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Form **990-EZ**

Short Form

OMB No 1545_1150 2009

Department of the Treasury

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

Open to Public

⊃ :	nterr	al Revenue Service	The organization may have to use a copy of this return to satisfy st	tate reportii	ng requirements		Inspection
	Δ	For the 2009 calendar	year, or tax year beginning 12/01 , 2009, a	and endi	ng 11/30		, 2010
		Check if applicable	D Employer identification number				
0	\Box	Please					
	=	Name change use IRS label or		27-1713013			
4	=	nitial return type	. relephor	Telephone number			
7	Ħ	Termination See Specific	<u> 337-</u>	337-616-7031			
8 2	Ħ	Amended return Instruc- tions	Group Numbe	Exemption •			
9		• Section 501(c)(3)	organizations and 4947(a)(1) nonexempt charitable trusts	G	Accounting m		Cash X Accrual
M.		must atta	ch a completed Schedule A (Form 990 or 990-EZ).	 	Other (specify		
4	١,	Website: ► N/A H Check ► I If required to attact				organization is not	
		Fax-exempt status (check o	90-PF)	leddie D (i Oitti 990,			
-		Check ► X If the organization	normall	u nat mara than			
	`	\$25,000. A Form 990-EZ	to file a c	omnlete return			
-							
		add lines 5b, 6b, and anstead of Form 990-E	7b, to line 9 to determine gross receipts, if \$500,000 or more,	tile Fori	m 990	► ;	\$ 15,501.
ſ	Pa		Expenses, and Changes in Net Assets or Fund B	alance	s (See the in	struction	
L	. 		fts, grants, and similar amounts received		- (000 110 11	1	15,500.
	[revenue including government fees a			2	15,500.
						3	
	}	•					
	l	4 Investment incor	me nec a 1 2014 i	_ 1		4	1.
	Ì	5a Gross amount from	om sale of assets other than inventory DEC 0 1 2014	5a			
	[b Less cost or oth	er basis and sales expenses TOD DEANCH	5 b			
	R)	c Gain or (loss) from s	ale of assets other than inventory (Subtract in 5b from highEN		_	_ 5	c
	REVENUE	6 Special events and ac	ctivities (complete applicable parts of Schedule G) If any amount is from gamin	ıng, check	here ►	_	
	Ñ	a Gross revenue (r	not including \$ of contributions				
	F	reported on line					
		b Less direct expe					
	}	c Net income or (loss)	6.	c			
		7a Gross sales of in	<u> </u>				
			—-				
)	b Less cost of goo	7				
		c Gross profit or (I	-				
•		8 Other revenue (descr	1be ►			_)	
) .j .		9 Total revenue A	▶ 9	15,501.			
		10 Grants and simil	10				
	_	11 Benefits paid to	11				
	E	12 Salaries, other c	12				
	P				\ <u>ő</u> \	13	
	Ñ		, utilities, and maintenance	m 2019	+ / છ <u>ે/</u>	14	
	S E		tions, postage, and shipping	1	185.050	15	
	S						
			Add lines 10 through 16	<u>EN 1</u>	}	► 16 ► 17	_
						18	
	A S S E T S		1				15,304.
		19 Net assets or fur	year 19				
		figure reported on prior year's return).					
		•	n net assets or fund balances (attach explanation)			20	
		21 Net assets or fur	▶ 21	15,364.			
	Рa	rt II Balance S		of Form 990-EZ			
			(See the instructions for Part II)	 	(A) Beginning	/	(B) End of year
	22	3-7	nvestments	<u> </u>		2	
	23	Land and buildings				2	
	24	Other assets (descri	be •)	L		2	
	25	Total assets		0.2			
	26	Total liabilities (des	tal liabilities (describe >				6 0.
	27						7 15,364.

Form 990-EZ (2009) Jennings America	<u>an Legion Hospital</u>		27	<u>-171</u>	3013	Page 2	
Part III Statement of Program Ser	vice Accomplishments	(See the instruction	ons.)		Expenses		
What is the organization's primary exempt purpose? See Describe what was achieved in carrying out th describe the services provided, the number of program title	orgar 4947	uired for sectior c)(3) and (4) nizations and se (a)(1) trusts, op thers)	action				
20					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				00			
(Grants \$) If th	is amount includes foreign gr	rants, check here		28 a	 		
(Grants \$) If th	is amount includes foreign gi	rants, check here		29 a			
30							
	(Grants \$) If this amount includes foreign grants, check here						
31 Other program services (attach schedule	•		. \square				
	is amount includes foreign gi	rants, check here		31 a			
32 Total program service expenses (add line Part IV List of Officers, Directors,		nlovoos Linkaashaa		32	atad (Caatha		
Part IV List of Officers, Directors,	(b) Title and average hours		(d) Contributions		(e) Expense a		
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plated deferred compensations	ns and ation	and other allow	wances	
Joel Oustalet 819 N. Main Street	Secretary 0			0.		0.	
Jennings, LA 70546	-		ł				
D.R. Daigle	President	0.		0.		0.	
611 Granger Street	0	}			1		
Jennings, LA 70546							
Terry J. Terrebonne	CEO	i e	,	0.	}	0.	
4024 Evergreen Avenue	20.00						
Lake Charles, LA 70546							
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