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 $500,000 and total assets less than $1,250,000 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

2009

Open to Public Inspection

A For 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
OCEAN SPRINGS HOSPITAL AUXILIARY

Number & street (or P.O box, if mail is not delivered to street addr) | Room/ suite
3109 BIENVILLE BLVD

City or town, state or country, and ZIP + 4
Ocean Springs MS 39564

D Employer identification number
64-0623876

E Telephone number
(228)875-3350

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 Tax-exempt status (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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ . ▶ $ 107,889

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	100
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	186
	4	Investment income		4	122
	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)		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		
	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	
	7a	Gross sales of inventory, less returns and allowances	7a	107,481	
	b	Less cost of goods sold	7b	68,281	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) #1		7c	39,200
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	39,608
EXPENSES	10	Grants and similar amounts paid (attach schedule) #2		10	10,000
	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	1,800
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See attachment #3)		16	14,553
	17	**Total expenses.** Add lines 10 through 16 ▶		17	26,353
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	13,255
	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	124,631
	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	137,886

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	70,657	22	78,225
23	Land and buildings		23	
24	Other assets (describe ▶ See attachment #4)	53,974	24	59,661
25	**Total assets**	124,631	25	137,886
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	124,631	27	137,886

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, & other relevant information for each program title

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

28 See attachment #6

(Grants $ 10,000) If this amount includes foreign grants, check here . . . . ▶ 28a

29

(Grants $) If this amount includes foreign grants, check here . . . . ▶ 29a

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 0

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 V.)

			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? 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 why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to 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	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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			
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 outstanding at the end 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 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations 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 organization's books are in care of ▶ See attachment #8 Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____			
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)? 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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶ _____	42c		X
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			
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 and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 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 a section 527 organization?	49b		X

50 Complete this table for the organization's 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				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's 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		

d 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.

Patricia M. Spear
Signature of officer — Date

PATRICIA M. SPEAR - TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Linda H Roberts, CPA — Date: 5/27/10 — Check if self-employed ▶ X — Preparer's identifying no (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4:
Linda H Roberts, CPA
1048 Thorn Ave
Ocean Springs, MS 39564

EIN ▶
Phone no. ▶ 228-875-2352

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

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
OCEAN SPRINGS HOSPITAL AUXILIARY

Employer identification number
64-0623876

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☒ Type III-Functionally integrated **d** ☐ Type III-Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		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?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the supported organization(s).

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
See attachment #9									
Total									

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 2009 or tax period beginning , and ending**

Name of Organization
OCEAN SPRINGS HOSPITAL AUXILIARY

Employer Identification Number
64-0623876

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
GIFT SHOP MERCHANDISE	107,481	68,281	39,200
Total	107,481	68,281	39,200

SCHEDULE OF OTHER ASSETS

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection | **For calendar year 2009 or tax period beginning , and ending**

Name of Organization
OCEAN SPRINGS HOSPITAL AUXILIARY

Employer Identification Number
64-0623876

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
INVENTORIES FOR SALE	53,974	59,661	
Totals	53,974	59,661	

SCHEDULE OF OTHER EXPENSES

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection | For calendar year 2009 or tax period beginning , and ending

Name of Organization	Employer Identification Number
OCEAN SPRINGS HOSPITAL AUXILIARY	64-0623876

Description of Other Expenses	Amount
MEETINGS AND BUYING TRIPS	759
MURAL & WHEELCHAIR REPAIRS	603
POSITIVE PROMOTIONS TUMBLERS	828
MISCELLANEOUS SUPPLIES	5,906
BANK SERVICE CHARGES	225
TWO FOUNTAINS AT IMAGING CENTER	6,232
Total	14,553

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 2009, or tax year period beginning **and ending**

Name of Organization
OCEAN SPRINGS HOSPITAL AUXILIARY

Employer Identification Number
64-0623876

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
UNIVERSITY SCHLORSHIP	MEGAN HARVEY UNIVERSITY OF MISSISSIPPI Jackson MS 39232	1,000	
UNIVERSITY SCHLORSHIP	ROBERT J STARKS MS GULF COAST COMMUNITY COLLEGE Gautier MS 39553	1,000	
UNIVERSITY SCHLORSHIP	KIM NORO MS GULF COAST COMMUNITY COLLEGE Gautier MS 39553	1,000	
UNIVERSITY SCHLORSHIP	LIGAYA DUMLAO MS GULF COAST COMMUNITY COLLEGE Gautier MS 39553	1,000	
UNIVERSITY SCHLORSHIP	TARYN L GREEN MILLISAPS COLLEGE Gautier MS 39553	1,000	
		5,000	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		1,000			2009-05
		1,000			2009-05
		1,000			2009-05
		1,000			2009-05
		1,000			2009-05
	Total	5,000			

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 2009, or tax year period beginning	and ending

Name of Organization	Employer Identification Number
OCEAN SPRINGS HOSPITAL AUXILIARY	64-0623876

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
UNIVERSITY SCHLORSHIP	DARRAH HARRIS UNIVERSITY OF SOUTH ALABAMA Mobile AL 36613	1,000	
UNIVERSITY SCHLORSHIP	AMY JONES UNIVERSITY OF SOUTHERN MISSISSIPPI Hattiesburg MS 39401	1,000	
UNIVERSITY SCHLORSHIP	JAMIE ROSENER MS GULF COAST COMMUNITY COLLEGE Gautier MS 39553	1,000	
UNIVERSITY SCHLORSHIP	LAURA HUMPHRIES UNIVERSITY OF SOUTH ALABAMA Mobile AL 36613	1,000	
UNIVERSITY SCHLORSHIP	KAROLINE THORNTON UNIVERSITY OF SOUTH ALABAMA Mobile AL 36613	1,000	
		5,000	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		1,000			2009-05
		1,000			2009-05
		1,000			2009-05
		1,000			2009-09
		1,000			2009-05
	Total	5,000			

PRIMARY EXEMPT PURPOSE

Attachment 5: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending

Name of Organization	Employer Identification Number
OCEAN SPRINGS HOSPITAL AUXILIARY	64-0623876

Primary Purpose

THE OPERATION OF A GIFT SHOP WITHIN THE OCEAN SPRINGS HOSPITAL BY VOLUNTEERS THAT PROVIDES SUPPORT SERVICES AND ACQUIRES EQUIPMENT FOR THE HOSPITAL AND ITS STAFF. THE AUXILIARY ALSO PROVIDES SERVICES TO OVER 5000 PATIENTS, NURSING STUDENTS AND COLLEGE SCHLORSHIPS.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 6: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending	
Name of Organization		**Employer Identification Number**
OCEAN SPRINGS HOSPITAL AUXILIARY		64-0623876

Part III - Statement of Program Service Accomplishments

Grants and allocations	10,000	Amount includes foreign grants		Program service expenses

Exempt Purpose Achievements

THE OCEAN SPRINGS HOSPITAL AUXILIARY PROVIDED SCHLORSHIPS FOR TEN (10) SECOND YEAR MEDICAL OR NURSING STUDENTS OF $1000 EACH BASED ON SPECIFIC CRITERIA.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 7: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection | **For calendar year 2009 or tax period beginning , and ending .**

Name of Organization OCEAN SPRINGS HOSPITAL AUXILIARY

Employer Identification Number 64-0623876

(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
RAY HEDDINGS ,	PRESIDENT	0	0	0
LARRY BEARSON ,	VICE PRESIDENT	0	0	0
DIANNE GISH ,	RECORDING SECRETARY	0	0	0
EMILY WILSON ,	CORRESPONDING SECRET	0	0	0
PATRICIA SPEAR ,	TREASURER	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 2009 or tax period beginning , and ending

Name of Organization	Employer Identification Number
OCEAN SPRINGS HOSPITAL AUXILIARY	64-0623876

Part V - Line 42a

Individual Name or Business Name: PATRICIA SPEAR

Street Address: 2818 LAWNWOOD DRIVE

U S Address:

Zip code 39564 City Ocean Springs State MS

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (228)875-3350

Fax Number

INFORMATION ABOUT SUPPORTED ORGANIZATIONS

Attachment 9: Sch A Page 1, Part I, Line 11h - Info About Supported Orgs

Open to Public Inspection

For calendar year 2009 or tax period beginning , and ending

Name of Organization
OCEAN SPRINGS HOSPITAL AUXILIARY

Employer Identification Number
64-0623876

(a) Name(s) of Supported Organization(s)	Employer EIN	Line No. (1 to 9) or IRC Section	Governing Documents	Notify org. of support	Organization in the U.S	Amount of Support
SINGING RIVER HOSPITAL						

Form **8868**
(Rev April 2009)
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	OCEAN SPRINGS HOSPITAL AUXILIARY	64-0623876
	Number, street, and room or suite no If a P O box, see instructions 3109 BIENVILLE BLVD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Ocean Springs MS 39564	

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

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[X] 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 #8

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 AUGUST 15 , 20 10 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 20 09 or

▶ [ ] tax year beginning _____ , 20 ___ , and ending _____ , 20 ___ .

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 4-2009)

