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## 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) Sponsonne organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use the form The organization may have to use a copy of this return to assists state reporting requirements.

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 1150 2010

Open to Public Inspection

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\$50,000 Å Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions), But if the organization chooses to life a return, be sure to file a complete return.  L Add lines 56, 56, and 76, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Fart III, line 25, colutinn (8) below) are \$500,000 or more, file Form 990 nested of Form 990-EZ \$58,519.  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  Check if the organization used Schedule 0 to respond to any question in this Part 1 \$\frac{X}{2}\$\$  Check if the organization used Schedule 0 to respond to any question in this Part 1 \$\frac{X}{2}\$\$  Check if the organization used Schedule 0 to respond to any question in this Part 1 \$\frac{X}{2}\$\$  Check if the organization used Schedule 0 to respond to any question in this Part 1 \$\frac{X}{2}\$\$  Check if the organization used Schedule 0 to respond to any question in this Part 1 \$\frac{X}{2}\$\$  Check if the organization used Schedule 0 to respond to any question in this Part 1 \$\frac{X}{2}\$\$  Check if the organization used Schedule 0 to respond to any question in this Part 1 \$\frac{X}{2}\$\$  The control thing is the state of the instructions for Part 1.)  Revenue, Expenses and Schedule 0 to respond to any question in this Part 1 \$\frac{X}{2}\$\$  The control thing is the state of the state of the instructions for Part 1.)  Revenue, Case of the state of t			Tax-exempt status (ck only one) $- X  = 501(c)(3) + 5$	·	
Add Ines 5b. 6c. and 7b. to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II. line 2b. column (8) below) are \$500,000 or more, die Form 990 instead of Form 990-EZ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					
Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$300,000 or more, line Form 990 instead of Form 990 EZ			\$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (s	ee instruc	tions). But if the
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c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7e, and 2 CEIVED  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employed benefits 1 7 2014  13 Professional fees and other payments to freependent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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 15, 364.  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20			b Less, cost of goods sold 7b	}	
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7e, and 8 CEIVED 10 Grants and similar amounts paid (list in Schedule G) 11 Benefits paid to or for members 12 Salaries, other compensation, and employer benefits 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 15, 364. 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 53, 658.			<del></del>	7.0	
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12   Salaries, other compensation, and employed benefity 1 7 2014   12   13   Professional fees and other payments to independent contractors   13   14   Occupancy, rent, utilities, and maintenance   15   Printing, publications, postage, and shipping   15   106.   15   106.   16   Other expenses (describe in Schedule O)   See Schedule O   16   119.   17   Total expenses. Add lines 10 through 16   17   225.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   38,294.   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   15,364.   19   Other changes in net assets or fund balances (explain in Schedule O)   20   21   53,658.			10 Create and amiles amounts need (list in School 185)		30,313.
Professional fees and other payments to Independent contractors  14  Occupancy, rent, utilities, and maintenance  Printing, publications, postage, and shipping  Other expenses (describe in Schedule O)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  13  14  15  16  17  18  19  18  19  19  15  19  15  19  15  17  19  15  15  16  17  18  19  19  15  19  15  19  15  10  10  10  10  10  10  11  11  12  15  16  17  18  18  19  19  19  19  19  19  19  10  10  10			Grants and similar amounts paid (list in peneduce 97		
Professional fees and other payments to Independent contractors  14  Occupancy, rent, utilities, and maintenance  Printing, publications, postage, and shipping  Other expenses (describe in Schedule O)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  13  14  15  16  17  18  19  18  19  19  15  19  15  19  15  17  19  15  15  16  17  18  19  19  15  19  15  19  15  10  10  10  10  10  10  11  11  12  15  16  17  18  18  19  19  19  19  19  19  19  10  10  10		-	Benefits paid to or for members		<del></del>
Professional fees and other payments to Independent contractors  14  Occupancy, rent, utilities, and maintenance  Printing, publications, postage, and shipping  Other expenses (describe in Schedule O)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  13  14  15  16  17  18  19  18  19  19  15  19  15  19  15  17  19  15  15  16  17  18  19  19  15  19  15  19  15  10  10  10  10  10  10  11  11  12  15  16  17  18  18  19  19  19  19  19  19  19  10  10  10		ž	Salaries, other compensation, and employee benefity 1 7 2014		<del></del>
Printing, publications, postage, and shipping OGDEN, 15 106.  16 Other expenses (describe in Schedule O) See Schedule O 16 119.  17 Total expenses. Add lines 10 through 16 17 225.  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 38, 294.  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 15, 364.  Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 53, 658.		E	13 Professional fees and other payments to Independent contractors		
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 53,658.		S	14 Occupancy, rent, utilities, and maintenance		
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N s s s s s s s s s s s s s s s s s s s				16	
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N s s s s s s s s s s s s s s s s s s s			18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	38,294.
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S 21 Net assets or fund balances at end of year Combine lines 18 through 20  21  53, 658.		ŦĔ			
		s			53 658
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	Form 990-EZ (2010) Jennings American Legion Hospital 27							age 2				
Part II Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II												
	Check it the organization used Sche	edule O to respond to any qu	estion in this Part h		Beginning of yea	ar T	(B) End of year	ar				
22	Cash, savings, and investments				15,364		53,6					
	Land and buildings					23						
24	Other assets (describe in Schedule O)		)			24						
	Total assets				15,364	$\rightarrow$	53,6	<u>558.</u>				
	Total liabilities (describe in Schedule O)		) }		0			0.				
	Net assets or fund balances (line 27 of c			) o et 111	15,364	. 27	53,6	558.				
Part III Statement of Program Service Accomplishments (see the Instrs for Part III.)  Check if the organization used Schedule O to respond to any question in this Part III.  Expenses  X (Required for section												
What	c)(3) and 501(c)(4											
Desc	is the organization's primary exempt purpose? See cribe what was achieved in carrying out th cribe the services provided, the number of	orgar	nizations and sector) (a)(1) trusts, option	tion onal								
prog	ribe the services provided, the number of ram title	persons benefited, and other	r relevant informatio	on ior	eacn	for of	thers)	01101				
28												
		<del>-</del>										
20	(Grants \$ ) If th	is amount includes foreign gr	ants, check here			28 a	<u></u>					
29			<b></b>									
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here			29 a	i					
30												
			. <del></del> .									
			,~ _,			i i						
24		is amount includes foreign gr	ants, check here			_30 a						
31	Other program services (describe in Sch (Grants \$ ) If th	iedule O) is amount includes foreign gr	ants shock hara		▶ [7]	31 a						
32	Total program service expenses (add lin	<u> </u>	aris, creek here			32						
	t IV List of Officers, Directors,		plovees. List each o	ne ever	n if not compensated		he instructions for Pai	rt IV )				
	Check if the organization used So	chedule O to respond to any	question in this Par	t IV		_						
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation not paid, enter -0		(d) Contributions employee benefit plar		(e) Expense acc	count				
	(a) Name and address	to position			deferred compensa		and other anome					
	el Oustalet	Secretary	1	0.		0.		0.				
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	nnings, LA 70546 R. Daigle	President		0.		0.		0.				
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Te	rry J. Terrebonne	CEO		0.		0.		0.				
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