



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



Check here if the organization is not required to attach Schedule B. You must also sign the declaration at the end of this letter.

CISW3F9YLD

0425874017

Nov. 12, 2014 LTR 2695C O R
45-0621201 201312 67
Input Op: 0425874017 00018801

OPEN ARMS HEALTH CLINIC INC
3921 W GREEN OAKS BLVD STE D
ARLINGTON TX 76016

DECLARATION

013592

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

J. Alan Martin
Signature of officer or trustee

12-5-14
Date

Chairman
Title

MAP 051