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Form 990

67

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)

OMB No 1545 0047

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 6/01 , 2007, and ending 5/31 , 2008

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See specific Instructions.

C
Arlington Memorial Hospital Auxilary
800 W Randol Mill Rd
Arlington, TX 76012

D Employer Identification Number
75-1077608

E Telephone number
817-548-6100

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? [ ] Yes [X] No

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included? [ ] Yes [ ] No
(If 'No,' attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

G Web site: ► N/A

J Organization type (check only one) ► [X] 501(c) 4 ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ► [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ►

M Check ► [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 269,303.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a	125.	
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash $ 125. noncash $)			1e 125.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3 1,679.
	4	Interest on savings and temporary cash investments			4 110.
	5	Dividends and interest from securities			5
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c
	7	Other investment income (describe ►)			7
	8a	Gross amount from sales of assets other than inventory — (A) Securities	8a	(B) Other	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ► [ ]			
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a	24,800.	
	b	Less. direct expenses other than fundraising expenses	9b	8,941.	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a. Statement 1			9c 15,859.
	10a	Gross sales of inventory, less returns and allowances	10a	241,978.	
	b	Less: cost of goods sold	10b	220,464.	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a Statement 2			10c 21,514.
	11	Other revenue (from Part VII, line 103)			11 611.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11.			12 39,898.
EXPENSES	13	Program services (from line 44, column (B))			13 86,747.
	14	Management and general (from line 44, column (C))			14 26,567.
	15	Fundraising (from line 44, column (D))			15
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 113,314.
NET ASSETS	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 -73,416.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 494,025.
	20	Other changes in net assets or fund balances (attach explanation)			20
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20.			21 420,609.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instru TEEA0109L 12/27/07 Form 990 (2007)

SCANNED DEC 29 2010

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (att sch) See Stm 3 (cash $ 41,352. non-cash $ ____) If this amount includes foreign grants, check here ▶ ☐	22b	41,352.	41,352.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	10,313.	10,313.		
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	315.	315.		
39 Travel	39				
40 Conferences, conventions, and meetings	40	23,941.		23,941.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	2,626.		2,626.	
43 Other expenses not covered above (itemize). a See Statement 4	43a	34,767.	34,767.		
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	113,314.	86,747.	26,567.	0.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs $ ____; (ii) the amount allocated to Program services $ ____; (iii) the amount allocated to Management and general $ ____; and (iv) the amount allocated to Fundraising $ ____

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► See Statement 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a The organizations provides volunteer services to Arlington Memorial Hospital, a 501(c)(3) acute care hospital. A total of 373 voluntees provided services to the hospital.

(Grants and allocations $ 18,852.) If this amount includes foreign grants, check here ► ☐ 64,247.

b Nursing scholarships awarded to 15 people

(Grants and allocations $ 22,500.) If this amount includes foreign grants, check here ► ☐ 22,500.

c

(Grants and allocations $) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations $) If this amount includes foreign grants, check here ► ☐

e Other program services.

(Grants and allocations $) If this amount includes foreign grants, check here ► ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ► 86,747.

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

				(A) Beginning of year		(B) End of year
ASSETS	45	Cash — non-interest-bearing		10,491.	45	10,491.
	46	Savings and temporary cash investments		426,946.	46	299,186.
	47a	Accounts receivable	7,458.			
	b	Less. allowance for doubtful accounts	47b	43,005.	47c	7,458.
	48a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less: allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use		13,583.	52	53,573.
	53	Prepaid expenses and deferred charges			53	
	54a	Investments — publicly-traded securities. ► ☐ Cost ☐ FMV			54a	
	b	Investments — other securities (attach sch) ► ☐ Cost ☐ FMV			54b	
	55a	Investments — land, buildings, & equipment: basis	55a			
	b	Less. accumulated depreciation (attach schedule)	55b		55c	
	56	Investments — other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis	57a 52,527.			
	b	Less: accumulated depreciation (attach schedule) Statement 6.	57b 2,626.		57c	49,901.
	58	Other assets, *including program-related investments* (describe ►)			58	
	59	**Total assets** (must equal line 74). Add lines 45 through 58		494,025.	59	420,609.
LIABILITIES	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe ►)			65	
	66	**Total liabilities.** Add lines 60 through 65		0.	66	0.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here** ► ☐ and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted			67	
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ► ☒ and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds		494,025.	72	420,609.
	73	**Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		494,025.	73	420,609.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		494,025.	74	420,609.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12.			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify).	d2		
	Add lines d1 and d2		d	
e	**Total revenue** (Part I, line 12) Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	**Total expenses** (Part I, line 17). Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 7		0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. ► 17			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' ►	75c		X
If 'Yes,' attach a statement that includes the information described in the instructions.			
d Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None				

Part VI Other Information *(See the instructions.)*

		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77		X
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		X
b If 'Yes,' enter the name of the organization ► N/A and check whether it is ☐ exempt or ☐ nonexempt.			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.			
b Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85a	*501(c)(4), (5), or (6)* Were substantially all dues nondeductible by members?	85a	X	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If 'Yes' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88b		X
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ► N/A , section 4912 ► N/A ; section 4955 ► N/A			
b	*501(c)(3) and 501(c)(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,' attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ► 0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X

90a List the states with which a copy of this return is filed ► None

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 0

91a The books are in care of ► Leslie Light Telephone number ► 817-548-6100

Located at ► 800 W Randol Mill Rd Arlington TX ZIP + 4 ► 76012

			Yes	No
b	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)?	91b		X
	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.

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? . .	91c	X

If 'Yes,' enter the name of the foreign country ►

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* – Check here . . . . . N/A. ► ☐

and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► 92 N/A

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments . .					
g Fees & contracts from government agencies . . .					
94 Membership dues and assessments					1,679.
95 Interest on savings & temporary cash invmnts			14	110.	
96 Dividends & interest from securities .					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop . . .					
99 Other investment income' . .					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					15,859.
102 Gross profit or (loss) from sales of inventory. .					21,514.
103 Other revenue: a					
b Newspaper Sales					611.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)).				110.	39,663.
105 **Total** (add line 104, columns (B), (D), and (E)) . . . . . ►					39,773.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
b	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note: *If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).*

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

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

Please Sign Here

► Cindy Kemp — Signature of officer — Date: 10-29-2010

► CINDY KEMP, TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Non-Paid Preparer — Date — Check if self employed ► ☒ — Preparer's SSN or PTIN (See General Instruction X)

Firm's name (or yours if self employed), address, and ZIP + 4 ► — EIN ► — Phone no ►

Statement 1
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contri-butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Jewelry Sale	6,894.	0.	6,894.	0.	6,894.
Stamp Sales	5,847.	0.	5,847.	5,818.	29.
Cruise	5,050.	0.	5,050.	0.	5,050.
Leather Sale	7,009.	0.	7,009.	3,123.	3,886.
Total	$ 24,800.	$ 0.	$ 24,800.	$ 8,941.	$ 15,859.

Statement 2
Form 990, Part I, Line 10
Gross Profit (Loss) From Sales Of Inventory

Gift Shop Sales	$	241,978.
Gross Sales	$	241,978.
Less Returns & Allowances		0.
Net Sales	$	241,978.
Less Cost Of Goods Sold		220,464.
Gross Profit From Sales Of Inventory	$	21,514.

Statement 3
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Class of Activity:	Scholarship	
Donee's Name:	University of Texas	
Donee's Address:	1 University Dr. Austin, TX 78712	
Amount Given:		$ 1,500.
Class of Activity:	Scholarship	
Donee's Name:	University of Dallas	
Donee's Address:	1845 E. Northgate Dr. Irving, TX 20001	
Amount Given:		1,500.
Class of Activity:	Scholarship	
Donee's Name:	Tarrant County College	
Donee's Address:	1500 Houston St Fort Worth, TX 76102	
Amount Given:		1,500.
Class of Activity:	Scholarship	
Donee's Name:	UT Arlington	
Donee's Address:	701 S. Nedderman Dr. Arlington, TX 76019	
Amount Given:		1,500.

Statement 3 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Class of Activity:	Scholarship	
Donee's Name:	Kathryn Abrahamson	
Donee's Address:	800 W Randol Mill Rd Arlington, TX 76012	
Amount Given:		$ 1,500.
Class of Activity:	Scholarship	
Donee's Name:	Mindy Barrett	
Donee's Address:	800 W Randol Mill Rd Arlington, TX 76012	
Amount Given:		1,500.
Class of Activity:	Scholarship	
Donee's Name:	Rebecca Blackman	
Donee's Address:	800 W Randol Mill Rd Arlington, TX 76012	
Amount Given:		1,500.
Class of Activity:	Scholarship	
Donee's Name:	Jill Coggins	
Donee's Address:	800 W Randol Mill Rd Arlington, TX 76012	
Amount Given:		1,500.
Class of Activity:	Scholarship	
Donee's Name:	Mary De La Garza	
Donee's Address:	800 W Randol Mill Rd Arlington, TX 76012	
Amount Given:		1,500.
Class of Activity:	Scholarship	
Donee's Name:	Damilda Olatunji	
Donee's Address:	800 W Randol Mill Rd Arlington, TX 76012	
Amount Given:		1,500.
Class of Activity:	Scholarship	
Donee's Name:	Deanna Ramsour	
Donee's Address:	800 W Randol Mill Rd Arlington, TX 76012	
Amount Given:		1,500.
Class of Activity:	Scholarship	
Donee's Name:	Joshua Steel	
Donee's Address:	800 W Randol Mill Rd Arlington, TX 76012	
Amount Given:		1,500.
Class of Activity:	Scholarship	
Donee's Name:	Ly Hai Thach	
Donee's Address:	800 W Randol Mill Rd Arlington, TX 76012	
Amount Given:		1,500.
Class of Activity:	Scholarship	

Statement 3 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Donee's Name:	Giang Vo	
Donee's Address:	800 W Randol Mill Rd Arlington, TX 76012	
Amount Given:		$ 1,500.
Class of Activity:	Scholarship	
Donee's Name:	Joyce Varghese	
Donee's Address:	800 W Randol Mill Rd Arlington, TX 76012	
Amount Given:		1,500.
Class of Activity:	General Donation	
Donee's Name:	Arlington Memorial Hospital	
Donee's Address:	800 W Randol Mill Rd Arlington, TX 76012	
Amount Given:		18,852.
	Total Grants and Allocations	$ 41,352.

Statement 4
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Awards & Pins	2,511.	2,511.		
Consulting Fee	1,604.	1,604.		
Credit Card Fees	6,298.	6,298.		
License & Fees	75.	75.		
Miscellaneous Expense	1,319.	1,319.		
Parade Float	2,550.	2,550.		
Sales Tax	19,172.	19,172.		
Uniforms & Dues	1,238.	1,238.		
Total	$ 34,767.	$ 34,767.	$ 0.	$ 0.

Statement 5
Form 990 , Part III
Organization's Primary Exempt Purpose

Volunteer services for local tax exempt hospital.

Statement 6
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Improvements	$ 52,527.	$ 2,626.	$ 49,901.
Total	$ 52,527.	$ 2,626.	$ 49,901.

Statement 7
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
Bruce Wetmore 800 W Randol Mill Rd Arlington, TX 76012	President 0	$ 0.	$ 0.	$ 0.
Freda Thornton 800 W Randol Mill Rd Arlington, TX 76012	Secretary 0	0.	0.	0.
Leslie Light 800 W Randol Mill Rd Arlington, TX 76012	Treasurer 0	0.	0.	0.
Wanda Darnall 800 W Randol Mill Rd Arlington, TX 76012	Vice President 0	0.	0.	0.
George Carr 800 W Randol Mill Rd Arlington, TX 76012	Vice President 0	0.	0.	0.
Heather Barnes 800 W Randol Mill Rd Arlington, TX 76012	Vice President 0	0.	0.	0.
Dolouris Wages 800 W Randol Mill Rd Arlington, TX 76012	Historian 0	0.	0.	0.
Ernie Kanemura 800 W Randol Mill Rd Arlington, TX 76012	Trustee 0	0.	0.	0.
Donna Schepis 800 W Randol Mill Rd Arlington, TX 76012	Trustee 0	0.	0.	0.

Statement 7 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
Verna Moritz 800 W Randol Mill Rd Arlington, TX 76012	Trustee 0	$ 0.	$ 0.	$ 0.
Sheila Adams 800 W Randol Mill Rd Arlington, TX 76012	Trustee 0	0.	0.	0.
Ronda Stewart 800 W Randol Mill Rd Arlington, TX 76012	Trustee 0	0.	0.	0.
Judy Yacio 800 W Randol Mill Rd Arlington, TX 76012	Trustee 0	0.	0.	0.
Gini Floyd 800 W Randol Mill Rd Arlington, TX 76012	Trustee 0	0.	0.	0.
Kathleen Spradlin 800 W Randol Mill Rd Arlington, TX 76012	Trustee 0	0.	0.	0.
Cindy Kemp 800 W Randol Mill Rd Arlington, TX 76012	Trustee 0	0.	0.	0.
Arline Beavers 800 W Randol Mill Rd Arlington, TX 76012	Trustee 0	0.	0.	0.
	Total	$ 0.	$ 0.	$ 0.

Client AMHAUX Arlington Memorial Hospital Auxilary 75-1077608

Special Events Worksheet

Special Event	Gross Receipts	Less Contri-butions	Gross Revenue	Less Direct Expenses	Net Income or Loss
Jewelry Sale	$ 6,894.	$ 0.	$ 6,894.	$ 0.	$ 6,894.
Stamp Sales	5,847.	0.	5,847.	5,818.	29.
Cruise	5,050.	0.	5,050.	0.	5,050.
Subtotal	$ 17,791.	$ 0.	$ 17,791.	$ 5,818.	$ 11,973.
Leather Sale	4,053.	0.	4,053.	3,123.	930.
Booksale	2,956.	0.	2,956.	0.	2,956.
*Subtotal	$ 7,009.	$ 0.	$ 7,009.	$ 3,123.	$ 3,886.
Total	$ 24,800.	$ 0.	$ 24,800.	$ 8,941.	$ 15,859.

*Events combined on the return's statement as the fourth largest event.

Computation of Cost of Goods Sold (Form 990)

1. Inventory at start of year	13,583.
2. Purchases	260,454.
3. Cost of labor	0.
4. Additional 263A costs	0.
5. Other costs	0.
6. Total (Add lines 1 through 5)	274,037.
7. Inventory at end of year	53,573.
8. Cost of goods sold (Subtract line 7 from line 6)	220,464.

ext

- 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: Arlington Memorial Hospital Auxilary

Employer identification number: 75-1077608

Number, street, and room or suite number If a P O box, see instructions: 800 W Randol Mill Rd

For IRS use only

City, town or post office, state, and ZIP code For a foreign address, see instructions: Arlington, TX 76012

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 ► Leslie Light
  Telephone No. ► 817-548-6100 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 4/15 , 20 09

5 For calendar year ____ , or other tax year beginning 6/01 , 20 07 , and ending 5/31 , 20 08 .

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. . . Additional time is requested to gather the information necessary to file a complete and accurate return.

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	$
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	$
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	$

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 ► [signature] Title ► CPA Date ► 1/2/09

Notice to Applicant. (To be Completed by the IRS)

[ ] We **have** approved this application. Please attach this form to the organization's return.

[ ] We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return.

[ ] We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period

[ ] We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested

[ ] Other _____

Director By _____ Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print

Name: TEXAS HEALTH RESOURCES

Number and street (include suite, room, or apartment number) or a P.O. box number: 612 E. Lamar Blvd, STE 1400

City or town, province or state, and country (including postal or ZIP code): ARLINGTON, TX 76011-4010