See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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 JUNE 01 , 2008, and ending MAY 31 , 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
Arlington Memorial Hospital Auxilary

No. & street (or P.O. box, if mail is not delivered to street address) Room/suite
800 W Randol Mill Rd

City or town, state or country, and ZIP + 4
Arlington TX 76012

D Employer identification number
75-1077608

E Telephone number
(817)548-6100

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 [X] Accrual Other (specify) ▶

I Website: ▶N/A

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

J Organization type (check only one) -- [X] 501(c)(4) ◀ (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 . . ▶ $ 402,658

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	536
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	1,918
	4	Investment income		4	
	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 $ _____ of contributions reported on line 1)	6a	5,410	
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	5,410
	7a	Gross sales of inventory, less returns and allowances	7a	394,794	
	b	Less: cost of goods sold	7b	290,043	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) #1		7c	104,751
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	112,615
EXPENSES	10	Grants and similar amounts paid (attach schedule) #2		10	61,993
	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	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See attachment #3)		16	86,456
	17	**Total expenses.** Add lines 10 through 16 ▶		17	148,449
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-35,834
	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	420,609
	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	384,775

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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	309,677	22	267,857
23 Land and buildings		23	
24 Other assets (describe ▶ See attachment #4)	110,932	24	116,918
25 **Total assets**	420,609	25	384,775
26 **Total liabilities** (describe ▶ _____)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	420,609	27	384,775

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Form **990-EZ** (2008)

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16P

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 $ 39,493) If this amount includes foreign grants, check here ▶ ☐ — 28a 99,174

29

(Grants $ 22,500) If this amount includes foreign grants, check here ▶ ☐ — 29a 22,500

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ — 30a

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) ▶ — 32 121,674

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 ▶ ; section 4912 ▶ ; section 4955 ▶			
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

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.

▶ Cindy Kemp 03-09-2010
Signature of officer Date

▶ CINDY KEMP, TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ NONPAID PREPARER	Date	Check if self-employed ▶ ☐	Preparer's Identifying No. (See instr.)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Texas Health Resources 612 E Lamar Blvd Ste 1400 Arlington, TX 76011-			EIN ▶ Phone no. ▶

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

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 06-01 , and ending 05-31-2009.

Name of Organization	Employer Identification Number
Arlington Memorial Hospital Auxilary	75-1077608

Part VII Books In Care of

Individual Name or Business Name: Leslie Light

Street Address: 800 W Randol Mill Rd

U.S. Address:

Zip code 76012 City Arlington State TX

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (817)548-6100

Fax Number

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** 06-01-2008 **, and ending** 05-31-2009.

Name of Organization
Arlington Memorial Hospital Auxilary

Employer Identification Number
75-1077608

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
Gift Shop	394,794	290,043	104,751
Total	394,794	290,043	104,751

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 06-01-2008 and ending 05-31-2009.

Name of Organization
Arlington Memorial Hospital Auxilary

Employer Identification Number
75-1077608

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
ED Expansion	Arlington Memorial Hospital 800 West Randol Mill Rd Arlington, TX 76012		
General Donation	Maxie Speer Elementary 811 Fuller Street Arlington, TX 76012		
15 scholarships @ $1,500 each	, , ,		
AMH Emergency Waiting Play Area	Arlington Memorial Hospital 800 West Randol Mill Rd Arlington, TX 76012		
Patient Papers	Arlington Memorial Hospital 800 West Randol Mill Rd		

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
None	Cash	15,000			
None	Cash	5,000			
None	Cash	22,500			
None	Cash	1,399			
	Total	43,899			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 2: page 2 - 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 06-01-2008 and ending 05-31-2009.

Name of Organization
Arlington Memorial Hospital Auxilary

Employer Identification Number
75-1077608

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
	Arlington, TX 76012		
AMH Special Projects	Arlington Memorial Hospital 800 West Randol Mill Rd Arlington, TX 76012		
THR Associates Program	Arlington Memorial Hospital 800 West Randol Mill Rd Arlington, TX 76012		
General Donation	Arlington Memorial Hospital 800 West Randol Mill Rd Arlington, TX 76012		

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
None	Cash	6,687			
None	Cash	3,907			
None	Cash	2,500			
		5,000			
	Total	18,094			

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 06-01-2008, and ending 05-31-2009.

Name of Organization
Arlington Memorial Hospital Auxilary

Employer Identification Number
75-1077608

Description of Other Expenses	Amount
Account Analysis Fees	356
Awards & Pins	3,530
Conventions & Meetings	23,245
Credit Card Fees	7,109
Depreciation	3,404
Dues & Uniforms	22
Funerals	531
Miscellaneous	1,142
Other Fees	671
Parade Float	2,710
Returned Checks	5,163
Sales Tax	28,748
Supplies	9,825
Total	86,456

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 06-01-2008, **and ending** 05-31-2009.

Name of Organization
Arlington Memorial Hospital Auxilary

Employer Identification Number
75-1077608

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
Fixed Assets NBV	49,901	51,937	
Accounts Recievable	7,458	11,408	
Inventory	53,573	53,573	
Totals	110,932	116,918	

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 06-01 , and ending 05-31-2009.

Name of Organization	Employer Identification Number
Arlington Memorial Hospital Auxilary	75-1077608

Primary Purpose

Volunteer services for local tax exempt hospital.

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 06-01-2008, and ending 05-31-2009.	
Name of Organization		**Employer Identification Number**
Arlington Memorial Hospital Auxilary		75-1077608

Part III - Statement of Program Service Accomplishments

Grants and allocations	39,493	Amount includes foreign grants	Program service expenses	99,174

Exempt Purpose Achievements

The organization provides volunteer services to Arlington Memorial Hospital, a 501(c)(3) acute care hospital. A total of 365 volunteers provide services to the hospital.

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 06-01-2008, and ending 05-31-2009.	
Name of Organization		**Employer Identification Number**
Arlington Memorial Hospital Auxilary		75-1077608

Part III - Statement of Program Service Accomplishments

Grants and allocations	22,500	Amount includes foreign grants		Program service expenses	22,500

Exempt Purpose Achievements

Nursing scholarships awarded to 15 people.

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 06-01-2008, and ending 05-31-2009.

Name of Organization Arlington Memorial Hospital Auxilary

Employer Identification Number 75-1077608

(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
Delouris Wages 800 W Randol Mill Rd Arlington, TX 76012	President 1.00	0	0	0
Billie Clark 800 W Randol Mill Rd Arlington, TX 76012	2nd Vice President 1.00	0	0	0
Jim Byman 800 W Randol Mill Rd Arlington, TX 76012	3rd Vice President 1.00	0	0	0
Mary Perron 800 W Randol Mill Rd Arlington, TX 76012	Secretary 1.00	0	0	0
Cindy Kemp 800 W Randol Mill Rd Arlington, TX 76012	Treasurer 1.00	0	0	0
Gini Floyd 800 W Randol Mill Rd Arlington, TX 76012	Historian 1.00	0	0	0
Jerry Panek 800 W Randol Mill Rd Arlington, TX 76012	Charts Unlimited 1.00	0	0	0
Norma Dixson 800 W Randol Mill Rd Arlington, TX 76012	Day Captains 1.00	0	0	0
John Weddle 800 W Randol Mill Rd Arlington, TX 76012	Floor Service 1.00	0	0	0
Verna Moritz 800 W Randol Mill Rd Arlington, TX 76012	Hospitality 1.00	0	0	0
Mickie Lee 800 W Randol Mill Rd Arlington, TX 76012	Junior Sponsor 1.00	0	0	0
Janice Aspelin 800 W Randol Mill Rd Arlington, TX 76012	Newsletter 1.00	0	0	0
Bruce Wetmore 800 W Randol Mill Rd Arlington, TX 76012	Parliamentari 1.00	0	0	0
Dottie Hughes 800 W Randol Mill Rd Arlington, TX 76012	Special Projects 1.00	0	0	0
Phyllis Badgett 800 W Randol Mill Rd Arlington, TX 76012	Telephone 1.00	0	0	0
Peggy Terrell 800 W Randol Mill Rd Arlington, TX 76012	Women's & Children's 1.00	0	0	0
Sheila Adams 800 W Randol Mill Rd	Gift Shop Manager			

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 7: page 2 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 06-01-2008, and ending 05-31-2009.

Name of Organization	Employer Identification Number
Arlington Memorial Hospital Auxilary	75-1077608

(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
Arlington, TX 76012	32.00	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 06-01 , and ending 05-31-2009.	
Name of Organization		**Employer Identification Number**
Arlington Memorial Hospital Auxilary		75-1077608

Part V - Line 42a

Individual Name or Business Name: Cindy Kemp

Street Address: 800 W Randol Mill Rd

U S. Address:

Zip code 76012 City Arlington State TX

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (817)548-6100

Fax Number

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.	Arlington Memorial Hospital Auxilary	75-1077608
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	800 W Randol Mill Rd	
	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-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 JANUARY 15 , 20 10 , 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 JUNE 01 , 20 08 , and ending MAY 31 , 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)

fax

Form 8868 (Rev. 4-2008) Page **2**

- 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 no. 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 inst. Arlington TX 76012		

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

[ ] 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
[X] 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 APRIL 15, 2010

5 For calendar year _____, or other tax year beginning JUN 01, 2008, and ending MAY 31, 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 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**	$	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 ▶ [signature] Title ▶ CPA Date ▶ 12/29/09