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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2009 calendar year, or tax year beginning October 1, 2009, and ending September 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C Name of organization <u>St. Andrews Hospital Auxiliary</u>		D Employer identification number <u>01-0360059</u>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. Box 202</u>		E Telephone number <u>(207) 633-5014</u>
		City or town, state or country, and ZIP + 4 <u>W. Boothbay Harbor, ME 04575-0202</u>		F Group Exemption Number ► <u>N/A</u>

• 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: ► None

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 ► \$ 152,578

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	<u>2,545</u>	10	Grants and similar amounts paid (attach schedule)	10	<u>104,191</u>
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits	12	
4	Investment income	4	<u>137</u>	13	Professional fees and other payments to independent contractors	13	<u>430</u>
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	<u>40,173</u>
b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	<u>1,659</u>
c	Gain or loss from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe ► <u>MEETINGS (\$642), GIFTS + AWARDS (\$580)</u>)	16	<u>1,222</u>
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>			17	Total expenses. Add lines 10 through 16	17	<u>147,665</u>
a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	<u>26,600</u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>(5,386)</u>
b	Less: direct expenses other than fundraising expenses	6b	<u>10,299</u>	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	<u>101,404</u>
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<u>16,301</u>	20	Other changes in net assets or fund balances (attach explanation)	20	
7a	Gross sales of inventory, less returns and allowances	7a		21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>96,018</u>
b	Less: cost of goods sold	7b					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe ► <u>THRIFT SHOP SALES</u>)	8	<u>123,296</u>				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>142,279</u>				

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	<u>101,404</u>	<u>96,018</u>
23	Land and buildings		
24	Other assets (describe ► _____)		
25	Total assets	<u>101,404</u>	<u>96,018</u>
26	Total liabilities (describe ► _____)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>101,404</u>	<u>96,018</u>

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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		X
34	Were any changes made to the organizing or governing documents? 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, <u>attach a statement</u> 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	N/A
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 <u>-0-</u>		
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	N/A
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>-0-</u> ; section 4912 ▶ <u>-0-</u> ; section 4955 ▶ <u>-0-</u>		
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 ▶ <u>-0-</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>-0-</u>		
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. ▶ <u>NONE</u>		
42a	The organization's books are in care of ▶ <u>CAROL W. OSTERMANN</u> Telephone no. ▶ <u>(207) 633-6748</u> Located at ▶ <u>P.O. Box 202, W. Boothbay Harbor, ME</u> ZIP + 4 ▶ <u>04575-0202</u>		
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: ▶ <u>N/A</u> 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: ▶ <u>N/A</u>		
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 ▶ 43 <u>N/A</u>		
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 | N/A |
- 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 . . . ▶ -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		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ -0-

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

Sign Here

▶ Carol W. Ostermann | 11-15-10
 Signature of officer | Date

▶ CAROL W. OSTERMANN, TREASURER
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Henry J. Hurford, Jr. | Date 11/12/10 | Check if self-employed | Preparer's identifying number (See instructions) P00967116

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Henry J. Hurford, Jr., CPA | EIN ▶
Box 1, Boothbay Harbor, ME 04538-0001 | Phone no ▶ (207) 633-4040

May the IRS discuss this return with the preparer shown above? See instructions ▶ 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

ST. ANDREWS HOSPITAL AUXILIARY

Employer identification number

01 : 0360059

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?
 - (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?
 - (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?

	Yes	No
11g(i)		X
11g(ii)		X
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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
ST. ANDREWS HOSPITAL + HEALTH CARE CENTER	01-0153960	3	X		X		X		95,791
Total									95,791

ST. ANDREWS HOSPITAL AUXILIARY
01-0360059
FORM 990-EZ
9/30/10

Reason for Not Reporting Income on Form 990-T
Part V - Line 35

St. Andrews Hospital Auxiliary conducts an annual cash lottery to raise funds for its supported organization. This is an activity that is not regularly carried on (Section 512(a)(1)) and all the work associated with this event is performed by unpaid labor (Section 513(a)(1)).

St. Andrews Hospital Auxiliary operates a thrift shop to raise funds for its supported organization. All of the merchandise sold in the thrift shop is donated to St. Andrews Hospital Auxiliary (Section 513(a)(3)) and all of the work associated with the thrift shop operation is performed by unpaid labor (Section 513(a)(1)).

ST. ANDREWS HOSPITAL AUXILIARY
01-0360059
FORM 990-EZ
9/30/10

List of Attachments

Grants and Similar Amounts Paid
Reason for Not Reporting Income on Form 990-T
Schedule A
Schedule G (2 Pages)

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>CASH LOTTERY</u> (event type)	(event type)	(total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	26,600		26,600	
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	26,600		26,600	
Direct Expenses	4	Cash prizes	10,000		10,000	
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	299		299	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(10,299)
	11	Net income summary. Combine line 3, column (d), and line 10				16,301

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. N/A

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine line 1, column d, and line 7				

- 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? _____
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____
- b If "Yes," explain: _____
- 11 Does the organization operate gaming activities with nonmembers? _____
- 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? _____

	Yes	No
9a		
10a		
11		
12		

ST. ANDREWS HOSPITAL AUXILIARY
01-0360059
FORM 990-EZ
9/30/10

Grants and Similar Amounts Paid
Part I - Line 10

<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
St. Andrews Hospital & Healthcare Center Boothbay Harbor, Maine	Supported Organization	\$ 95,791
Miles & St. Andrews Home Health & Hospice Care Boothbay Harbor, Maine	Affiliate of Supported Organization	3,400
Boothbay Region District Nursing Association Boothbay, Maine	Affiliated with Supported Organization	500
Amy Hodgdon c/o University of Maine	Medical Education	500
Sweet Vess c/o University of Maine	Medical Education	1,000
Boothbay Region Student Aid Fund, Inc. Boothbay Harbor, Maine	Medical Education	<u>3,000</u>
		<u>\$104,191</u>