



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**

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)

OMB No 1545-1150

2008Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- ▶ 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.

A For the 2008 calendar year, or tax year beginning **6/01/08**, and ending **5/31/09****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
Instruc-
tions**C** Name of organization**MEMORIAL MEDICAL CENTER AUXILIARY**

Number and street (or P.O. box, if mail is not delivered to street address)

2450 S. TELSHOR

Room/suite

City or town, state or country, and ZIP + 4

LAS CRUCES**NM 88011****D** Employer identification number**85-6011407****E** Telephone number**575-522-3051****F** Group ExemptionNumber **▶**

• 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****J** Organization type (check only one)— ☒ 501(c) (**3**) (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 **▶ \$ 639,413****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		1	2	3	4	5c	6c	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																			1,317	
	2	Program service revenue including government fees and contracts																				
	3	Membership dues and assessments																			2,570	
	4	Investment income																			6,387	
	5a	Gross amount from sale of assets other than inventory																				
	5b	Less cost or other basis and sales expenses																				
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)																				
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																				
	6a	Gross revenue (not including \$ of contributions reported on line 1)																				
	6b	Less direct expenses other than fundraising expenses																				
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																					
7a	Gross sales of inventory, less returns and allowances																			627,550		
7b	Less cost of goods sold																			371,319		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																			256,231		
8	Other revenue (describe ▶ SEE STATEMENT 2)																			1,589		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																			268,094		
Expenses	10	Grants and similar amounts paid (attach schedule)																			102,874	
	11	Benefits paid to or for members																				
	12	Salaries, other compensation, and employee benefits																				
	13	Professional fees and other payments to independent contractors																			1,044	
	14	Occupancy, rent, utilities, and maintenance																			3,892	
	15	Printing, publications, postage, and shipping																			286	
	16	Other expenses (describe ▶ SEE STATEMENT 4)																			110,414	
	17	Total expenses. Add lines 10 through 16																			218,510	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																			49,584	
	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)																			316,078	
	20	Other changes in net assets or fund balances (attach explanation)																				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																			365,662	

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 the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	194,803	254,708
23	Land and buildings	52,636	51,229
24	Other assets (describe ▶ SEE STATEMENT 5)	73,638	69,583
25	Total assets	321,077	375,520
26	Total liabilities (describe ▶ SEE STATEMENT 6)	4,999	9,858
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	316,078	365,662

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

5

Expenses

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

SEE STATEMENT 7

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.

28 THE AUXILLIARY PROVIDES SCHOLARSHIPS AND GRANTS FOR
PERSONS STUDYING IN MEDICAL RELATED FIELDS.

(Grants \$ **75,574**) If this amount includes foreign grants, check here

28a	75,574
-----	--------

29 AID IN COMMUNITY AND PATIENT SERVICES.

(Grants \$ **26,300**) If this amount includes foreign grants, check here

29a	49,500
-----	--------

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$ 1,000) If this amount includes foreign grants, check here

31a	1,000
-----	-------

32 Total program service expenses (add lines 28a through 31a)

32	126,074
----	---------

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

[illegible]

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		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		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr	37a	
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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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 <input type="checkbox"/> NM		
42a The books are in care of <input type="checkbox"/> BEVERLY MYERS 3401 CORTINA MANOR Located at <input type="checkbox"/> LAS CRUCES, NM	Telephone no <input type="checkbox"/> 575-521-5355 ZIP + 4 <input type="checkbox"/> 88011	
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 <input type="checkbox"/> _____ 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 <input type="checkbox"/> _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43		
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.

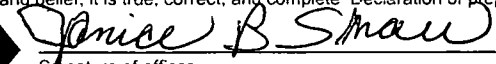
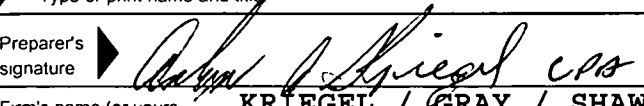
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
49b	If "Yes," was the related organization(s) a section 527 organization?		

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 Dec-18, 2009		
Paid Preparer's Use Only	 Preparer's signature		Date 12/16/09	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.) P00006273
	Firm's name (or yours if self-employed) KRIEDEL / GRAY / SHAW & CO., P.C.		EIN ▶ 85-0257257		
	address, and ZIP + 4 PO BOX 2707 LAS CRUCES, NM 88004		Phone no ▶ 575-523-7444		
	May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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 ► <input type="checkbox"/>						

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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	3,979	3,646	8,979	7,817	3,737	28,158
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	452,663	413,659	534,150	628,810	599,680	2,628,962
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	456,642	417,305	543,129	636,627	603,417	2,657,120
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)	456,642	417,305	543,129	636,627	603,417	2,657,120

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	456,642	417,305	543,129	636,627	603,417	2,657,120
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,169	8,126	3,532	1,965	6,387	27,179
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,169	8,126	3,532	1,965	6,387	27,179
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.)	463,811	425,431	546,661	638,592	609,804	2,684,299
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.9875 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	98.6913 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.0125 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.3087 %

- 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 ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Form **4562**Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2008Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

MEMORIAL MEDICAL CENTER AUXILIARY

Identifying number

85-6011407

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	1,407
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr	22	1,407
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

FYE: 5/31/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
DUES	\$ 888
UNIFORMS	312
LUNCHEON	1,300
DONATIONS	70
TOTAL	<u>\$ 2,570</u>

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

<u>Description</u>	<u>Amount</u>
RAFFLE	\$ 812
MISCELLANEOUS	777
TOTAL	<u>\$ 1,589</u>

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Relationship to Organization		Class of Activity	Date of Gift	Purpose
	Cash Contribution	Noncash Contribution			
PROFESSIONAL DEVELOPMENT	56,574				
POST SECONDARY SCHOLARSHI	19,000				
PUBLIC ASSISTANCE-FLU SHO	10,000				
MEALS FOR FAMILIES	16,300				
TOTAL	101,874				

FYE: 5/31/2009

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
GIFT SHOP	\$
SUPPLIES	5,277
TRAVEL	1,848
MILEAGE REIMBURSEMENT	588
LOCAL MEETINGS	109
SALARIES REIMBURSEMENT TO	59,399
CREDIT CARD PROCESSING FE	3,849
BANK ADJUSTMENTS	26
MISC	6
STORAGE	405
FINANCE CHARGES	79
IMPROVEMENTS	1,571
CASH OVER/SHORT	72
BAD DEBTS	463
EXPENSES	
DISTRICT, STATE MEETING	7,148
LOCAL MEETING	4,210
BALLOON WALL	29
BEREAVEMENT	300
BULK MAIL EXPENSE	580
CARDS & FLOWERS	789
COLORING BOOKS	2
COPY MACHINE LEASE	3,238
DUES & FEES	753
INSURANCE	127
MISC	1,369
MMC-BLOOD DRIVE	2,681
NEWSLETTER PHOTOGRAPHER S	137
NEWSLETTER SUPPLIES	147
OFFICE OPERATIONS	2,164
PIN, UNIFORMS	1,112
POSTAGE	8
RENTAL UNIT	135
S/P-BABY PHOTOS	943
S/P-BUNDLES OF LOVE	338
S/P-HEART PILLOWS	894
S/P-HEARTSTRINGS	277
S/P-NEONATAL & ONCOLOGY C	578
S/P-OTHER PROJECTS	2,206
S/P-STITCHES & HUGS	15
S/P-TRAY FAVORS	416
SCRAPBOOK SUPPLIES	47
SOCIAL EVENTS	3,403
TILE WALL	120
VOLUNTEEN	1,209
PEDIATRIC BOOK PROGRAM	1,347
TOTAL	\$ 110,414

FYE: 5/31/2009

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$ 20,220	\$ 19,680
INVENTORIES FOR SALE OR USE	53,218	49,903
DEPOSITS	200	
	<u>73,638</u>	<u>69,583</u>

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 4,999	\$ 9,858
	<u>4,999</u>	<u>9,858</u>

Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

THE AUXILLIARY PROVIDES SUPPORTS SERVICES FOR HOSPITAL
PATIENTS.

MEMORIAL MEDICAL CENTER AUXILIARY					
HEALTHCARE SCHOLARSHIPS					
FY 08/09					
NAME	ADDRESS	CITY / STATE / ZIP	ATTENDING	AWARD AMOUNT	
Polly Bencomo	863 Stefanie Court	Las Cruces, NM 88005	NMSU	1,200.00	
Desirae R. Carillo	PO Box 15174	Las Cruces, NM 88004	NMSU	1,200.00	
Kathryn P. Cosimati	2450 Hagerly #3	Las Cruces, NM 88001	NMSU	1,300.00	
Franklin Etarock	1990 Wyoming Ave. Apt 30	Las Cruces, NM 88001	NMSU	1,300.00	
Nathan Henrie	999 S. Telshor #1308	Las Cruces, NM 88011	NMSU	2,600.00	
Heather Holcomb	2969 Majestic Terrace	Las Cruces, NM 88011	NMSU	2,600.00	
Jean Hufziger	3259 Highridge Street	Las Cruces, NM 88012	NMSU	2,600.00	
Jenna Painter	1804 N. Alameda	Las Cruces, NM 88005	NMSU	2,600.00	
Bonnie Rinkels	PO Box 474	Organ, NM 88052	NMSU	1,200.00	
Neeta Shukla	3968 Tiger Woods Dr.	Las Cruces, NM 88011	NMSU	1,200.00	
Jessica Valenzuela	1305 McArthur Dr.	Las Cruces, NM 88001	NMSU	1,200.00	
				19,000.00	

MEMORIAL MEDICAL CENTER AUXILIARY PROFESSIONAL DEVELOPMENT AWARDS

FY 08/09

NAME	ADDRESS	CITY / STATE / ZIP	ATTENDING	AWARD AMOUNT			
Jessica T Alvarez	5806 Habanero	Las Cruces, NM 88012	NMSU	1,085.58			
Matthew R. Arenibas	3821 Stoney Brook Circle	Las Cruces, NM 88005	NMSU	2,500.00			
Donna Bateman	1642 High Street	Las Cruces, NM 88011	NMSU	4,376.58			
Abel Carrasco	3519 Ottawa Ct.	Las Cruces, NM 88005	NMSU	4,879.00			
Olivia Chavez	1830 Myrtle Ave	Las Cruces, NM 88001	NMSU	2,379.00			
Ivy Mae Manuel	1401 Columbia Ave	Alamogordo, NM 88310	NMSU	1,915.65			
Jasmine McGee	1765 Hamiel Dr.	Las Cruces, NM 88001	NMSU	2,500.00			
Adan Menchaca	1616 Sequoia Ave	Las Cruces, NM 88005	UTEP	4,280.50			
Kimberley Miller	3128 Executive Hill Rd	Las Cruces, NM 88011	NMSU	5,000.00			
Ashley Misquez	PO Box 11	Dona Ana, NM 88032	NMSU	4,143.40			
Patricia Painter	425 E Picacho Ave.	Las Cruces, NM 88001	NMSU	2,444.00			
Diana Portillo	1428 Hamiel	Las Cruces, NM 88001	UTEP	4,900.00			
Naomi Suazo	3242 Missouri Ave. Apt 8	Las Cruces, NM 88011	NMSU	4,879.00			
John Sundheimner	2264 San Felipe	Las Cruces, NM 88011	NMSU	4,730.83			
Jane Swanson	6681 Vista Hermosa	Las Cruces, NM 88007	NMSU	4,181.16			
Cindy Tiemann	548 No Name Court	Las Cruces, NM 88007	NMSU	2,379.00			
							56,573.70

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- 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 File by the due date for filing your return. See instructions.	Name of Exempt Organization MEMORIAL MEDICAL CENTER AUXILIARY	Employer identification number 85-6011407
	Number, street, and room or suite no. If a P.O. box, see instructions 2450 S. TELSHOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions LAS CRUCES NM 88011	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **BEVERLY MYERS**

Telephone No ► **575-521-5355**

FAX No ►

COPY

- 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 **1/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year or
- ☒ tax year beginning **6/01/08**, and ending **5/31/09**

- 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	\$
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	\$
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	\$

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. 4-2009)