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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

2008

Open to Public Inspection

A For 2008 calendar year, or tax year beginning MAY 01 , 2008, and ending APRIL 30 , 20 09

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 Name of organization
BEEBE MEDICAL CENTER AUXILIARY, INC

No. & street (or P.O. box, if mail is not delivered to street address) Room/suite
424 SAVANNAH ROAD

City or town, state or country, and ZIP + 4
LEWES DE 19958

D Employer identification number
51-0282386

E Telephone number
(302)645-9785

F Group Exemption Number. . . . ▶

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

G Accounting method: ☐ Cash ☒ Accrual Other (specify) ▶

I **Website:** ▶N/A

H Check ▶ ☒ if organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

J **Organization type** (check only one) -- ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ . . ▶ $ 526,247

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	5,464
	2	Program service revenue including government fees and contracts		2	305,333
	3	Membership dues and assessments		3	1,930
	4	Investment income		4	1,716
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☒			
	a	Gross revenue (not including $ 4,825 of contributions reported on line 1)	6a	67,138	
	b	Less: direct expenses other than fundraising expenses	6b	46,141	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	20,997
	7a	Gross sales of inventory, less returns and allowances	7a	144,666	
	b	Less: cost of goods sold	7b	67,530	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) #1		7c	77,136
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	412,576
EXPENSES	10	Grants and similar amounts paid (attach schedule) #2		10	277,000
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	3,872
	14	Occupancy, rent, utilities, and maintenance		14	58,034
	15	Printing, publications, postage, and shipping.		15	
	16	Other expenses (describe ▶ SEE ATTACHMENT #3)		16	58,689
	17	**Total expenses.** Add lines 10 through 16 ▶		17	397,595
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	14,981
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	96,075
	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 through 20 ▶		21	111,056

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	42,751	22	15,527
23	Land and buildings	6,232	23	7,540
24	Other assets (describe ▶ SEE ATTACHMENT #4)	47,092	24	87,989
25	**Total assets**	96,075	25	111,056
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	96,075	27	111,056

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

What is the organization's primary exempt purpose? SEE ATTACHMENT #5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts; optional for others.)

28	SEE ATTACHMENT #6 (Grants $ 82,037) If this amount includes foreign grants, check here ▶ ☐	28a	149,567
29	(Grants $ 7,377) If this amount includes foreign grants, check here ▶ ☐	29a	7,377
30	(Grants $ 185,586) If this amount includes foreign grants, check here ▶ ☐	30a	308,181
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	465,125

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instr. for Part IV.)

(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 & deferred compensation	(e) Expense account and other allowances
SEE ATTACHMENT #7				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ NONE

42a The books are in care of ▶ SEE ATTACHMENT #8 Telephone no. ▶

Located at ▶ ZIP + 4 ▶

			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)?	42b		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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		X

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over $100,000 ▶		

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.

Signature of officer — Date: 3-15-10

DONALD LUND — TREASURER

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's Identifying No (See instr.)
	03-14-2010	☐	P00439987

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶	Phone no. ▶
RG STARKEY & COMPANY PA 1043 NORTH WALNUT STREET MILFORD, DE 19963-	51-0374420	302- 422-0108

May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate Instructions.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	**Employer identification number**
BEEBE MEDICAL CENTER AUXILIARY, INC	51-0282386

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

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

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

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

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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?

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

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(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	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,008	3,000	3,928	1,543	7,394	18,873
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	209,510	223,579	297,356	423,659	449,999	1,604,103
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5	212,518	226,579	301,284	425,202	457,393	1,622,976
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						1,622,976

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	212,518	226,579	301,284	425,202	457,393	1,622,976
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	634	1,282	3,134	3,940	1,716	10,706
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	634	1,282	3,134	3,940	1,716	10,706
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						1,633,682

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.34 %
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	98.60 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	1 %
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	1 %

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

b **33 1/3 % support tests -- 2007.** If the organization did not check a box on line 14 or 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 ▶ ☐

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization
BEEBE MEDICAL CENTER AUXILIARY, INC

Employer identification number
51-0282386

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fund-raiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 UNIFORMS (event type)	(b) Event #2 JEWELRY (event type)	(c) Other Events 5 (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	29,872	14,873	23,862	68,607
	2 Less: Charitable contributions			4,825	4,825
	3 Gross revenue (line 1 minus line 2)	29,872	14,873	19,037	63,782
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	22,901	11,004	12,236	46,141
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(46,141)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				17,641

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) thru col. (c))
REVENUE	1 Gross revenue			3,356	3,356
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☒ No	☐ Yes ____ % ☒ No	☒ Yes 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				3,356

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: DE			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		X
b	If "No," Explain: RAFFLES OF DONATED ITEMS FOR GRANT DONATED TO BEEBE MEDICAL CENTER INC			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11	X	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		X

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a 100.00 %		
b	An outside facility	13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ SEE ATTACHMENT #9			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .			
c	If "Yes," enter name and address:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

BOOKS ARE IN CARE OF

ATTACHMENT 1: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 05-01 , and ending 04-30-2009.

Name of Organization	Employer Identification Number
BEEBE MEDICAL CENTER AUXILIARY, INC	51-0282386

Part VI - Line 91a

Individual Name .. DONALD LUND
or
Business Name:

Street Address ... 16052 FOX CUB CIRCLE

U.S. Address:

Zip code 19968 City MILTON State DE
or
Foreign Address

City ...

Province or State ...

Country ...

Postal code ...

Phone Number ... (302)644-8888

Fax Number ...

7007 2560 0003 2790 4046

BOOKS ARE IN CARE OF

ATTACHMENT 1: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 05-01 , and ending 04-30-2009.

Name of Organization	Employer Identification Number
BEEBE MEDICAL CENTER AUXILIARY, INC	51-0282386

Part VI - Line 91a

Individual Name ..... DONALD LUND

or

Business Name:

Street Address ..... 16052 FOX CUB CIRCLE

U.S. Address:

Zip code 19968 City MILTON State DE

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (302)644-8888

Fax Number .....

7007 2560 0003 2794 5100

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 7 **Keep for Your Records**

KEEP FOR YOUR RECORDS | **For calendar year 2008 or tax period beginning** 05-01-2008 **, and ending** 04-30-2009.

Name of Organization
BEEBE MEDICAL CENTER AUXILIARY, INC

Employer Identification Number
51-0282386

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
GIFT SHOP MERCHANDISE	144,666	67,530	77,136
Total	144,666	67,530	77,136

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC INSPECTION

For Calendar year 2008, or tax year period beginning 05-01-2008 **and ending** 04-30-2009

Name of Organization
BEEBE MEDICAL CENTER AUXILIARY, INC

Employer Identification Number
51-0282386

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
TUNNEL CANCER CENTER	BEEBE MEDICAL CENTER INC LEWES, DE 19958		TUNNEL CANCER CENTER
NURSING SCHOLARSHIPS	BEEBE MEDICAL CENTER INC LEWES, DE 19958		NURSING SCHOLARSHIPS

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
	CASH GRANT	275,000	CASH	CASH	2009-04
	CASH GRANT	2,000	CASH	CASH	2008-05
	Total	277,000			

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC INSPECTION | For calendar year 2008 or tax period beginning 05-01-2008, and ending 04-30-2009.

Name of Organization
BEEBE MEDICAL CENTER AUXILIARY, INC

Employer Identification Number
51-0282386

Description of Other Expenses	Amount
OFFICE EXPENSES	1,411
TRAVEL	626
DEPRECIATION	1,766
LEASED EMPLOYEE	46,589
SUPPLIES	5,845
MERCHANT FEES	1,700
STORAGE RENTAL	720
TAXES	32
Total	58,689

SCHEDULE OF OTHER ASSETS

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 24

OPEN TO PUBLIC INSPECTION

For calendar year 2008 or tax period beginning 05-01-2008, **and ending** 04-30-2009.

Name of Organization
BEEBE MEDICAL CENTER AUXILIARY, INC

Employer Identification Number
51-0282386

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
INVENTORY	41,392	75,701	
RENT DEPOSIT	5,700	5,700	
POS COMPUTER REGISTER		6,588	
Totals	47,092	87,989	

PRIMARY EXEMPT PURPOSE

ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 05-01 , and ending 04-30-2009.	
Name of Organization		**Employer Identification Number**
BEEBE MEDICAL CENTER AUXILIARY, INC		51-0282386

Primary Purpose

SUPPORT BEEBE MEDICAL CENTER INC BY DONATING A GRANT FOR THE TUNNEL CANCER CENTER AND NURSING SCHOLARSHIPS

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 05-01-2008, and ending 04-30-2009.

Name of Organization	Employer Identification Number
BEEBE MEDICAL CENTER AUXILIARY, INC	51-0282386

Part III - Statement of Program Service Accomplishments

Grants and allocations	82,037	Amount includes foreign grants	Program service expenses	149,567

Exempt Purpose Achievements

OPERATION OF GIFT SHOP, SELLING VARIOUS MERCHANDISE TO HOSPITAL STAFF, PATIENTS AND THE GENERAL PUBLIC. PROFITS FROM THIS ACTIVITY CONTRIBUTE TO THE GRANT DONATED TO THE BEEBE MEDICAL CENTER FOR THE TUNNEL CANCER CENTER AND THE NURSING SCHOLARSHIP. FOR THE YEAR ENDED 04-30-2009, $82,037 WAS ALLOCATED TOWARD THE $275,000 GRANT TO BEEBE MEDICAL CENTER AND $2,000 NURSING SCHOLARSHIPS. ESTIMATED RENTAL VALUE OF SPACE FROM HOSPITAL IS $6,000.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 2 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 05-01-2008, and ending 04-30-2009.	
Name of Organization		**Employer Identification Number**
BEEBE MEDICAL CENTER AUXILIARY, INC		51-0282386

Part III - Statement of Program Service Accomplishments

Grants and allocations	7,377	Amount includes foreign grants		Program service expenses	7,377

Exempt Purpose Achievements

OPERATION OF VENDING MACHINES LOCATED IN THE HOSPITAL AND COSTS ASSOCIATED WITH AUXILIARY VOLUNTEERS WHO SERVE AS CANDY STRIPERS. THESE SERVICES ARE AVAILABLE TO HOSPITL STAFF, PATIENTS AND THE GENERAL PUBLIC. PROFITS FROM THIS ACTIVITY CONTRIBUTE TO THE GRANT DONATED TO THE BEEBE MEDICAL CENTER FOR THE TUNNEL CANCER CENTER AND THE NURSING SCHOLARSHIPS. FOR THE YEAR ENDED 04-30-2009, $7,377 WAS ALLOCATED TOWARD THE $275,000 GRANT TO BEEBE MEDICAL CENTER AND $2,OOO NURSING SCHOLARSHIPS.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 3 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 05-01-2008, and ending 04-30-2009.	
Name of Organization BEEBE MEDICAL CENTER AUXILIARY, INC		**Employer Identification Number** 51-0282386

Part III - Statement of Program Service Accomplishments

Grants and allocations	185,586	Amount includes foreign grants	Program service expenses	308,181

Exempt Purpose Achievements

OPERATION OF THRIFT STORE, SELLING VARIOUS DONATED MERCHANDISE TO THE GENERAL PUBLIC. PROFITS FROM THIS ACTIVITY CONTRIBUTE TO THE GRANT DONATED TO THE BEEBE MEDICAL CENTER FOR THE TUNNEL CANCER CENTER AND NURSING SCHOLARSHIPS. FOR THE YEAR ENDED 04-30-2009, $187,586 WAS ALLOCATED TOWARD THE $275,000 GRANT TO BEEBE MEDICAL CENTER AND $2,000 NURSING SCHOLARSHIPS. ESTIMATED RENTAL VALUE OF TRUCK AND LIFT PROVIDED BY BEEBE MEDICAL CENTER FOR USE BY THE THRIFT SHOP IS $2,000.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 7: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION | For calendar year 2008 or tax period beginning 05-01-2008, and ending 04-30-2009.

Name of Organization
BEEBE MEDICAL CENTER AUXILIARY, INC

Employer Identification Number
51-0282386

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
PATRICIA SANDY 37 FOX CREEK DRIVE REHOBOTH BEACH, DE 19971	PRESIDENT 10.00	0	0	0
ELIZABETH SURBAUGH 28580 HICKORY DRIVE HARBESON, DE 19951	1ST VICE PRESIDENT 3.00	0	0	0
PATT CHEYNEY 7 COUNTRY LANE LEWES, DE 19958	2ND VICE PRESIDENT 3.00	0	0	0
MARNE COPPINGER 12 AUTUMNWOOD WAY LEWES, DE 19958	REC SECRETARY 5.00	0	0	0
NACY KRATZ 13 OAKRIDGE DRIVE MILTON, DE 19968	CORR SECRETARY 5.00	0	0	0
DONALD LUND 35553 CREEKSIDE DRIVE REHOBOTH BEACH, DE 19771	TREASURER 8.00	0	0	0
BETTY GLEESON 133 FELTON STREET REHOBOTH BEACH, DE 19971	MEMBER-AT-LAR 1.00	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 8 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 05-01 , and ending 04-30-2009.

Name of Organization	Employer Identification Number
BEEBE MEDICAL CENTER AUXILIARY, INC	51-0282386

Part V - Line 42a

Individual Name ..... DONALD LUND

or

Business Name:

Street Address ..... 16052 FOX CUB CIRCLE

U.S. Address:

Zip code 19968 City MILTON State DE

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (302)644-8888

Fax Number .....

GAMING/SPECIAL EVENTS BOOKS AND RECORDS

ATTACHMENT 9: SCH G PAGE 3, PART III, LINE 14

OPEN TO PUBLIC INSPECTION | For calendar year 2008 or tax period beginning 05-01-2008, and ending 04-30-2009.

Name of Organization	Employer Identification Number
BEEBE MEDICAL CENTER AUXILIARY, INC	51-0282386

Part III - Line 14

Individual Name ..... DONALD LUND

or

Business Name:

Street Address ..... 16052 FOX CUB CIRCLE

U.S. Address:

Zip code 19968 City MILTON State DE

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Form 8868 (Rev. April 2008)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	BEEBE MEDICAL CENTER AUXILIARY, INC	51-0282386
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	424 SAVANNAH ROAD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions.	
	LEWES DE 19958	

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

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

- The books are in the care of ▶ SEE ATTACHMENT #1

Telephone No. ▶ _____ FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . . ▶ [ ]. If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until DECEMBER 15, 20 09, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year 20 ___ or

▶ [X] tax year beginning MAY 01, 20 08, and ending APRIL 30, 20 09.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev 4-2008)

JVA 08 88681 TWF 30872 Copyright Forms (Software Only) - 2008 TW

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- 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		Employer Identification number
	BEEBE MEDICAL CENTER AUXILIARY, INC		51-0282386
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	424 SAVANNAH ROAD		
	City, town or post office, state, and ZIP code. For a foreign address, see inst.		
	LEWES DE 19958		

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 (sec. 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 the care of ▶ SEE ATTACHMENT #1

  Telephone No. ▶ _____ 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 MARCH 15, 2010.

5 For calendar year _____, or other tax year beginning MAY 01, 2008, and ending APR 30, 2009.

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 NEEDED TO FILE A COMPLETE AND ACCURATE TAX 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**	$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	**8b**	$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**8c**	$	0

Signature and Verification

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

Signature ▶ _____ Title ▶ CPA Date ▶ 12-06-2009

7007 2560 0003 2794 5100