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## Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue ServiceUnder 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

2009

Open to Public  
Inspection

## A For the 2009 calendar year, or tax year beginning

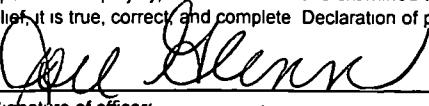
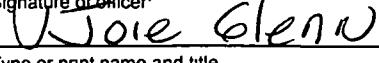
, and ending

B Check if applicable		C Name of organization Doing Business As		D Employer identification number	
<input type="checkbox"/> Address change		NM ASSOCIATION FOR HOME AND HOSPIC		85-0313672	
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Telephone number
<input type="checkbox"/> Initial return		3200 CARLISLE NE		117	505-889-4556
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4			
<input type="checkbox"/> Amended return		ALBUQUERQUE NM 87110-1664			G Gross receipts \$ 266,858
<input type="checkbox"/> Application pending		F Name and address of principal officer		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: ► nmahc.org				If "No," attach a list (see instructions)	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation		M State of legal domicile NM	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities	NMAHHC serves its membership through advocacy, networking, education and communication by promoting success and best practices for home care, hospice and related home health support services.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	10	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10	
	5 Total number of employees (Part V, line 2a)	5	3	
	6 Total number of volunteers (estimate if necessary)	6		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	8 Contributions and grants (Part VIII, line 1h)	217,484	165,163	
	9 Program service revenue (Part VIII, line 2g)	77,158	98,131	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,898	3,564	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	304,540	266,858		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	37,804		
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	102,921	92,321		
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0		
b Total fundraising expenses (Part IX, column (A), line 25)	0			
17 Other expenses (Part IX, column (A), lines 1a–11e, 13–24)	166,949	132,782		
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	269,870	262,907		
19 Revenue less expenses Subtract line 18 from line 12	34,670	3,951		
20 Total assets (Part X, line 16)	253,100	261,046		
21 Total liabilities (Part X, line 26)	2,139	6,134		
22 Net assets or fund balances Subtract line 21 from line 20	250,961	254,912		

## Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	 <input type="checkbox"/> Signature of officer  <input type="checkbox"/> Type or print name and title		
	13-31-2010 Date		

Paid Preparer's Use Only	Preparer's signature 	Date 3/24/2010	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN <input type="checkbox"/>		
	BEVERLY KIZER 6426 ANTARES NE, ALBUQUERQUE, NM 87111	Phone no <input type="checkbox"/> (505) 821-4363		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  NoFor Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  
(HTA)

Form 990 (2009)

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission

THE ORGANIZATION SERVES ITS MEMBERSHIP THROUGH ADVOCACY, NETWORKING, EDUCATION AND COMMUNICATION BY PROMOTING SUCCESS AND BEST PRACTICES FOR HOME CARE, HOSPICE AND RELATED HOME HEALTH SUPPORT SERVICES

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 \$ 20,663 including grants of \$ 0 ) (Revenue \$ 26,296 )  
EDUCATION & DEVELOPMENT SERVICES, CONSULTATION TO & FROM HEALTH CARE AGENCIES.

4b (Code: ) (Expenses \$ 152,908 including grants of \$ 37,804 ) (Revenue \$ 194,590 )  
INFORMATION SERVICES & INTERNAL ADVOCACY: COMMUNICATIONS, MEETINGS, & PUBLICATIONS TO MEMBERS

4c (Code: ) (Expenses \$ 33,062 including grants of \$ 0 ) (Revenue \$ 42,073 )  
PUBLIC AWARENESS & EXTERNAL ADVOCACY: TASK FORCES, EXTERNAL COMMITTEE MEETINGS WITH ORGANIZATIONS RELATED TO NMAHHC.

4d Other program services (Describe in Schedule O )

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses ► 206,633

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

6 Did the organization maintain any donor advised funds or any similar funds or 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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?
 

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

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

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

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	X	
2	X	
3	X	
4	X	
5		
6	X	
7	X	
8	X	
9	X	
10	X	
11	X	
12		X
12A	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20	X	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	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	33	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	34	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	35	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	36	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	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	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		

**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
1b			
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	3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>	2b	X
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	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5b	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	5c	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6a	X
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	6b	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9a	
a	Did the organization make any taxable distributions under section 4966?	9b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body      1a      10  
 b Enter the number of voting members that are independent      1b      10

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

9 Is there any officer, director, 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      9a      X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code )

10a Does the organization have local chapters, branches, or affiliates?  
 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?      10a      X  
 10b      X

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?      11      X

11a Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?      12a      X  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done      12b      X  
 12c      X

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 or key employees of the organization  
 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )      15b      X

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?  
 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?      16a      X  
 16b      X

**Section C. Disclosure**

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

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. ► JOIE GLENN      505-889-4556  
 3200 CARLISLE NE #117 ALBUQ NM, 87110-1664

## 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**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees. See instructions for definition of "key employee."
  - 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) of 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 current officer, director, or trustee.

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

**1b Total**

63,682

0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

	Yes	No
3		X
4		X
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.

Compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0
		0
<b>2</b>	Total number of independent contractors (including but not limited to those listed above) who received more than \$100 000 in compensation from the organization ►	0

## Part VIII Statement of Revenue

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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.	37,804	37,804		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	63,682	47,762	15,920	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	12,377	9,283	3,094	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	9,200	6,900	2,300	
10 Payroll taxes	7,062	5,297	1,765	
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	600	450	150	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	3,000	2,250	750	
13 Office expenses	2,070	1,553	517	
14 Information technology	778	584	194	
15 Royalties	0			
16 Occupancy	9,260	6,945	2,315	
17 Travel	13,548	10,161	3,387	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	72,503	54,377	18,126	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	505	379	126	0
23 Insurance	4,869	3,652	1,217	
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 POSTAGE & DELIVERY	2,549	1,912	637	
b DUES & SUBSCRIPTIONS	2,075	1,556	519	
c PUBLICATIONS & REPRODUCTIONS	6,755	5,066	1,689	
d EXPENSES RELATED TO GRANT INCOME	0			
e PROFESSIONAL SERVICES & PROJECT MGR	12,395	9,296	3,099	
f All other expenses RECOGNITION	1,875	1,406	469	
25 Total functional expenses. Add lines 1 through 24f	262,907	206,633	56,274	0
26 Joint costs. Check here ► <input type="checkbox"/> 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	52,430	1	60,348
	2 Savings and temporary cash investments	167,095	2	200,044
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	1,577	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
		0	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			
		0	6	
	7 Notes and loans receivable, net		0	7
	8 Inventories for sale or use			8
	9 Prepaid expenses and deferred charges			9
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 7,281		
	b Less accumulated depreciation	10b 6,627	342	10c 654
	11 Investments—publicly traded securities		0	11
	12 Investments—other securities See Part IV, line 11		0	12
	13 Investments—program-related See Part IV, line 11		0	13
	14 Intangible assets		0	14
	15 Other assets. See Part IV, line 11		31,656	15
	16 Total assets. Add lines 1 through 15 (must equal line 34)		253,100	16
Liabilities	17 Accounts payable and accrued expenses	2,139	17	6,134
	18 Grants payable			18
	19 Deferred revenue			19
	20 Tax-exempt bond liabilities		0	20
	21 Escrow or custodial 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			
		0	22	
	23 Secured mortgages and notes payable to unrelated third parties		0	23
	24 Unsecured notes and loans payable to unrelated third parties		0	24
	25 Other liabilities Complete Part X of Schedule D		0	25
	26 Total liabilities. Add lines 17 through 25		2,139	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	250,961	27	254,912
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	250,961	33	254,912
	34 Total liabilities and net assets/fund balances	253,100	34	261,046

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
 b Were the organization's financial statements audited by an independent accountant?  
 c If "Yes" to line 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?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  
 d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis

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?  
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b		X
2c	X	
3a		X
3b		

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

NM ASSOCIATION FOR HOME AND HOSPICE CARE, INC

Employer identification number

85-0313672

**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: (For lines 1 through 11, check only one box)

- 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 a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 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).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 it 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?
  - (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?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
<b>Total</b>									

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	0	0				0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 <b>Total.</b> Add lines 1 through 3	0	0	0	0	0	0
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 <b>Public support.</b> Subtract line 5 from line 4						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
11 <b>Total support.</b> Add lines 7 through 10						0
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> 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						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0 00%
16a <b>33 1/3% support test-2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b <b>33 1/3% support test-2008.</b> 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		► <input type="checkbox"/>
17a <b>10%-facts-and-circumstances test-2009.</b> 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		► <input type="checkbox"/>
b <b>10%-facts-and-circumstances test-2008.</b> 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		► <input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions		► <input type="checkbox"/>

**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 year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . .	89,311	156,546	121,459	217,484	165,163	749,963
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	87,535	89,813	91,338	77,158	98,131	443,975
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	176,846	246,359	212,797	294,642	263,294	1,193,938
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						1,193,938

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . .	176,846	246,359	212,797	294,642	263,294	1,193,938
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	2,297	5,840	8,028	9,898	3,564	29,627
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .						0
c Add lines 10a and 10b . . .	2,297	5,840	8,028	9,898	3,564	29,627
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . .	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12.)	179,143	252,199	220,825	304,540	266,858	1,223,565
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 ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . .	15	97.58%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . .	16	97.56%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . .	17	2 42%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . .	18	2 44%
19a 33 1/3% support tests—2009. 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 ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

NM ASSOCIATION FOR HOME AND HOSPICE CARE, INC

Employer identification number

85-0313672

Form 990 Part VI Section B Line 11A THE GOVERNING BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR

REVIEW THIS DOCUMENT AT THE BOARD MEETING PRECEDING DUE DATE OF RETURN

Form 990 Part VI Section B Line 15B EXECUTIVE COMMITTEE PROVIDES A REVIEW OF EXECUTIVE DIRECTOR'S

ANNUAL PERFORMANCE AND EVALUATION TO THE FULL BOARD TO REQUEST SALARY INCREASES

Form 990 Part VI Section C Line 19 UPON REQUEST ANYONE - THE PUBLIC, MEMBERS OR THE GOVERNING BOARD

CAN ACCESS ANY OF THESE DOCUMENTS WHICH ARE KEPT IN A BINDER AT THE ORGANIZATION'S OFFICE

Name of the organization  
**NM ASSOCIATION FOR HOME AND HOSPICE CARE, INC**

**Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

10

## Identification of Related Tax-Exempt Organizations (Complete if the organization had one or more related tax-exempt organizations during the tax year.)

Name of more related organizations during tax year.)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
	ADVOCACY FOR HOME&HOSP CARE 85-0466571 3200 CARRILLES NE #117, ALBUQUERQUE, NM 87110	ADVOCACY	NM	501c6	N/A	

**Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Part III

**Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.)

Part IV

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses

- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved
(1)		0
(2)		0
(3)		0
(4)		0
(5)		0
(6)		0

## Part VI Unrelated Organizations Taxable as a Partnership (

**Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenues) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.



NEW MEXICO ASSOCIATION  
FOR HOME & HOSPICE CARE

NEW MEXICO ASSOCIATION FOR HOME AND HOSPICE CARE  
BOARD OF DIRECTORS  
2009

**PRESIDENT**  
**Fran Moffitt**  
Basin Home Health, Inc.  
200 N. Orchard  
Farmington, NM 87401  
505-325-8231  
505-320-3071 Cell  
505-325-4516 Fax  
[fmoffitt@basinhomehealth.com](mailto:fmoffitt@basinhomehealth.com)  
Term Expires: 12/09

**PRESIDENT-ELECT**  
**Jennifer Chadwick**  
Ruidoso Home Care/Hospice  
PO Box 2019  
Ruidoso, NM 88355  
575-258-0028  
575-258-2648 Fax  
[jennifer@rhch.org](mailto:jennifer@rhch.org)  
Term Expires: 12/09

**SECRETARY**  
**Nancy Wertz**  
Alamogordo Home Care &  
Hospice.  
PO Drawer 29  
Alamogordo, NM 88311  
575-437-3500  
575-437-2399 Fax  
[wertznancy@beyondbb.com](mailto:wertznancy@beyondbb.com)  
Term Expires. 12/10

**TREASURER**  
**Donna Brown**  
Mesilla Valley Hospice, Inc.  
299 E. Montana  
Las Cruces, NM 88005  
575-525-5711  
575-649-6916 Cell  
575-525-5775 Fax  
[dbrown@mvhospice.org](mailto:dbrown@mvhospice.org)  
Term Expires: 12/09

**DIRECTORS**

**MEMBER-AT-LARGE – Linda Anderson**  
Memorial Home Health  
840 N. Telshor Blvd , Suite G  
Las Cruces, NM 88011-9965  
[Linda.Anderson@LPNT.net](mailto:Linda.Anderson@LPNT.net)  
Term Expires: 12/09

**REGION I – Patricia Reading**  
San Juan HH/Northwest New Mexico Hospice  
PO Box 3239  
Farmington, NM 87499  
[patricia\\_reading@pmsnet.org](mailto:patricia_reading@pmsnet.org)  
Term Expires: 12/10

**REGION II - Janine M. Brunjes**  
Heritage Home Healthcare & Hospice  
1700 Louisiana NE  
Albuquerque, NM 87110  
[JBrunjes@heritagehomehealthcare.com](mailto:JBrunjes@heritagehomehealthcare.com)  
Term Expires: 12/09

**REGION III - Jenni McNab**  
Coordinated Care  
205 W. Boutz Bldg. 5  
Las Cruces, NM 88005  
[jmcnab@chhc.com](mailto:jmcnab@chhc.com)  
Term Expires: 12/09

**REGION IV – Joyce Munoz**  
J&J Home Care  
P.O Box 184  
Artesia, NM 88211-0184  
[joycem@jjhc.org](mailto:joycem@jjhc.org)  
Term Expires: 12/10

**REGION V – David Foster**  
Maroland LLC  
3811 Atrisco Dr. NW, Suite D  
Albuquerque, NM 87120  
[dfoster432@yahoo.com](mailto:dfoster432@yahoo.com)  
Term Expires: 12/09

**PAST-PRESIDENT – Judy Sanchez**  
Clovis Homecare, Inc.  
1944 W 21<sup>st</sup> St.  
Clovis, NM 88101  
[judy.sanchez@chomedicare.com](mailto:judy.sanchez@chomedicare.com)

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575-522-4168 Fax

505-327-0301  
505-325-1330 Fax

505-366-2371  
505-232-3350 Fax  
505-803-0253 Cell

575-523-8885  
575-525-3137 Fax

575-746-2892  
575-746-3102 Fax

505-839-9888  
505-839-7787 Fax

575-769-2243  
575-762-6452 Fax

**COMMITTEE CHAIRS**

**EDUCATION** - Iris Wisnoski  
Lakeview Christian Home Health  
1300 N. Canal  
Carlsbad, NM 88220  
[lakeviewhh@caverns.com](mailto:lakeviewhh@caverns.com)

**HOSPICE Co-Chairs -Nancy Wertz**  
(Secretary), **Donna Brown (Treasurer)**  
**Percy Trujillo**  
RMC Home Care Services/Hospice  
640 Vanden Bosch Parkway  
Gallup, NM 87301  
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**GOVERNMENT RELATIONS**  
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[ddemoss@phs.org](mailto:ddemoss@phs.org)

**MEDICARE/MEDICAID/SKILLED**  
**Co-Chairs -Lorri Kelley**  
Good Samaritan Society – Las Cruces Village  
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Las Cruces, NM 88011  
[lkelley@good-sam.com](mailto:lkelley@good-sam.com)

**Steve Telles**  
MCS - Management Consulting Services  
7007 Wyoming Blvd. NE Suite D-5  
Albuquerque, NM 87109  
[mcsllc@comcast.net](mailto:mcsllc@comcast.net)

**MEDICAID WAIVER PRGM.**  
**David Foster (Region V Representative)**

**STANDARDS – Irma Felix**  
Home Kare Inc of Dona Ana  
1853 E. Lohman Ave.  
Las Cruces, NM 88001  
[homekare@zianet.com](mailto:homekare@zianet.com)

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575-885-7738 Fax

505-863-7041  
505-726-6940 Fax

575-835-8343  
575-835-8727 Fax

575-556-2103  
575-556-2181 Fax

505-888-5439  
505-878-1580 Fax

575-521-2663  
575-521-3046 Fax