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A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization WINONA HEALTH AUXILIARY		D Employer identification number 41-6027698
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 855 MANKATO AVE		E Telephone number (507) 454-6872
Name change				
Initial return		City or town, state or country, and ZIP + 4 WINONA, MN 55987		F Group Exemption Number
Terminated				
Amended return				
Application pending				

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 the organization is not required to attach Schedule 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  \$ 167,992

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	9,599	
	2	Program service revenue including government fees and contracts						2	629	
	3	Membership dues and assessments						3		
	4	Investment income						4	2,770	
	5a	Gross amount from sale of assets other than inventory				5a		5c		
	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							6c	38,584
	a	Gross revenue (not including \$ 5,410 of contributions reported on line 1)				6a	63,082			
	b	Less direct expenses other than fundraising expenses				6b	24,498			
	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	91,162	7c	26,254	
	b	Less cost of goods sold				7b	64,908			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7c			
8	Other revenue (describe)						8	750		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8						9	78,586		
Expenses	10	Grants and similar amounts paid (attach schedule)						10	67,000	
	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	840	
	14	Occupancy, rent, utilities, and maintenance						14		
	15	Printing, publications, postage, and shipping						15	2,037	
	16	Other expenses (describe)						16	16,360	
	17	Total expenses. Add lines 10 through 16						17	86,237	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	-7,651	
	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	234,594	
	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	226,943	

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	209,808	22 207,179
23 Land and buildings		23
24 Other assets (describe)	25,863	24 19,764
25 Total assets	235,671	25 226,943
26 Total liabilities (describe)	1,077	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	234,594	27 226,943

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO HELP CARRY OUT THE MISSION OF WINONA HEALTH, RAISE FUNDS FOR NEEDED HOSPITAL EQUIPMENT, AND PROVIDE COMFORT AND WELL-BEING TO PATIENTS AND RESIDENTS OF THE HOSPITAL AND TO PROVIDE HEALTHCARE EDUCATIONAL SCHOLARSHIPS			
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, and other relevant information for each program title			
28 See Additional Data Table			
(Grants \$)	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	74,777

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

Part VOther 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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	No
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	
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	No
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 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	No
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 . . . ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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	No
41	List the states with which a copy of this return is filed ▶ MN		
42a	The organization's books are in care of ▶ WINONA HEALTH AUXILIARY Telephone no ▶ (507) 452-6872 855 MANKATO AVE Located at ▶ WINONA, MN ZIP + 4 ▶ 55987		
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	No
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	No
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	No
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	No

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.

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		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

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				

50(f) Total number of other employees paid over \$100,000 0

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		

51(d) Total number of other independent contractors each receiving over \$100,000 0

Please 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: 2010-05-14
	Type or print name and title: KIM SCHWAB Treasurer	

Paid Preparer's Use Only	Preparer's signature: Lynda S Rickoff	Date: 2010-05-14	Check if self-employed: ☐	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4: Russell & Associates LLC 111 Riverfront Suite 401 Winona, MN 55987			EIN:
				Phone no: (507) 452-3100

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

SCHEDULE A
(Form 990 or 990EZ)

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 WINONA HEALTH AUXILIARY	Employer identification number 41-6027698
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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 **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?

(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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. 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—2008. 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 IIISupport Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,058	85		210	9,599	20,952
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					629	629
3Gross receipts from activities that are not an unrelated trade or business under section 513	196,199	173,291	194,487	248,163	154,244	966,384
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	207,257	173,376	194,487	248,373	164,472	987,965
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						0
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
cAdd lines 7a and 7b						0
8Public Support (Subtract line 7c from line 6)						987,965

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	207,257	173,376	194,487	248,373	164,472	987,965
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,466	12,534	19,833	812	2,770	37,415
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	1,466	12,534	19,833	812	2,770	37,415
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		15,714	6,658	810	750	23,932
13Total support (Add lines 9, 10c, 11 and 12.)	208,723	201,624	220,978	249,995	167,992	1,049,312
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	☐					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	94.150 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	94.350 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	3.570 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	3.450 %
19a33 1/3% support tests—2009. 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	☒	
b33 1/3% support tests—2008. 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	☐	
20Private 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. 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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
WINONA HEALTH AUXILIARY

Employer identification number
41-6027698

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

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

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

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 activities?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			Birthday Ball & raffle	Fantasy of Trees auction & sale	7	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	38,225	10,861	19,406	68,492
	2	Less Charitable contributions	5,410			5,410
	3	Gross income (line 1 minus line 2)	32,815	10,861	19,406	63,082
Direct Expenses	4	Cash prizes	500			500
	5	Non-cash prizes	1,700			1,700
	6	Rent/facility costs				
	7	Food and beverages	11,620		2,456	14,076
	8	Entertainment	2,800			2,800
	9	Other direct expenses	3,106	1,577	739	5,422
	10	Direct expense summary Add lines 4 through 9 in column (d)				24,498
	11	Net income summary Combine lines 3, column d, and line 10.				38,584

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.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
	1	Gross revenue				
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 _____ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Combine lines 1, column d, and line 7				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
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	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
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	
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 ► \$ _____		

TY 2009 Grants and Similar Amounts Paid Schedule

Name: WINONA HEALTH AUXILIARY

EIN: 41-6027698

Item No.	1
Class of Activity	healthcare
Donee's Name	Winona Health
Donee's Address	855 Mankato Ave Winona, MN 55987
Amount (FMV)	45,000
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-12

Item No.	2
Class of Activity	healthcare
Donee's Name	Winona Health foundation
Donee's Address	855 Mankato Ave winona, MN 55987
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-12

Item No.	3
Class of Activity	educational scholarships
Donee's Name	Winona State University
Donee's Address	175 West Mark St winona, MN 55987
Amount (FMV)	9,400
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-06

Item No.	4
Class of Activity	educational scholarships
Donee's Name	Viterbo University
Donee's Address	929 Jackson St LaCrosse, WI 54601
Amount (FMV)	3,250
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-06

Item No.	5
Class of Activity	educational scholarships
Donee's Name	University Wisconsin Lacrosse
Donee's Address	1725 state st LaCrosse, WI 54601
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-06

Item No.	6
Class of Activity	educational scholarships
Donee's Name	MN State College SE technical
Donee's Address	1250 Homer road winona, MN 55987
Amount (FMV)	4,000
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-06

Item No.	7
Class of Activity	educational scholarships
Donee's Name	chippewa valley technical college
Donee's Address	620 w clairmont ave eau claire, WI 54701
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-06

Item No.	8
Class of Activity	educational scholarships
Donee's Name	university of Minnesota
Donee's Address	240 Williamson Hall 231 Pillsbury Dr SE minneapolis, MN 55455
Amount (FMV)	2,100
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-06

TY 2009 Other Assets Schedule

Name: WINONA HEALTH AUXILIARY

EIN: 41-6027698

Description	Beginning of Year Amount	End of Year Amount
accounts receivable	154	0
Inventory	25,709	19,764

TY 2009 Other Expenses Schedule**Name:** WINONA HEALTH AUXILIARY**EIN:** 41-6027698

Description	Amount
Educational meetings & forum	3,848
aviary	1,215
Lake winona Manor entertainment	839
dues	120
office expenses	346
telecare	855
Hospitality	101
Miscellaneous	1,219
supplies	6,028
advertising	593
credit card charges	1,196

TY 2009 Other Liabilities Schedule

Name: WINONA HEALTH AUXILIARY

EIN: 41-6027698

Description	Beginning of Year Amount	End of Year Amount
accounts payable and accrued expenses	1,077	0

TY 2009 Other Revenues Schedule

Name: WINONA HEALTH AUXILIARY

EIN: 41-6027698

Description	Amount
miscellaneous	750

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: WINONA HEALTH AUXILIARY

EIN: 41-6027698

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.

Additional Data

Software ID:

Software Version:

EIN: 41-6027698

Name: WINONA HEALTH AUXILIARY

Form 990EZ, Part III - Statement of Program Service Accomplishments

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, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 to provide gifts to Winona Health, a community hospital, for equipment (Grants \$ 45,000) If this amount includes foreign grants, check here . . . ☐	28a	45,000
29 to provide educational scholarships in the health care field (Grants \$ 20,000) If this amount includes foreign grants, check here . . . ☐	29a	20,000
30 Gifts to Winona Health foundation (Grants \$ 2,000) If this amount includes foreign grants, check here . . . ☐	30a	2,000
To provide comfort and welfare to patients and residents of Winona Health (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		3,929
to provide an Educational forum (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		3,848

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Grace Welle 855 Mankato Ave winona, MN 55987	President 2 00	0	0	0
kim Schwab 855 Mankato Ave winona, MN 55987	Treasurer 2 00	0	0	0
Ruth Dalleska 855 Mankato Ave winona, MN 55987	Secretary 2 00	0	0	0
Grace Pendleton 855 Mankato Ave winona, MN 55987	President elect 2 00	0	0	0
Pat Nolan 855 Mankato Ave winona, MN 55987	vice president 2 00	0	0	0
Edna Loughlan 855 Mankato Ave winona, MN 55987	Past President 2 00	0	0	0
Candi Kohner 855 Mankato Ave winona, MN 55987	Assistant treasurer 2 00	0	0	0