?		1	49a		X
b If "Ye	es," was the related organization(s) a section 527 organization?				49b		
	plete this table for the five highest compensated employees (other than of ompensation from the organization of there is none, enter "None"	fficers, directors, trustees and	key employees) who		- 1	an \$10 	0,000
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contribution to employee benefit plans & deferred compensation	(I ac othe	E) Expe count er allov	
<b>51</b> Com	ber of other employees paid over \$100,000  plete this table for the five highest compensated independent contractors ne, enter "None"  NONE						
	(a) Name and address of each independent contractor paid more the	1311 \$ 100,000	(b) Type of ser	vice (i	c) Com	iperisa	
Total service							
Sign Here	ber of other independent contractors each receiving over \$100,000  Under penalties of penjury, I declare that I have examined this return, including accorrect, and complete Delargton of preparer other than officer is based on all into Signature of officer	ompanying schedules and statemer formation of which preparer has any	Its, and to the best of my knowledge	knowledge and be	lief, it is	o (O	
	Type or print name and title	, Presider	1		<del></del>		
Paid Preparer's Use Only	Firm's name (or yours if self-employed).  Post Office Box 93656	4110 em	bloyed EIN I	e <b>▶</b>	313 034	975 31	
	address, and ZIP+4 Albuquerque, New Mexico	87199 <u>–3</u> 656	no	(505)			<u> 200</u>
May the IF	RS discuss this return with the preparer shown above? See instructions	<del></del>			X Yo		<u>No</u> (2008)

# 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

Employer identification number

Inspection

Name of t	he organizati							E	mployer id			
			icare, Inc.							-0464	<u>:707</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this part	t.) (see ins	tructions)				
1 📋	A church, co	nvention of churches	because it is: (Please ches, or association of chur	ches desc	ribed in <b>se</b>		(b)(1)(A)(i)	•				
2 L 3 X	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach So tal service organization	described	n section	170(b)(1)	<b>(Δ\</b> (iii\ (Δ+	tach Sch	adula H ) S	ioe st	mt	6
3 🔼	A moderal re-	a cooperative nospi	operated in conjunction	with a hoe	nital descri	nhed in se	ction 170	(6)/11/A)/i	iii) Enter th	ne hospita	l's nam	16
4	city, and stat	_	operated in conjunction	With a 1103	pital desci	1000 111 30	C	(=)(-)(-)(	inj. Enter ti	io noopha		,
5 🔲	• •		benefit of a college or u	niversity o	wned or or	perated by	a governi	mental un	ıt describe	d in		
<b>5</b>	-	(b)(1)(A)(iv). (Comple		involony o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , ,	a go					
6			ent or governmental uni	t describe	d ın sectio	n 170(b)(1	)(A)(v).					
7		-	eives a substantial part					r from the	e general p	ublic desc	ribed i	ın
		b)(1)(A)(vi). (Comple				J						
8 🗀	-		ection 170(b)(1)(A)(vi).	(Complete	Part II.)					-		
9 🗌	-		eives: (1) more than 33			rom contri	butions, m	nembersh	ıp fees, an	d gross re	ceipts	from
	_	-	nctions - subject to certa									
			axable income (less sec									
	See section	<b>509(a)(2).</b> (Complete	e the Part III.)									
10 🔲	An organizati	on organized and or	perated exclusively to te	st for publ	ıc safety. S	See <b>sectio</b>	n 509(a)(4	I). (see in:	structions)			
11	An organizati	on organized and or	perated exclusively for the	he benefit (	of, to perfo	orm the fur	nctions of,	or to car	ry out the p	ourposes o	of one	or
			ations described in secti				2). See <b>se</b> c	ction 509	( <b>a)(3)</b> . Che	ck the box	that	
	L1		organization and compl									
	a L Type I		* *	c Typ .:						Type III • 0		
e			at the organization is not									
			han one or more publicl						9(a)(1) or s	ection 509	3(a)(2).	
f	_		ten determination from	the IRS tha	atitisa iy	pe I, Type	II, or Type	9 111				
_		rganization, check th		ny alft or a	ontribution	from only	of the fell	owina nei	reane?			
9			organization accepted ai lirectly controls, either a								Yes	No
			upported organization?	ione or tog	ether with	persons c	iescribed i	iii (ii) aiia	(iii) DCIOW,	11g(i)		
	_		n described in (i) above?	,						11g(ii)		
	•	=	person described in (i)		e?					11g(iii)	1	
h			about the organizations			oports.						
		J	· ·									
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col (i) lis	organization sted in your document?	organizat	ion in col	organizat (i) organi	s the ion in col zed in the S ?	(vii) Ar sup	nount o	ıf
			(see instructions))	Yes	No	Yes	No	Yes	No			
				-	<u> </u>		<u> </u>		<del>   </del>			_
				}								
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-				<del> </del>					1			
Total												
	Privacy Act ar	d Panerwork Redu	ction Act Notice, see t	he Instruc	tions for I	Form 990		Schedu	le A (Form	990 or 9	90-EZ	2008

Section A. Public Support  Calendar year (of itscal year beginning in)  (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total  1 Grits, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues level for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization 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 256 of the amount shown on line 11, column (f)  6 Public Support. Suntaet line 2 from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on 10 Others income. Do not include gain or loss from the sale of capital assets (Explain m Part IV.)  11 Total support. Add lines 7 through 10  22 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(6)(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))	1.0	(Complete only if you checke						•.,
Calendar year (of fiscal year beginning on)  (a) 2004  (b) 2005  (c) 2006  (d) 2007  (e) 2008  (f) Total  (f) Total  (f) Gifts, grants, contributions, and membership fees received. (Go not include any "unusual grants.")  2 Tax revenues levera for the organization of its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 - 3  The portion of total contributions by each person (other than a governmental unit to the organization without charge  4 Total. Add lines 1 - 3  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, Support Support  Calendar year (or inscript year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, roysities and income from interest, dividends, payments received on securities loans, rents, roysities and income from interest, dividends, payments received on securities loans, rents, roysities and income from interest, dividends, payments received on securities loans, rents, roysities and income from interest of the payment of the	Sec			· . <u>-</u> .				
Giffs, grants, contributions, and membership feet received. (Do not include any 'unusual grants.')  2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a povernmental unit to the organization without charge  4 Total. Add lines 1 - 3  The postion 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 abrown on line 11.  column (f)  8 Public Support, Sustest line 3 femilies 1  A mounts from the 44  8 Cection B. Total Support  A mounts from the 44  6 Gross income from interest, dividends, payments received on securities bears, rents, royalhes and moment from services and moment from services and moment from members and moment from members and moment from services and moment from services and moment from members and			(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf and either paid to or expended on the behalf and either paid to or expended on the behalf armshed by a povernmental unit to the organization 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 his 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public Support. Subtractine & from line 8  5 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  6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from interest, dividends, payments received on securities loans, rents, royalties and income from interest and income fro								
Include any "unusual grants.")  2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 - 3  5 The potion 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, subsetties to sentine.  8 Section B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total  8 Gross income from interest, dividends, bygments received on securities loans, rents, royalities and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on to the business is regularly carried on 10 Other income, Do not include gian or loss from 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)  13 First five years, if the Form 990 is for the organization of first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization whose the companization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances' test. The organization did not check a box on line 13, fla, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances' test. The organization did not check a box on line 13, fla, in 18b, in 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances' test. The organization did not check a box on line 13, fla, in 18b, in 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances' test. The organization did not check a box on line 13, fla, in 18b,					1			
reation's benefit and either paid to or expended on its behalf  3. The value of services or facilities furnished by a poverimental unit to the organization 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, Subject lines from line 4  8. Gross income from interest, dividending lines of the services		•						
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Sch Pa	edule A (Form 990 or 990 EZ) 2008  ort III   Support Schedule for (	Organizations	Described in	Section 509(a	)(2) (Complete onl	v if you checked the bo	Page 3
	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and		(-,	,,,		1	
•	membership fees received. (Do not						
	include any "unusual grants.")			1			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to			1			
	the organization without charge						
6	Total. Add lines 1 · 5						
_	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
•	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)		<u> </u>				
Se	ction B. Total Support			,	_		
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	<b>(b)</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 from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital		_			-	
13	assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization'	s first second this	rd fourth or fifth t	ax vear as a sect	ion 501(c)(3) organiz	ration
•	check this box and stop here	the organization	o mot, cocomo, mi	(a, 1001a1, 01 mar t	,	1017 00 7 (0) (0) 01 ga	
Se	ction C. Computation of Publ	ic Support Pe	rcentage			<del></del>	
	Public support percentage for 2008 (			column (fl)		15	%
	Public support percentage from 2007		•	oolariiri (1))		16	%
	ction D. Computation of Inve			<del></del>		<u></u>	
17						17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2008. If the				e 15 is more than		
.50	more than 33 1/3%, check this box a	•					▶□
	33 1/3% support tests - 2007. If the						and
•	line 18 is not more than 33 1/3%, che	-					. —

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

Form 990-EZ	Other Expenses	<del>.</del>	Statement	1
Description			Amount	
Bank Fees				8.
Community Initiatives			59,6	
Other Board Expense Taxes			3,6	85.
Supplies			•	01.
Commissions and Fees				30.
Abandoned Architectural Design	Fees		40,9	89.
Total to Form 990-EZ, line 16			105,1	03.
Form 990-EZ	Other Assets		Statement	2
Description		Beg. of Year	End of Yea	ar
Due From Guadalupe County Hospi	tal	21,911.	35,5	05.
Accrued Interest		2,412.	2,0	
New Hospital Expense		0.	10,19	50.
Total to Form 990-EZ, line 24		24,323.	47,69	94.
Form 990-EZ Other Changes in	Net Assets or Fur	nd Balances	Statement	3
Description			Amount	
Unrealized Gain on Investment			41	89.
Total to Form 990-EZ, line 20			4:	89.

Form 990-EZ Cash Grants and Al		ations	Statement 4
Class of Activity/Donee's Name and Address		Donee's Relationship	Amount
Scholarships Various		None	24,755.
Total Included on Form 9	90-EZ, Line 10		24,755.

FORM 990-EZ	RM 990-EZ Information Regarding Transfers Associated with Personal Benefit Contracts		5
directly of	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal ntract?	[ ] Yes [X]	No
B) Did the ordinectly of	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [ ] Yes [X]	No

New Mexicare, Inc. EIN 85-0464707 6/30/09

The organization is not required to complete Schedule H because it does not meet the definition of hospital for purposes of Schedule H per Form 990 instructions for Schedule H.